Date: 10 September 2021	
Your Name: Maureen Crane	
Manuscript Title:_Delivering Primary Health Care to People who are Homeless: an Evaluation of the Integrati	ion,
Effectiveness and Costs of Different Models	
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

___X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	30.06.2021	
Your Name:	Loui	se Joly
Manuscript Tit	le: Delivering Prin	nary Health Care to People who are Homeless: an Evaluation of the Integration,
Effectiveness a	and Costs of Differ	ent Models
Manuscript nu	mber (if known):	
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	of transparance	ve activities disclose all relationships (activities (interests listed heles), that are

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None NIHR	My post at KCL was funded by NIHR for the purposes of the HEARTH study.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_ None	
3	Royalties or licenses	X None	

4 Consulting fees X_ None				
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Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X_ None X_ None X_ None X_ None X_ None				
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13 Other financial or nonX None				
		services		
	13		_X None	

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:3. July 2021	
Your Name:	Blanaid Daly
Manuscript Title:_D	elivering Primary Health Care to People who are Homeless: an Evaluation of the Integration,
Effectiveness and Co	osts of Different Models
Manuscript number	(if known):
-	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

___X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 18 th July 2021	
Your Name: Heather Gage	
Manuscript Title:_Delivering Primary Heal	th Care to People who are Homeless: an Evaluation of the Integration,
Effectiveness and Costs of Different Mode	Is
Manuscript number (if known):	

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:15/7/21	
Your Name:Jill Manthorpe	
Manuscript Title:_Delivering Primary Health Care to People who are Homeless: an Evaluation of the Integration,	
Effectiveness and Costs of Different Models	
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	All		planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
3	Noyaities of ficerises	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		Member NIHR Strategy Board Member: Chief Social Worker for Adult Research Reference Group Member: Adult Social Care Strategy Forum, DHSC Member: NIHR Multiple Long-term Conditions Oversight Group Member: NIHR PRU Older People and Frailty Advisory Group Member University of Oxford /Open University advisory group NIHR SSCR Member - NIHR Dementia Strategy Advisory Group Chair UKRI OSCAR study advisory group, Cardiff University Member Steering Group, appointed by NIHR, Experts 11, LSHTM NIHR ARC National Mental Health Implementation Network Member 2021- Member Advisory Group, Advanced Care Research Centre, University of Edinburgh Member D-PACT dementia advisory group, University of Plymouth, NIHR, 2020-21 Member advisory group ExChange Wales, University of Cardiff

11	1 Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

 x I certify that I have answered every question and have not altered the wording of any of the questions on this
form.

Date:	29.	06.	20	21
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Your Name: Gaia Cetrano

Manuscript Title:_Delivering Primary Health Care to People who are Homeless: an Evaluation of the Integration,

Effectiveness and Costs of Different Models

Manuscript number (if known):______

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			planning of the work
1	All support for the present manuscript (e.g., funding,	x None	
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	x None	
	in item #1 above).		
3	Royalties or licenses	x None	

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
13	Other financial or non- financial interests	x None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 29.06.2012
Your Name: Dr Christine Helen Ford
Manuscript Title: Delivering Primary Health Care to People who are Homeless: an Evaluation of the Integration
Effectiveness and Costs of Different Models
Manuscript number (if known):

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4	All		planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
3	Noyaities of ficerises	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:28 th June 2021
Your Name: Peter Williams
Manuscript Title:_Delivering Primary Health Care to People who are Homeless: an Evaluation of the Integration,
Effectiveness and Costs of Different Models
Manuscript number (if known):

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4	Time frame: Since the initial planning of the work				
1	All support for the present	None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.				
	Time frame: past 36 months				
2	Grants or contracts from	None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	None			
3	Noyaities of ficerises	None			

4	Consulting fees	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
6	Payment for expert testimony	None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10		N.	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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