

ICMJE DISCLOSURE FORM

Date: 10 September 2021

Your Name: Maureen Crane

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.

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

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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, 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	___ None	
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	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 30.06.2021

Your Name: Louise Joly

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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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.	<input type="checkbox"/> 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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3. July 2021

Your Name: Blanaid Daly

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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Time frame: past 36 months			
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3	Royalties or licenses	___ 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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 18th July 2021

Your Name: Heather Gage

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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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	<input type="checkbox"/> X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> X None	
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8	Patents planned, issued or pending	<input type="checkbox"/> X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X None	
11	Stock or stock options	<input type="checkbox"/> X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X None	
13	Other financial or non-financial interests	<input type="checkbox"/> X None	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE 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): _____

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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		<p>Member NIHR Strategy Board</p> <p>Member: Chief Social Worker for Adult Research Reference Group</p> <p>Member: Adult Social Care Strategy Forum, DHSC</p> <p>Member: NIHR Multiple Long-term Conditions Oversight Group</p> <p>Member: NIHR PRU Older People and Frailty Advisory Group</p> <p>Member University of Oxford /Open University advisory group NIHR SSCR</p> <p>Member - NIHR Dementia Strategy Advisory Group</p> <p>Chair UKRI OSCAR study advisory group, Cardiff University</p> <p>Member Steering Group, appointed by NIHR, Experts 11, LSHTM</p> <p>NIHR ARC National Mental Health Implementation Network Member 2021-</p> <p>Member Advisory Group, Advanced Care Research Centre, University of Edinburgh</p> <p>Member D-PACT dementia advisory group, University of Plymouth, NIHR, 2020-21</p> <p>Member advisory group ExChange Wales, University of Cardiff</p>

11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 29.06.2021

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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3	Royalties or licenses	x None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

Date: 28th 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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