ICA Missouri – AHTF Additional Questions

*Form designed for use by projects funded by AHTF and at least one other funding source, both requiring HMIS data collection.*

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Name of Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Records***Use this space to list all applicable household members if desired.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First name Last name ServicePoint ID

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 First name Last name ServicePoint ID

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 First name Last name ServicePoint ID

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 First name Last name ServicePoint ID

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 First name Last name ServicePoint ID

**AHTF Additional Questions***The additional questions collected vary by project design. For this reason, not all questions in this section may be applicable to this project.*

**Include in AHTF Report?** □ yes □ no

**Street Address of Client’s Night Residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip Code of Client’s Night Residence:** \_\_\_\_\_\_\_\_\_\_