

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
_____ First name	_____ Last name	_____ ServicePoint ID
_____ First name	_____ Last name	_____ ServicePoint ID
_____ First name	_____ Last name	_____ ServicePoint ID
_____ First name	_____ Last name	_____ ServicePoint ID
_____ 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: _____