

## ICA Missouri – RHY Start – ES [FY2024]

Adult/HoH

Form designed for use by RHY-funded Basic Center Program shelter.

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

Project Name (Enter Data As): \_\_\_\_\_

**Client Record**

**i** Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

**Name** \_\_\_\_\_

First	Middle	Last	Suffix
<b>Name Data Quality</b>			
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial, Street Name, or Code Name Reported		
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer		

**i** Best practice is to collect all nine digits of the SSN for all clients; CoC-, ESG-, and PATH-funded projects are only required to attempt to collect the last four digits of the SSN. Other projects must attempt to collect all nine digits of the SSN, though clients can refuse all or part of the SSN. Unless explicitly requested by the client, the first five digits of the SSN should not be deleted if previously recorded in HMIS.

**Social Security Number**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

☐ Full SSN Reported      ☐ Approximate or Partial SSN Reported      ☐ Client doesn't know      ☐ Client prefers not to answer

**U.S. Veteran**    ☐ No    ☐ Yes    ☐ Client doesn't know    ☐ Client prefers not to answer

**Client Demographics**

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Full DOB Reported    ☐ Approximate or Partial DOB Reported    ☐ Client doesn't know    ☐ Client prefers not to answer

**Gender(s)**

select all that apply

<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit)
<input type="checkbox"/> Transgender	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Questioning
<input type="checkbox"/> Different Identity (specify): _____	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

**Race(s) and Ethnicity**

select all that apply

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Asian or Asian American
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Hispanic/Latina/e/o
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer	

**Additional Race & Ethnicity**

optional, specify

\_\_\_\_\_

**Relationship to Head of Household**

☐ Self      ☐ Head of household's child  
☐ Head of household's spouse or partner      ☐ Other: non-relation member  
☐ Head of household's other relation member (other relation to head of household)

**RHY Basic Center Program Status****Date of Status Determination**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Youth Eligible for RHY Services**☐ No    ☐ Yes**If no, reason why services are not funded by BCP grant**

☐ Out of age range  
☐ Ward of the State – Immediate Reunification  
☐ Ward of the Criminal Justice System – Immediate Reunification  
☐ Other

**If yes, runaway youth**☐ No    ☐ Yes    ☐ Client doesn't know    ☐ Client prefers not to answer

## Project CoC Code

**i** If you're unsure which CoC code to select for your project, reach out to the helpdesk for assistance.

**Enrollment CoC**    ☐ MO-500 St. Louis County    ☐ MO-501 St. Louis City  
☐ MO-600 Springfield/Greene, Christian, Webster Counties    ☐ MO-602 Joplin/Jasper, Newton Counties  
☐ MO-603 St. Joseph/Andrew, Buchanan, DeKalb Counties    ☐ MO-606 Missouri Balance of State

## Client location as of assessment/review date

**i** Select the county in which the client is residing (or sleeping at night if unhoused). This field does not need to match the CoC Code above.

**Client Location (County)** \_\_\_\_\_

## Last Permanent Address

**i** Record the last zip code the client had for at least 90 days that was not in an emergency shelter, a transitional housing project, a safe haven, or a place not meant for habitation.

**Zip Code of Last Permanent Address** \_\_\_\_\_

☐ Full or Partial Zip Code Reported    ☐ Client doesn't know    ☐ Client prefers not to answer

## Disabilities

**Disabling Condition**    ☐ No    ☐ Yes    ☐ Client doesn't know    ☐ Client prefers not to answer

## Health Insurance

**Covered by Health Insurance**    ☐ No    ☐ Yes    ☐ Client doesn't know    ☐ Client prefers not to answer

Medicaid (MO HealthNet)    ☐ No    ☐ Yes

Medicare    ☐ No    ☐ Yes

State Children's Health Insurance Program    ☐ No    ☐ Yes

Veteran's Health Administration    ☐ No    ☐ Yes

Employer-Provided Health Insurance    ☐ No    ☐ Yes

Health Insurance obtained through COBRA    ☐ No    ☐ Yes

Private Pay Health Insurance    ☐ No    ☐ Yes

State Health Insurance for Adults    ☐ No    ☐ Yes

Indian Health Services Program    ☐ No    ☐ Yes

Other (specify): \_\_\_\_\_    ☐ No    ☐ Yes

**i** HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

**i** **Data Entry Tip:**  
Remember to end date old records and create new records each time a source of health insurance changes.

## Monthly Income

**Income from Any Source**    ☐ No    ☐ Yes    ☐ Client doesn't know    ☐ Client prefers not to answer

Alimony and other spousal support    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Child support    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Earned income (i.e., employment income)    ☐ No    ☐ Yes: \$ \_\_\_\_\_

General Assistance (GA)    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Pension or retirement income from a former job    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Private disability insurance    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Retirement Income from Social Security    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Social Security Disability Insurance (SSDI)    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Supplemental Security Income (SSI)    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Temporary Assistance for Needy Families (TANF)    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Unemployment Insurance    ☐ No    ☐ Yes: \$ \_\_\_\_\_

VA Non-Service-Connected Disability Pension    ☐ No    ☐ Yes: \$ \_\_\_\_\_

VA Service-Connected Disability Compensation    ☐ No    ☐ Yes: \$ \_\_\_\_\_

Worker's Compensation    ☐ No    ☐ Yes: \$ \_\_\_\_\_

**i** HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each.  
For any income sources where income is received, the monthly amount must also be recorded.

**i** **Data Entry Tip:**  
Remember to end date old records and create new records each time a source of income changes.

**Total Monthly Income**    \$ \_\_\_\_\_

## Non-Cash Benefits

Non-Cash Benefits from Any Source ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP)  
(Previously known as Food Stamps) ☐ No ☐ Yes

Special Supplemental Nutrition Program for  
Women, Infants and Children (WIC) ☐ No ☐ Yes

TANF Child Care services ☐ No ☐ Yes

TANF transportation services ☐ No ☐ Yes

Other TANF-funded services ☐ No ☐ Yes

Other (specify): \_\_\_\_\_ ☐ No ☐ Yes



HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.



### Data Entry Tip:

Remember to end date old records and create new records each time a source of non-cash benefit changes.

## Chronic Homelessness Determination

### Prior living situation (Where did the client stay immediately prior to entry?)

Homeless situations (if none of these options match, skip to "Institutional situations")

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)  
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter  
☐ Safe haven

Institutional situations (if none of these options match, skip to "Temporary housing situations")

- ☐ Foster care home or foster care group home ☐ Long-term care facility or nursing home  
☐ Hospital or other residential non-psychiatric medical facility ☐ Psychiatric hospital or other psychiatric facility  
☐ Jail, prison or juvenile detention facility ☐ Substance abuse treatment facility or detox center

Temporary housing situations (if none of these options match, skip to "Permanent housing situations")

- ☐ Residential project or halfway house with no homeless criteria ☐ Host home (non-crisis)  
☐ Hotel or motel paid for without emergency shelter voucher ☐ Staying or living in a friend's room, apartment, or house  
☐ Transitional housing for homeless persons (including homeless youth) ☐ Staying or living in a family member's room, apartment, or house

Permanent housing situations (if none of these options match, skip to "Other")

- ☐ Rental by client, no ongoing housing subsidy  
☐ Rental by client, with ongoing subsidy (select subsidy type →)  
☐ Owned by client, with ongoing housing subsidy  
☐ Owned by client, no ongoing housing subsidy

If "rental by client, with ongoing subsidy", select type

- ☐ GPD TIP housing subsidy  
☐ VASH housing subsidy  
☐ RRH or equivalent subsidy  
☐ HCV Voucher (tenant or project based)  
☐ Public housing unit  
☐ Rental by client, with other ongoing housing subsidy  
☐ Housing Stability Voucher  
☐ Family Unification Program Voucher (FUP)  
☐ Foster Youth to Independence Initiative (FYI)  
☐ Permanent Supportive Housing  
☐ Other permanent housing dedicated for formerly homeless persons

### Other

- ☐ Client doesn't know ☐ Client prefers not to answer

### Length of stay in prior living situation

- ☐ One night or less ☐ 90 days or more, but less than one year  
☐ Two to six nights ☐ One year or longer  
☐ One week or more, but less than one month ☐ Client doesn't know  
☐ One month or more, but less than 90 days ☐ Client prefers not to answer

Approximate date this episode of homelessness started: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Regardless of where they stayed last night, number of times on streets, in ES, or SH in the past 3 years including today

- ☐ One time ☐ Three times ☐ Client doesn't know  
☐ Two times ☐ Four or more times ☐ Client prefers not to answer

### Total number of months homeless on the street, in ES, or SH in the past 3 years

- ☐ One month (this time is the first month) ☐ 5 ☐ 9 ☐ More than 12 months  
☐ 2 ☐ 6 ☐ 10 ☐ Client doesn't know  
☐ 3 ☐ 7 ☐ 11 ☐ Client prefers not to answer  
☐ 4 ☐ 8 ☐ 12

## Sexual Orientation

**Sexual Orientation** ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual  
☐ Questioning/Unsure ☐ Client doesn't know ☐ Client prefers not to answer ☐ Other: \_\_\_\_\_

## Education

**School Status** ☐ Attending School Regularly ☐ Attending School Irregularly ☐ Graduated High School  
☐ Obtained GED (incl. HiSET) ☐ Dropped Out ☐ Suspended  
☐ Expelled ☐ Client doesn't know ☐ Client prefers not to answer

**Last Grade Completed** ☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8  
☐ Grades 9-11 ☐ Grade 12/High School Diploma ☐ School program does not have grade levels  
☐ GED (incl. HiSET) ☐ Some College ☐ Associate's Degree  
☐ Bachelor's Degree ☐ Graduate Degree ☐ Vocational Certification  
☐ Client doesn't know ☐ Client prefers not to answer

## Employment

**Employed?** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

**If yes, type of employment:** ☐ Full-Time ☐ Part-Time ☐ Seasonal/Sporadic (including Day Labor)

**If no, why not employed:** ☐ Looking for Work ☐ Unable to Work ☐ Not Looking for Work

## Health

**General Health Status** ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor  
☐ Client doesn't know ☐ Client prefers not to answer

**Dental Health Status** ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor  
☐ Client doesn't know ☐ Client prefers not to answer

**Mental Health Status** ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor  
☐ Client doesn't know ☐ Client prefers not to answer

**Pregnancy Status** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

**If yes, due date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Child Welfare/Foster Care Involvement

**Formerly a Ward of Child Welfare or Foster Care Agency** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

**If yes, number of years** ☐ Less than one year ☐ 1 to 2 years ☐ 3 to 5 or more years

**If less than one year, number of months** \_\_\_\_ months (1-11)

## Juvenile Justice System Involvement

**Formerly a Ward of Juvenile Justice System** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

**If yes, number of years** ☐ Less than one year ☐ 1 to 2 years ☐ 3 to 5 or more years

**If less than one year, number of months** \_\_\_\_ months (1-11)

## Family Critical Issues

**i** HUD expects that the client be asked about each individual family critical issue and requires an answer be recorded for each.

Unemployment – Family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Mental Health Disorder – Family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Physical Disability – Family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Alcohol or Substance Use Disorder – Family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Insufficient Income to support youth – Family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Incarcerated Parent of Youth	<input type="checkbox"/> No	<input type="checkbox"/> Yes

## Referral Source (RHY)

Referral Source	<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual	
	<input type="checkbox"/> Outreach Project	<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> Residential Project
	<input type="checkbox"/> Hotline	<input type="checkbox"/> Child Welfare/CPS	<input type="checkbox"/> Juvenile Justice
	<input type="checkbox"/> Law Enforcement/Police	<input type="checkbox"/> Mental Hospital	<input type="checkbox"/> School
	<input type="checkbox"/> Other Organization	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

## Disabilities

**i** If one or more of the options below with an asterisk(\*) has been selected, the answer to “disabling condition” must be “yes.”  
If none of the answers below with an asterisk(\*) has been selected, the answer to “disabling condition” may be “yes” or “no.”

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer

## Domestic Violence

**i** “Domestic violence” is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Survivor of Domestic Violence?** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

**If yes, when experience occurred**

<input type="checkbox"/> Within the past three months	<input type="checkbox"/> Three to six months ago
<input type="checkbox"/> From six to twelve months ago	<input type="checkbox"/> More than a year ago
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

**If yes, currently fleeing?** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

**BE SURE TO LOG ANY RHY SPECIFIC SERVICES THAT WERE PROVIDED AT THE TIME OF ENTRY!**