ICA Missouri – RHY Start – HP [FY2024] Adult/HoH

Staff: _____ Project Start Date: _____/_____/_____ Name of Head of Household: _____

Project Name (Enter Data As): _____

Client Record

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

Name _____ _____ _____ _____
First Middle Last Suffix

Name Data Quality ☐ Full Name Reported ☐ Partial, Street Name, or Code Name Reported
☐ Client doesn't know ☐ Client prefers not to answer

ⓘ 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

☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity (e.g. Two-Spirit)
☐ Transgender ☐ Non-Binary ☐ Questioning
☐ Different Identity (specify): ☐ Client doesn't know ☐ Client prefers not to answer
_____

Race(s) and Ethnicity
select all that apply

☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American
☐ Black, African American, or African ☐ Hispanic/Latina/e/o
☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander
☐ White ☐ Client doesn't know
☐ 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

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

Project CoC Code

ⓘ 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

ⓘ 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

ⓘ 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

ⓘ HUD requires that the client be asked about each individual source of health insurance 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 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: $_____

ⓘ 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.

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

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VA Non-Service-Connected Disability Pension	☐ No	☐ Yes: $_____
VA Service-Connected Disability Compensation	☐ No	☐ Yes: $_____
Worker's Compensation	☐ No	☐ Yes: $_____

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

Length of stay in homeless situation noted above

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

Skip to "Approximate date homelessness started" (below)

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

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

Length of stay in institutional situation noted above

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

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? ☐ No ☐ Yes

If yes, skip to "Approximate date homelessness started" (below)
If no, skip to next section

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

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

Length of stay in temporary situation noted above

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

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? ☐ No ☐ Yes

If yes, skip to "Approximate date homelessness started" (below)
If no, skip to next section

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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

Length of stay in permanent situation noted above

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

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? ☐ No ☐ Yes

If yes, skip to "Approximate date homelessness started" (below)
If no, skip to next section

Other

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

Skip to next section

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
☐ Two times
☐ Three times
☐ Four or more times
☐ Client doesn't know
☐ 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)
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10
☐ 11
☐ 12
☐ More than 12 months
☐ Client doesn't know
☐ Client prefers not to answer

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

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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

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

Unemployment – Family member	☐ No	☐ Yes
Mental Health Disorder – Family member	☐ No	☐ Yes
Physical Disability – Family member	☐ No	☐ Yes
Alcohol or Substance Use Disorder – Family member	☐ No	☐ Yes
Insufficient Income to support youth – Family member	☐ No	☐ Yes
Incarcerated Parent of Youth	☐ No	☐ Yes

Referral Source (RHY)

Referral Source

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

Disabilities

ⓘ 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	☐ Yes ☐ No ☐ DK ☐ Ref	☐ Yes* ☐ No ☐ DK ☐ Ref
Both Alcohol and Drug Use Disorders	☐ Yes ☐ No ☐ DK ☐ Ref	☐ Yes* ☐ No ☐ DK ☐ Ref
Chronic Health Condition	☐ Yes ☐ No ☐ DK ☐ Ref	☐ Yes* ☐ No ☐ DK ☐ Ref
Developmental Disability	☐ Yes* ☐ No ☐ DK ☐ Ref	*(not applicable)*

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Drug Use Disorder	☐ Yes ☐ No ☐ DK ☐ Ref	☐ Yes* ☐ No ☐ DK ☐ Ref
HIV/AIDS	☐ Yes* ☐ No ☐ DK ☐ Ref	*(not applicable)*
Mental Health Disorder	☐ Yes ☐ No ☐ DK ☐ Ref	☐ Yes* ☐ No ☐ DK ☐ Ref
Physical Disability	☐ Yes ☐ No ☐ DK ☐ Ref	☐ Yes* ☐ No ☐ DK ☐ Ref

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

Domestic Violence

ⓘ "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.

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

If yes, when experience occurred	☐ Within the past three months	☐ Three to six months ago
	☐ From six to twelve months ago	☐ More than a year ago
	☐ Client doesn't know	☐ 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!

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