ICA Missouri – RHY Start – HP [FY2024]

		HY Start – HP [F	12024]					Chi
aff:	Project Start Date://			Name of	Head of I	Household:		
oject Name l ient Recc		As):						
① Unl	ess specifica	lly required by a funder,	clients may u	use a preferred name (rather th	an legal name) fo	or HMIS purposes.	
ame Firs			Middle		Las			Suffix
	ata Quality	Full Name Reported	_	al Street Name or Coo				Sum
Nume De	and Quality	□ Client doesn't know						
		ir digits of the SSN. Othe explicitly requested by t				-	-	
ocial Securit umber	ty							
IIIDEI			□ Approxima Reported	ate or Partial SSN	□ kno	Client doesn't ow	Client pret answer	ers not to
6. Veteran	🗆 No	□ Yes □ Client does	sn't know	Client prefers not t	o answei	r		
iont Dom								
	nographics ,	- ,						
ite	/	/						
rth								
	Full DOB Rep		Approxim Reported	nate or Partial DOB	🗆 Clie know	ent doesn't	□ Client prefers no	t to answer
ender(s)	🗌 Woman (Girl, if child)		·	🗆 Man (Boy, if c	nild)	Culturally Spe	ecific Identity (e.g.	Two-Spirit)
select all that apply	🗆 Tran	sgender		Non-Binary		\Box Questioning		
	□ Different Identity (specify):			Client doesn't	know	\Box Client prefers not to answer		
ce(s)	American Indian, Alaska Native, or Indigenous			Asian or Asian American				
d	🗆 Black, African American, or African			□ Hispanic/Latina/e/o				
Ethnicity select all	Middle Eastern or North African			Native Hawaiian or Pacific Islander				
at apply	□ White			□ Client doesn't know				
	\Box Client prefers not to answer							
ditional Ra	ace & Ethnic	itv						
tional, specij	fy							

Relationship to Head of	□ Self	\Box Head of household's child
Household	\Box Head of household's spouse or partner	\Box Other: non-relation member
	\Box 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	\Box Ward	ut of age range /ard of the State – Immediate Reunification /ard of the Criminal Justice System – Immediate Reunification ther		
If yes, runaway youth	🗆 No	🗆 Yes	Client doesn't know	\Box Client prefers not to answer

Enrollment CoC	MO-500 St. Louis County				🗆 MO-501 St. Louis City
	🗆 MO-600 Springfield/Greene, Christian, Web				ounties 🛛 MO-602 Joplin/Jasper, Newton Counties
	🗌 MO-603 St. Joseph/Andrew, Buchanan, Del			eKalb Co	unties 🛛 MO-606 Missouri Balance of State
Client location	as of assessment/revi	iew dat	te		
(i) Select the co	unty in which the client is re	esiding (d	or sleeping	g at night	if unhoused). This field does not need to match the CoC Code above.
Client Location (Co	ounty)				
Last Permanen	t Address				
	ast zip code the client had fo housing project, a safe hav				not in an emergency shelter, or habitation.
Zip Code of Last P	ermanent Address	Ill or Pari	tial Zip Co	de Repor	ted 🛛 Client doesn't know 🖓 Client prefers not to answer
Disabilities					
Disabling Conditio	n 🗆 No 🗆 Yes 🗆	Client d	oesn't kno	ow 🗆	Client prefers not to answer
Health Insuran	<u>ce</u>				
Covered by Health	Insurance 🗆 No 🗆	Yes 🛛	Client do	oesn't kn	ow
Medicaid (MO HealthNet)		🗆 No	🗆 Yes		
Medicare		🗆 No	🗆 Yes		HUD requires that the client be asked about
State Children's H	🗆 No	🗆 Yes	$(\mathbf{\hat{u}})$	each individual source of health insurance	
Veteran's Health	🗆 No	🗆 Yes		and requires an answer be recorded for each.	
Employer-Provided Health Insurance			🗆 Yes		
Health Insurance	🗆 No	🗆 Yes		Data Entry Tip:	
Private Pay Healt	🗆 No	🗆 Yes		Remember to end date old records	
State Health Insu	🗆 No	🗆 Yes	(i)	and create new records each time	
Indian Health Services Program			🗆 Yes		a source of health insurance changes.
Other (specify): _	Other (specify):				

Disabilities

If one or more of the options below with an asterisk(*) has been selected, the answer to "disabling condition" must be "yes." $\mathbf{\hat{U}}$ 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 □ PNTA	□ Yes* □ No □ DK □ Ref			
Both Alcohol and Drug Use Disorders	□ Yes □ No □ DK □ PNTA	□ Yes* □ No □ DK □ Ref			
Chronic Health Condition	□ Yes □ No □ DK □ PNTA	□ Yes* □ No □ DK □ Ref			
Developmental Disability	□ Yes* □ No □ DK □ PNTA	(not applicable)			
Drug Use Disorder	□ Yes □ No □ DK □ PNTA	□ Yes* □ No □ DK □ Ref			
HIV/AIDS	□ Yes* □ No □ DK □ PNTA	(not applicable)			
Mental Health Disorder	□ Yes □ No □ DK □ PNTA	□ Yes* □ No □ DK □ Ref			
Physical Disability	□ Yes □ No □ DK □ PNTA	□ Yes* □ No □ DK □ Ref			
DK = Client doesn't know; PNTA = Client prefers not to answer					