ICA N	/lisso	uri — F	RHY Start	t – SO [FY	2024]						Adult/HoH
Staff:			Project	Start Date:	//		Name of H	ead of Ho	ousehold:		
Project	Name (E	inter Data	a As):								
Client	Record	<u>4</u>									
Û	Unless	specifica	ally required	by a funder, cl	ients may use a p	orefer	rred name (ra	ther thar	n legal name) fo	r HMIS purposes.	
Name								. <u> </u>			
	First				Middle			Last			Suffix
Nan	ne Data	Quality		me Reported doesn't know	□ Partial, Stre □ Client prefe			Name Re	eported		
<b>(i)</b>	collect t	he last fo	ur digits of th	ne SSN. Other	projects must att	empt	t to collect all	nine digi	ts of the SSN, th	are only required hough clients can I if previously rec	refuse all or part
Social So	ecurity			_	_						
Number	•										
			□ Full SSN Reported		Approximate or	Parti	al SSN	□ Cli know	ient doesn't /	Client pre answer	fers not to
U.S. Vet	eran	🗆 No	□ Yes [	Client doesn	't know 🛛 Cli	ient p	orefers not to	answer			
<b>Optior</b>	nal: Cli	ent Pro	file Additi	onal Inform	ation: answer	<sup>r</sup> this	s section fo	r head d	of household	only	
Contact	informa	ation									
-		graphic									
Date of			/	_/							
Birth		□ Full I Reporte	-	□ Approx Reported	ximate or Partial	DOB		□ Client know	doesn't	□ Client prefe answer	rs not to
Gender	Il the set and she		Woman (Gir	l, if child)			Man (Boy, if	child)	Culturally S	Specific Identity (	e.g. Two-Spirit)
select all			Transgender	r			Non-Binary	-	Questionin		
			Different Ide	entity (specify)	:		Client doesn'	t know	Client pref	ers not to answer	
Race(s)	and		American In	dian, Alaska Na	ative, or Indigenc	ous	🗆 Asian or	Asian An	nerican		
Ethnicit	ity □ BI Ill that apply □ M			n American, or	-			c/Latina/e/o			
select all			Middle Easte	liddle Eastern or North African 🛛 Native Hawaiiar				awaiian d	waiian or Pacific Islander		
			White	Vhite   Client doesn't know							
		□ Client prefers not to answer									
Addition		& Ethnio	city								
Relatior	nship to	Head of	Household	🗆 Self				🗆 Head	of household's	child	
				$\Box$ Head of	household's spo	use o	or partner	🗆 Othe	r: non-relation i	member	

## Enrollment CoC 🛛 🗆 MO-500 St. Louis County

Client location as of assessment/review date

□ MO-600 Springfield/Greene, Christian, Webster Counties □ MO-603 St. Joseph/Andrew, Buchanan, DeKalb Counties 🗆 MO-501 St. Louis City

□ MO-602 Joplin/Jasper, Newton Counties

□ MO-606 Missouri Balance of State

③ 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 a transitional housing project, a safe haven, or				ncy she	elter,		
Zip Code of Last Permanent Address	artial Zip	Code Repo	rted 🛛 🗆 Client do	oesn't	know   Client prefers not to answer		
<u>Disabilities</u>							
	t doesn't	know 🗆	Client prefers not	to ans	wer		
Health Insurance							
Covered by Health Insurance	🗆 Clien	t doesn't kn	iow 🛛 Client pr	efers	not to answer		
Medicaid (MO HealthNet)	o □Ye	es					
Medicare 🗌 N	o □Ye	es	HUD requires the	at the	client he asked about		
State Children's Health Insurance Program 🛛 🗆 N	o 🗆 Ye	es 🛈	•	that the client be asked about I source of health insurance			
Veteran's Health Administration	o □Ye	es	and requires an a	answe	r be recorded for each.		
Employer-Provided Health Insurance	o 🗆 Ye	es					
Health Insurance obtained through COBRA 🛛 🗆 N	o □Ye	es	Data Fatav Tiar				
Private Pay Health Insurance	o 🗆 Ye	es o	Data Entry Tip: Remember to end date old records and create new records each time				
State Health Insurance for Adults	o 🗆 Ye	es ①					
Indian Health Services Program	o 🗆 Ye	□ Yes a source of health insurance char			rance changes.		
Other (specify): N	o □Ye	es	I				
Monthly Income							
	Client do	esn't know	Client prefer	s not t	o answer		
Alimony and other spousal support		□ Yes: \$					
Child support		□ Yes: \$			LUID requires that the client be		
Earned income (i.e., employment income)	□ No	□ Yes: \$			HUD requires that the client be asked about each individual source of income and requires an answer		
General Assistance (GA)	□ No	□ Yes: \$		(j)			
Other (specify):	🗆 No	□ Yes: \$	:\$		be recorded for each.		
Pension or retirement income from a former job	🗆 No		:: \$		For any income sources where income is received, the monthly amount must		
Private disability insurance	🗆 No				also be recorded.		
Retirement Income from Social Security	🗆 No	 □ Yes: \$					
Social Security Disability Insurance (SSDI)	🗆 No	□ Yes: \$_			Data Entry Tin		
Supplemental Security Income (SSI)	🗆 No	□ Yes: \$			Data Entry Tip: Remember to end date old records		
Temporary Assistance for Needy Families (TANF) 🗆 No 🗆 Yes: \$ and create new records each time							
Unemployment Insurance   No Yes: \$ a source of income changes.							
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 Bonofite

Non-Cash Benefits						
Non-Cash Benefits from Any Source 🛛 No 👘 Y	′es 🗆	Client doesr	n't kno	w		
Supplemental Nutrition Assistance Program (SNAP) INO Yes HUD requires that the client be asked about each individual source						
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	□ No	□ Yes	1	of non-cash benefits and requires an answer be recorded for each.		
TANF Child Care services	🗆 No	□ Yes				
TANF transportation services	🗆 No	□ Yes		Data Entry Tip:		
Other TANF-funded services	🗆 No	🗆 Yes	(j)	Remember to end date old records and create new records each time		
Other (specify):	🗆 No	□ Yes		a source of non-cash benefit changes.		
<u>Chronic Homelessness Determination</u> Prior living situation (Where did the client stay						
Homeless situations (if none of these options match, s      Place not meant for habitation (e.g., a vehicle, an a     Emergency shelter, including hotel or motel paid for     Safe haven	bandone	d building, b	ous/tra	in/subway station/airport or anywhere oເ	ıtside)	
Institutional situations (if none of these options match Foster care home or foster care group home Hospital or other residential non-psychiatric medi Jail, prison or juvenile detention facility			□ Lor □ Psy	g situations") ng-term care facility or nursing home rchiatric hospital or other psychiatric facili ostance abuse treatment facility or detox		
Temporary housing situations (if none of these option. Residential project or halfway house with no hom Hotel or motel paid for without emergency shelte Transitional housing for homeless persons (include	eless crito r voucher	eria	□ Ho □ Sta	st home (non-crisis) ying or living in a friend's room, apartmer		
Permanent housing situations (if none of these option Rental by client, no ongoing housing subsidy Rental by client, with ongoing subsidy (select subs Owned by client, with ongoing housing subsidy Owned by client, no ongoing housing subsidy			If "rer GF VA RR HC Pu Re HC Fa Fo Pe	atal by client, with ongoing subsidy", select PD TIP housing subsidy SH housing subsidy CV Voucher (tenant or project based) blic housing unit Intal by client, with other ongoing housing busing Stability Voucher mily Unification Program Voucher (FUP) ster Youth to Independence Initiative (FYI rmanent Supportive Housing her permanent housing dedicated for form	g subsidy )	
Other			🗆 Clie	ent prefers not to answer		
Length of stay in prior living situation <ul> <li>One night or less</li> <li>Two to six nights</li> <li>One week or more, but less than one month</li> <li>One month or more, but less than 90 days</li> </ul>			□ 90 □ On □ Clie	days or more, but less than one year e year or longer ent doesn't know ent prefers not to answer		
Approximate date <u>this episode</u> of homelessnes	s started	l:		/		
<b>Regardless of where they stayed last night, num</b>	<b>nber of <u>t</u></b> Three tim		reets,	in ES, or SH in the past 3 years includ		

□ Two times

	onths homeless on the time is the first month)	street, in ES, or SH in the	e past 3 years 9 10 11 11		<ul> <li>More than 12 months</li> <li>Client doesn't know</li> <li>Client prefers not to answer</li> </ul>	
Sexual Orientatio	n					
Sexual Orientation	☐ Heterosexual	🗆 Gay	🗆 Lesbian	Bisexual		
	□ Questioning/Unsure		□ Client prefers not to answer		Other:	
<u>Health</u>						
General Health Statu	IS □ Excellent □ Client doesn't kno	□ Very Good w □ Client prefers not	□ Good to answer	🗆 Fair	🗆 Poor	
Dental Health Status	□ Excellent □ Client doesn't know	$\Box$ Very Good w $\Box$ Client prefers not to	□ Good o answer	🗆 Fair	Poor	
Mental Health Statu	s □ Excellent □ Client doesn't kno	□ Very Good w □ Client prefers not t	□ Good to answer	🗆 Fair	Poor	
Pregnancy Status If yes, due date	□ No □ Yes □ (	Client doesn't know 🛛 C	lient prefers not to answ	ver		
Current Living Sit	uation_					
Date:/_	tion (Where is the clie					
Homeless situations	or habitation (e.g., a vehic	cle, an abandoned building, I paid for with emergency sl			anywhere outside)	
Skip to next do	ata element.					
<ul> <li>Hospital or other</li> <li>Jail, prison or juve</li> </ul>	or foster care group hom residential non-psychiatri enile detention facility	c medical facility	<ul> <li>Long-term care facil</li> <li>Psychiatric hospital</li> <li>Substance abuse tree</li> </ul>	or other psy	chiatric facility	
		heir current living situation	within 14 days?"			
Hotel or motel pa	ct or halfway house with n id for without emergency			friend's roc	om, apartment, or house nber's room, apartment,	or house

Skip to "Is client going to have to leave their current living situation within 14 days?"

Permanent housing situations (if none of Rental by client, no ongoing housin Rental by client, with ongoing subs Owned by client, with ongoing hous Owned by client, no ongoing housi	ng subsidy idy <u>(select subsidy type →)</u> ising subsidy ng subsidy	<ul> <li>If "rental by client, with ongoing subsidy", select type</li> <li>GPD TIP housing subsidy</li> <li>VASH housing subsidy</li> <li>RRH or equivalent subsidy</li> <li>HCV Voucher (tenant or project based)</li> <li>Public housing unit</li> <li>Rental by client, with other ongoing housing subsidy</li> <li>Housing Stability Voucher</li> <li>Family Unification Program Voucher (FUP)</li> <li>Foster Youth to Independence Initiative (FYI)</li> <li>Permanent Supportive Housing</li> <li>Other permanent housing dedicated for formerly homeless persons</li> </ul>					
Worker unable to determine		Client prefers not to answer					
Is client going to have to leave their cu	urrent living situation within 14 da	ys?					
	□ Yes	Client doesn't know	Client prefers not to answer				
If yes, continue. Otherwise, skip							
Has a subsequent residence been iden							
	□ Yes	Client doesn't know	$\Box$ Client prefers not to answer				
Does individual or family have resourc							
	Yes	□ Client doesn't know	□ Client prefers not to answer				
Has the client had a lease or ownershi	p interest in a permanent housing	□ Client doesn't know	$\Box$ Client prefers not to answer				
Has the client moved 2 or more times	<b>in the last 60 days?</b> □ Yes	Client doesn't know	$\Box$ Client prefers not to answer				
Date of engagement//	/ (leave bla	nk if client is not engaged with proj	ect)				
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." If yes, expected to be of long-continued and indefinite duration and							
Disability type	Disability determination	substantially impairs ability to liv	<i>r</i> e independently?				
Alcohol Use Disorder	🗆 Yes 🗌 No 🗌 DK 🗌 PNTA	A □ Yes* □ Ne	o 🗆 DK 🗆 PNTA				
Both Alcohol and Drug Use Disorders	🗆 Yes 🗌 No 🗌 DK 🗌 PNTA	A □ Yes* □ Ne	o 🗆 DK 🗆 PNTA				
Chronic Health Condition	🗆 Yes 🗌 No 🗌 DK 🗌 PNTA	A Sestion of the sector of the	o 🗌 DK 🗌 PNTA				
Developmental Disability	□ Yes* □ No □ DK □ PNTA	A (not a	applicable)				
Drug Use Disorder	🗆 Yes 🗌 No 🗌 DK 🗌 PNTA	A □ Yes* □ Ne	o 🗆 DK 🗆 PNTA				
HIV/AIDS	□ Yes* □ No □ DK □ PNTA	A (not a	applicable)				
Mental Health Disorder	🗆 Yes 🗌 No 🗌 DK 🗌 PNTA	A □ Yes* □ Ne	o 🗆 DK 🗆 PNTA				
Physical Disability	🗆 Yes 🗌 No 🗌 DK 🗌 PNTA		o 🗌 DK 🗌 PNTA				
	DK = Client doesn't know; PNT.	A = Client prefers not to answer					
Domestic Violence							
Survivor of Domestic Violence?	No 🗆 Yes 🗆 Client doesn't k	now 🛛 Client prefers not to ans	wer				
If yes, when experience occurred	<ul> <li>Within the past three months</li> <li>From six to twelve months ag</li> <li>Client doesn't know</li> </ul>	go D More than a year ago Client prefers not to answe					
If yes, currently fleeing?	Yes Client doesn't know	w 🗌 Client prefers not to answe					