

Staff: \_\_\_\_\_ Project Update 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.

**Client** \_\_\_\_\_  
 Name \_\_\_\_\_ Client ID \_\_\_\_\_

**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)** \_\_\_\_\_

**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)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
TANF Child Care services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
TANF transportation services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other TANF-funded services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**i** HUD requires that the client be asked about each individual source of non-cash benefits 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 non-cash benefit changes.

## Health

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

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

## 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