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 Profile Additional Information [Optional]

Contact Information   _____

Emergency Contact   _____

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)

Project CoC Code

Enrollment CoC   ☑ MO-501 St. Louis City

Client location as of assessment/review date

Client Location (County)   St. Louis City

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

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: $_____

ⓘ 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.

Total Monthly Income $_____

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   ☐ 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
  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   ☐ 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
  Length of stay in institutional situation noted above
  ☐ <u>One night or less</u>   ☐ 90 days or more, but less than one year
  ☐ <u>Two to six nights</u>   ☐ One year or longer
  ☐ <u>One week or more, but less than one month</u> ☐ Client doesn't know
  ☐ <u>One month or more, but less than 90 days</u>   ☐ 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 ☐ 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

Length of stay in temporary situation noted above

☐ 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

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

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 ☐ 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

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 ☐ 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

AHTF Additional Questions

Include in AHTF Report? ☐ No ☐ Yes

Street Address of Client's Night Residence _____

Zip Code of Client's Night Residence _____