ICA St. Louis City – AHTF Start – RRH/PSH/OPH [FY2024]

Adult/HoH

Staff:	Project S	tart Date:	//	Name of He	ad of Hou	sehold:		
Project Name (Ente	er Data As):							
Client Record								
(i) Unless sp	ecifically required b	y a funder, cli	ents may use a pre	eferred name (ra	ther than l	egal name) fo	r HMIS purposes.	
Name								
First			Middle Last					Suffix
Name Data Quality 🛛 Full Name Reported		ne Reported	🗆 Partial, Stree	t Name, or Code	Name Rep	orted		
	🗆 Client de	oesn't know	Client prefere	s not to answer				
(i) collect the I	e is to collect all nir ast four digits of the Unless explicitly rec	e SSN. Other p	projects must atter	mpt to collect all	nine digits	of the SSN, th	ough clients can r	efuse all or part
Social Security								
			Approximate or Peported	artial SSN	□ Client doesn't know		□ Client prefers not to answer	
U.S. Veteran	No 🗆 Yes 🗆	Client doesn	't know 🛛 Clier	nt prefers not to a	answer			
Client Profile A	dditional Inform	nation (Opt	ionall					
Contact Informatio			·····]					
Emergency Contac								
Client Demogra								
Date of	/	/						
	Full DOB eported	□ Approx Reported	kimate or Partial D		□ Client de know	oesn't	Client prefers answer	not to
Gender(s)	🗆 Woman (Girl,	, if child)	🗌 Man (Boy, if		hild)	Culturally 9	Specific Identity (e.g. Two-Spirit)	
select all that apply	□ Transgender			Non-Binary	∕ □ Questioning			
	Different Ider	ntity (specify)	Client doesn't know			\Box Client prefers not to answer		
				—				
Race(s) and Ethnicity			ative, or Indigenous	_				
select all that apply	Black, African Middle Easter							
	□ White							
□ Client prefers not to ans			er					
Additional Race & optional, specify	Ethnicity							
Relationship to Head of Household 🛛 🗆 Self		□ Head of household's child						
\Box Head of			f household's spouse or partner 🛛 🗆 Other: non-relation member					
		\Box Head of	household's other	relation member	r (other rel	ation to head	of household)	
Project CoC Coc								
Enrollment CoC	MO-501 St. Loui	is City						
Client location	as of assessmen	t/review d	ate					
Client Location (Co			_					

	Last Permanent Address								
□ Full or Partial Zip Code Reported □ Client doesn't know □ Client prefers not to answer Disabilities Disa					rgency s	shelter,			
Disabilities Disability Disabili	Zip Code of Last Permanent Address								
Disabling Condition No Yes Client doesn't know Client prefers not to answer Houring Move-In Date		Ill or Parti	al Zip Code Report	ted 🗌 Clier	nt doesr	n't know	Client prefers no	t to answe	r
Record the date of the first night the head of household spent living in the unit for permanent housing projects (incl. PSH, R8H, and OPH). This must be on or after the project start date. Leave blank if the client is not yet housed. Housing Move-In Date Image: Second the date of the first night the head of household spent living in the unit for permanent housing projects (incl. PSH, R8H, and OPH). Housing Move-In Date Image: Second the date of the first night the head of household spent living in the unit for permanent housing projects (incl. PSH, R8H, and OPH). Housing Move-In Date Image: Second the date of the first night the head of household spent living in the unit for permanent housing projects (incl. PSH, R8H, and OPH). Image: Second the date of the first night the head of household spent living in the unit for permanent house. Image: Second the date of the first night the head of household spent living in the unit for permanent living in the unit for permanent living in the unit for permanent living in the unit for permission of the second spent living and other spousal support Image: Second the date of the first night the head of household spent living in the unit for permission clip in the unit for any living spectra answere Image: Second the date of for Neary is the first night for the trace is the date of for neary is the second spectra answere is a date of income of date of the client is a date of income thanges. Image: Second the date of for Neary is the first night for the entry? Image: Second the date of for Neary is the first night for the entry? Image: Second the date of for Neary is the date of the second spectra answere is a date of income thanges. Image: Second the date of the second spectra answere is a date of income thanges. Image: Seco		Client do	esn't know 🗌	Client prefers	not to a	inswer			
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	ICA St. Louis City – AHTF Start – RRH/PSH/OPH [FY2024 Adu							Formati	2

 Temporary housing situations (if none of these options match, skip to "Per 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) 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 If you selected one of the underlined options above, were they on t If yes, skip to "Approximate date homelessness started" (below If no, skip to next section 	 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 90 days or more, but less than one year One year or longer Client doesn't know Client prefers not to answer the streets or in emergency shelter prior to that?
Permanent housing situations (if none of these options match, skip to "Oth □ Rental by client, no ongoing housing subsidy □ Owned by client, with ongoing housing subsidy □ Owned by client, no ongoing housing subsidy □ 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 If you selected one of the underlined options above, were they on t If yes, skip to "Approximate date homelessness started" (below If no, skip to next section	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 90 days or more, but less than one year One year or longer Client doesn't know Client prefers not to answer he streets or in emergency shelter prior to that?
Other Client doesn't know Skip to next section	Client prefers not to answer
Approximate date this episode of homelessness started:/	/
Regardless of where they stayed last night, number of times on streets, One time Three times Two times Four or more times	n ES, or SH in the past 3 years including today Client doesn't know Client prefers not to answer
Total number of months homeless on the street, in ES, or SH in the past One month (this time is the first month) 2 3 4	
AHTF Additional Questions Include in AHTF Report?	
Zip Code of Client's Night Residence	