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 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

**Client Location (CoC)**     ☑ MO-501 St. Louis City

## Client location as of assessment/review date

**Client Location (County)**     St. Louis City

## Last Permanent Address

(i) 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

## Housing Move-In Date

(i) Record the date of the first night the head of household spent living in the unit for permanent housing projects (incl. PSH, RRH, 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** _____/_____/_____

## AHTF Additional Questions

**Include in AHTF Report?** ☐ No ☐ Yes

**Street Address of Client's Night Residence** _____

**Zip Code of Client's Night Residence** _____