ICA St. Louis City – AHTF Update – ES/HP/SSO/TH [FY2024]   Child

Staff: _____   Project Update 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. |

Client _____   _____

Name   Client ID

Client location as of assessment/review date

Client Location (County)   St. Louis City

AHTF Additional Questions

Include in AHTF Report?   ☐ No   ☐ Yes

Street Address of Client's Night Residence   _____

Zip Code of Client's Night Residence   _____