

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**Housing Move-In Date**

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** \_\_\_\_\_