ICA Missouri – HCHV Start – ES [FY2024] Adult/HoH

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

ⓘ	If you're unsure which CoC code to select for your project, reach out to the helpdesk for assistance.

Enrollment CoC   ☐ MO-500 St. Louis County   ☐ MO-501 St. Louis City
☐ MO-600 Springfield/Greene, Christian, Webster Counties   ☐ MO-602 Joplin/Jasper, Newton Counties
☐ MO-603 St. Joseph/Andrew, Buchanan, DeKalb Counties   ☐ MO-606 Missouri Balance of State

Client location as of assessment/review date

ⓘ Select the county in which the client is residing (or sleeping at night if unhoused). This field does not need to match the CoC Code above.

Client Location (County) _____

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

Health Insurance

Covered by Health Insurance   ☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Medicaid (MO HealthNet)	☐ No	☐ Yes
Medicare	☐ No	☐ Yes
State Children's Health Insurance Program	☐ No	☐ Yes
Veteran's Health Administration	☐ No	☐ Yes
Employer-Provided Health Insurance	☐ No	☐ Yes
Health Insurance obtained through COBRA	☐ No	☐ Yes
Private Pay Health Insurance	☐ No	☐ Yes
State Health Insurance for Adults	☐ No	☐ Yes
Indian Health Services Program	☐ No	☐ Yes
Other (specify): _____	☐ No	☐ Yes

ⓘ HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

ⓘ **Data Entry Tip:**
Remember to end date old records and create new records each time a source of health insurance changes.

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 $_____

Non-Cash Benefits

Non-Cash Benefits from Any Source   ☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	☐ No	☐ Yes
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	☐ No	☐ Yes
TANF Child Care services	☐ No	☐ Yes
TANF transportation services	☐ No	☐ Yes
Other TANF-funded services	☐ No	☐ Yes
Other (specify): _____	☐ No	☐ Yes

> ⓘ HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.

> ⓘ **Data Entry Tip:**
> Remember to end date old records and create new records each time a source of non-cash benefit changes.

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

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

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

Permanent housing situations (if none of these options match, skip to "Other")
☐ Rental by client, no ongoing housing subsidy   *If "rental by client, with ongoing subsidy", select type*
☐ Rental by client, with ongoing subsidy *(select subsidy type* ➜*)*   ☐ GPD TIP housing subsidy
☐ Owned by client, with ongoing housing subsidy   ☐ VASH housing subsidy
☐ Owned by client, no ongoing 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

Other
☐ Client doesn't know   ☐ Client prefers not to answer

Length of stay in prior living situation
☐ 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

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	

Veteran's Information [Veterans Only]

> ⓘ **Data entry tip:** Enter the following dates as 01/01/_____ in WellSky Community Services (formerly ServicePoint).

Year Entered Military Service   _____

Year Separated from Military Service   _____

> ⓘ HUD expects that the client be asked about each individual theatre of operation and requires an answer be recorded for each.

Theatre				
Theatre of Operations: World War II	☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer
Theatre of Operations: Korean War	☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer
Theatre of Operations: Vietnam War	☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer
Theatre of Operations: Persian Gulf War (Operation Desert Storm)	☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer
Theatre of Operations: Afghanistan (Operation Enduring Freedom)	☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer
Theatre of Operations: Iraq (Operation Iraqi Freedom)	☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer
Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer

Branch of the Military   ☐ Army   ☐ Air Force   ☐ Navy   ☐ Marines   ☐ Coast Guard

☐ Space Force   ☐ Client doesn't know   ☐ Client prefers not to answer

Discharge Status
☐ Honorable   ☐ Dishonorable
☐ General under honorable conditions   ☐ Uncharacterized
☐ Under other than honorable conditions (OTH)   ☐ Client doesn't know
☐ Bad conduct   ☐ Client prefers not to answer

VAMC Station Number

VAMC Station Number
☐ 564 (Fayetteville, AR)   ☐ 589 (Kansas City, MO)   ☐ 657 (St. Louis, MO)
☐ 589A4 (Columbia, MO)   ☐ 657A4 (Poplar Bluff, MO)

Disabilities

> ⓘ If one or more of the options below with an asterisk(*) has been selected, the answer to "disabling condition" must be "yes."
> If none of the answers below with an asterisk(*) has been selected, the answer to "disabling condition" may be "yes" or "no."

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Alcohol Use Disorder	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Both Alcohol and Drug Use Disorders	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Chronic Health Condition	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Developmental Disability	☐ Yes* ☐ No ☐ DK ☐ PNTA	*(not applicable)*
Drug Use Disorder	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
HIV/AIDS	☐ Yes* ☐ No ☐ DK ☐ PNTA	*(not applicable)*
Mental Health Disorder	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Physical Disability	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA

DK = Client doesn't know; Ref = Client prefers not to answer

Domestic Violence

> ⓘ "Domestic violence" is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Survivor of Domestic Violence?   ☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

If yes, when experience occurred
☐ Within the past three months   ☐ Three to six months ago
☐ From six to twelve months ago   ☐ More than a year ago
☐ Client doesn't know   ☐ Client prefers not to answer

If yes, currently fleeing?   ☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer