ICA Missouri	– HCHV Sta	rt – ES [F	Y2024]				Adult/Ho			
Staff:	Project S	tart Date:		Name of Hea	ad of Ho	usehold:				
Project Name (Enter	Data As):									
Client Record										
i Unless specif	fically required by	a funder, clie	ents may use a pr	eferred name (rathe	r than le	egal name) for H	MIS purposes.			
Name			Middle		 Last		Suffix			
Name Data Qua	ı litv □ Full Nar	ne Reported		eet Name, or Code N		ported	Sum			
		oesn't know		ers not to answer		po. 10 a				
i collect the la	st four digits of the	e SSN. Other	projects must at	tempt to collect all n	ine digit	s of the SSN, the	re only required to attempt to ough clients can refuse all or part if previously recorded in HMIS.			
Social Security Number										
	☐ Full SSN Reported		Approximate or eported	r Partial SSN	☐ Clicknow	ent doesn't	\square Client prefers not to answer			
U.S. Veteran	No □ Yes □	Client doesr	n't know 🔲 Cl	lient prefers not to a	nswer					
Client Profile Ad	ditional Inform	nation [Op	tional]							
Contact Information	ı									
Emergency Contact										
Client Demograp	hics									
	/ /									
Birth										
☐ Full [OOB Reported	☐ Approx	ximate or Partial	•	☐ Clien know	t doesn't	☐ Client prefers not to answer			
Gender(s)	☐ Woman (Gi	rl, if child)		☐ Man (Boy, if o	child)	☐ Culturally S	Specific Identity (e.g. Two-Spirit)			
select all that apply	\square Transgende	r		\square Non-Binary		☐ Questionin	g			
	☐ Different Id	entity (specif	fy): 	☐ Client doesn' _ know	t	☐ Client prefe	ers not to answer			
Race(s) and	☐ American Ind	ian, Alaska N	ative, or Indigen	ous \square Asian or A	sian Am	erican				
Ethnicity	☐ Black, African	Black, African American, or African			_atina/e,	/o				
select all that apply	☐ Middle Easter	Middle Eastern or North African			\square Native Hawaiian or Pacific Islander					
	☐ White									
	☐ Client prefers	not to answ	er							
Additional Race & E optional, specify	thnicity									
Relationship to Hea	d of Household	☐ Self			□ Head	of household's	child			
		\square Head of	f household's spo	ouse or partner	☐ Other	: non-relation m	nember			
		☐ Head of	f household's oth	ner relation member	(other re	elation to head	of household)			
Project CoC Cod	<u>e</u>									
(i) If you're unsur	e which CoC code	to select for	your project, rea	ch out to the helpdes	sk for as	sistance.				
Enrollment CoC	MO-500 St. Loui	is County		Пм	10-501 \$	St. Louis City				

 \square MO-602 Joplin/Jasper, Newton Counties

☐ MO-606 Missouri Balance of State

 \square MO-600 Springfield/Greene, Christian, Webster Counties

 \square MO-603 St. Joseph/Andrew, Buchanan, DeKalb Counties

Client location as of assessment/review date ③ 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** \square 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 HUD requires that the client be asked about State Children's Health Insurance Program **(i)** □ No □ Yes each individual source of health insurance and requires an answer be recorded for each. Veteran's Health Administration ☐ No ☐ Yes Employer-Provided Health Insurance □ No ☐ Yes Health Insurance obtained through COBRA □ No ☐ Yes Data Entry Tip: □ No □ Yes Private Pay Health Insurance Remember to end date old records and create new records each time State Health Insurance for Adults ☐ No ☐ Yes a source of health insurance changes. Indian Health Services Program □ No □ Yes Other (specify): ___ □ No □ Yes Monthly Income \square No **Income from Any Source** ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer Alimony and other spousal support ☐ Yes: \$ □ No Child support ☐ No ☐ Yes: \$ HUD requires that the client be ☐ Yes: \$____ asked about each individual source Earned income (i.e., employment income) ☐ No of income and requires an answer General Assistance (GA) ☐ No ☐ Yes: \$ **(i)** be recorded for each. \square No Other (specify): _ ☐ Yes: \$ For any income sources where income Pension or retirement income from a former job ☐ No ☐ Yes: \$ is received, the monthly amount must also be recorded. ☐ No Private disability insurance ☐ Yes: \$ Retirement Income from Social Security ☐ No ☐ Yes: \$

☐ No

 \square No

☐ No

□ No

□ No

□ No

☐ Yes: \$

☐ Yes: \$_____

☐ Yes: \$_____

☐ Yes: \$

☐ Yes: \$

☐ Yes: \$

☐ Yes: \$____

Data Entry Tip:

(i)

Remember to end date old records

and create new records each time

a source of income changes.

Total Monthly Income \$_____

Social Security Disability Insurance (SSDI)

Temporary Assistance for Needy Families (TANF)

VA Non-Service-Connected Disability Pension

VA Service-Connected Disability Compensation

Supplemental Security Income (SSI)

Unemployment Insurance

Worker's Compensation

Non-Cash Benefits									
Non-Cash Benefits from Any Source $\ \square$ No	□Yes □	Client does	n't kno	w Client prefers not	to answer				
Supplemental Nutrition Assistance Program (SNA (Previously known as Food Stamps)	AP) □ No	☐ Yes	①	HUD requires that the clie asked about each individu	ual source				
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	□ No	☐ Yes		of non-cash benefits and an answer be recorded for	-				
TANF Child Care services	□ No	☐ Yes							
TANF transportation services	□ No	\square Yes		Data Entry Tip:					
Other TANF-funded services	□ No	☐ Yes	①	Remember to end date of and create new records e					
Other (specify):	□ No	☐ Yes		a source of non-cash ben					
Chronic Homelessness Determination									
Prior living situation (Where did the client st Homeless situations (if none of these options mate ☐ Place not meant for habitation (e.g., a vehicle, a ☐ Emergency shelter, including hotel or motel pai ☐ Safe haven	ch, skip to "Ins an abandoned	stitutional s d building, l	<i>ituatio</i> bus/tra	ns") in/subway station/airport o	or anywhere outside)				
Institutional situations (if none of these options median Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric m☐ Jail, prison or juvenile detention facility			☐ Lor	g situations") ng-term care facility or nurs rchiatric hospital or other p ostance abuse treatment fa	osychiatric facility				
Temporary housing situations (if none of these opt ☐ Residential project or halfway house with no h ☐ Hotel or motel paid for without emergency sh ☐ Transitional housing for homeless persons (inc	nomeless crite elter voucher	eria	☐ Ho ☐ Sta	st home (non-crisis) ying or living in a friend's r					
Permanent housing situations (if none of these options match, skip to "Ot □ Rental by client, no ongoing housing subsidy □ Rental by client, with ongoing subsidy (select subsidy type →) □ Owned by client, with ongoing housing subsidy □ Owned by client, no ongoing housing subsidy				If "rental by client, with ongoing subsidy", select type GPD TIP 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				ent prefers not to answer					
Length of stay in prior living situation ☐ 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			□ 90 □ On	days or more, but less thar e year or longer ent doesn't know ent prefers not to answer	n one year				
Approximate date this episode of homeless	ness started	l:	_/						
Regardless of where they stayed last night, i ☐ One time ☐ Two times	number of <u>t</u> ☐ Three tim ☐ Four or m	es	treets,	☐ Clien	3 years including today t doesn't know t prefers not to answer				
Total number of months homeless on the standard one month (this time is the first month) □ 2 □ 3	reet, in ES, o ☐ 5 ☐ 6 ☐ 7	or SH in th	ie past	3 years ☐ 9 ☐ 10 ☐ 11	☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer				

□ 8

□ 12

□ 4

<u>veteran's Inform</u>	nation [Veteran	s Only]									
i Data entry tip:	Enter the following	g dates as 01/	01/	in WellS	ky Com	munity	Services (form	erly Servi	cePoint).	
Year Entered Milita	ry Service										
Year Separated from	m Military Service										
(i) HUD expects th	nat the client be asl	ked about eac	h individu	al theatre o	of opera	ation an	d requires an a	nswer be	record	led for each.	
Theatre of Operation	ons: World War II				No [□ Yes	☐ Client does	n't know	□ CI	lient prefers r	not to answer
Theatre of Operation	ons: Korean War				No [□ Yes	☐ Client does	n't know	□ CI	lient prefers r	not to answer
Theatre of Operation	ons: Vietnam War				No [□ Yes	☐ Client does	n't know	□ CI	lient prefers r	not to answer
Theatre of Operation						□ Yes	☐ Client does				not to answer
Theatre of Operations: Afghanistan (Operation Enduring Freedom)						□ Yes	☐ Client does				not to answer
Theatre of Operation			□ Yes	☐ Client does				not to answer			
Theatre of Operation Interventions (such				,	No [□ Yes	☐ Client does	sn't know	∐ CI	lient prefers r	not to answer
Branch of the Military	☐ Army	☐ Air Force		☐ Navy				Marines			Coast Guard
	☐ Space	☐ Client doe	sn't	☐ Client p	refers	not to a	inswer				
Discharge Status	Force ☐ Honorable	know		□ Dichon	rablo						
Discharge Status	☐ General under	honorable			□ Dishonorable□ Uncharacterized						
	conditions			☐ Client d							
	☐ Under other the conditions (OTH)		9	☐ Client p	refers r	not to a	nswer				
	☐ Bad conduct										
VARAC Station No											
VAMC Station No	<u>umber</u>										
		ottovillo AD\		O /Vancas C	+. 140	١,	□ 6F7/S+ Lo.	.ic 1401			
VAMC Station Numb		etteville, AR) olumbia, MO		9 (Kansas C 7A4 (Poplar			☐ 657 (St. Lou	iis, MO)			
				9 (Kansas C 7A4 (Poplar			☐ 657 (St. Lou	iis, MO)			
<u>Disabilities</u>	□ 589A4 (C	olumbia, MO) □ 657	7A4 (Poplar	Bluff, I	MO)	•		"	st ha "vos"	
Disabilities If one or more		olumbia, MO) □ 655 erisk(*) ha	7A4 (Poplar as been sele	Bluff, I	MO) the ansv	ver to "disablin	ng conditio			
Disabilities If one or more	☐ 589A4 (C	olumbia, MO) □ 655 erisk(*) ha	7A4 (Poplar as been sele	Bluff, I	MO) the answ wer to '	ver to "disablin 'disabling cond	ng condition" ma	y be "y	es" or "no."	duration and
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