ICA Missouri – HCHV Update – ES [FY2024] Child

Form designed for use by HCHV emergency shelters only.

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

ⓘ | 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) _____

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	ⓘ HUD requires that the client be asked about 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:**
Private Pay Health Insurance	☐ No ☐ Yes	ⓘ Remember to end date old records and create new records each time a source of health insurance changes.
State Health Insurance for Adults	☐ No ☐ Yes	
Indian Health Services Program	☐ No ☐ Yes	
Other (specify): _____	☐ No ☐ Yes	

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