

Staff: \_\_\_\_\_ Project Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Head of Household: \_\_\_\_\_

Project Name (Enter Data As): \_\_\_\_\_

**Client Record****i** 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**i**

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)☐ Transgender☐ Different Identity (specify):  
\_\_\_\_\_☐ Man (Boy, if child)☐ Non-Binary☐ Client doesn't know☐ Culturally Specific Identity (e.g. Two-Spirit)☐ Questioning☐ Client prefers not to answer**Race(s) and  
Ethnicity***select all that  
apply*☐ American Indian, Alaska Native, or Indigenous☐ Black, African American, or African☐ Middle Eastern or North African☐ White☐ Client prefers not to answer☐ Asian or Asian American☐ Hispanic/Latina/e/o☐ Native Hawaiian or Pacific Islander☐ Client doesn't know**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

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

**Enrollment CoC**

<input type="checkbox"/> MO-500 St. Louis County	<input type="checkbox"/> MO-501 St. Louis City
<input type="checkbox"/> MO-600 Springfield/Greene, Christian, Webster Counties	<input type="checkbox"/> MO-602 Joplin/Jasper, Newton Counties
<input type="checkbox"/> MO-603 St. Joseph/Andrew, Buchanan, DeKalb Counties	<input type="checkbox"/> MO-606 Missouri Balance of State

## Client location as of assessment/review date

**i** 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

**i** 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

## 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")*

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility                    | <input type="checkbox"/> Substance abuse treatment facility or detox center |

*Temporary housing situations (if none of these options match, skip to "Permanent housing situations")*

- |   |   |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria       | <input type="checkbox"/> Host home (non-crisis)   |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher            | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house        |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |

*Permanent housing situations (if none of these options match, skip to "Other")*

- |  |   |
|--|---|
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy                            | <i>If "rental by client, with ongoing subsidy", select type</i> |
| <input type="checkbox"/> Rental by client, with ongoing subsidy ( <u>select subsidy type →</u> ) |   |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy                           |   |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy                             |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

### Other

- ☐ Client doesn't know ☐ Client 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 days or more, but less than one year  
☐ One year or longer  
☐ Client doesn't know  
☐ 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  
☐ Two times  
☐ Three times  
☐ Four or more times  
☐ Client doesn't know  
☐ 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)  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10  
☐ 11  
☐ 12  
☐ More than 12 months  
☐ Client doesn't know  
☐ Client prefers not to answer

**Disabilities**

- i** 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA

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

**Domestic Violence**

- i** "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  
☐ From six to twelve months ago  
☐ Client doesn't know  
☐ Three to six months ago  
☐ More than a year ago  
☐ Client prefers not to answer

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