

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) ☐ 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

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

Length of stay in homeless situation noted above

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client prefers not to answer |

Skip to "Approximate date homelessness started" (below)

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 |

Length of stay in institutional situation noted above

- | | |
|---|--|
| <input type="checkbox"/> <u>One night or less</u> | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> <u>Two to six nights</u> | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> <u>One week or more, but less than one month</u> | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> <u>One month or more, but less than 90 days</u> | <input type="checkbox"/> Client prefers not to answer |

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? ☐ No ☐ Yes

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

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 |

Length of stay in temporary situation noted above

- | | |
|--|--|
| <input type="checkbox"/> <u>One night or less</u> | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> <u>Two to six nights</u> | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client prefers not to answer |

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? ☐ No ☐ Yes

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

Permanent housing situations (if none of these options match, skip to “Other”)

- ☐ 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
☐ VASH 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

Length of stay in permanent situation noted above

- ☐ 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

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? ☐ No ☐ Yes

If yes, skip to “Approximate date homelessness started” (below)

If no, skip to next section

Other

- ☐ Client doesn’t know ☐ Client prefers not to answer

Skip to next section

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

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



“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