

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

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.