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) _____

Housing Move-In Date

| ⓘ | Record the date of the first night the head of household spent living in the unit for permanent housing projects (incl. PSH, RRH, and OPH). This must be on or after the project start date. Leave blank if the client is not yet housed. |

Housing Move-In Date _____/_____/_____

Health Insurance

Covered by Health Insurance   ☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Source	No	Yes
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. |

Monthly Income

Income from Any Source   ☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Source	No	Yes
Alimony and other spousal support	☐ No	☐ Yes: $_____
Child support	☐ No	☐ Yes: $_____
Earned income (i.e., employment income)	☐ No	☐ Yes: $_____
General Assistance (GA)	☐ No	☐ Yes: $_____
Other (specify): _____	☐ No	☐ Yes: $_____
Pension or retirement income from a former job	☐ No	☐ Yes: $_____
Private disability insurance	☐ No	☐ Yes: $_____
Retirement Income from Social Security	☐ No	☐ Yes: $_____
Social Security Disability Insurance (SSDI)	☐ No	☐ Yes: $_____
Supplemental Security Income (SSI)	☐ No	☐ Yes: $_____
Temporary Assistance for Needy Families (TANF)	☐ No	☐ Yes: $_____
Unemployment Insurance	☐ No	☐ Yes: $_____
VA Non-Service-Connected Disability Pension	☐ No	☐ Yes: $_____
VA Service-Connected Disability Compensation	☐ No	☐ Yes: $_____
Worker's Compensation	☐ No	☐ Yes: $_____

| ⓘ | HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each. For any income sources where income is received, the monthly amount must also be recorded. |

| ⓘ | **Data Entry Tip:** Remember to end date old records and create new records each time a source of income changes. |

Total Monthly Income $_____

Non-Cash Benefits

Non-Cash Benefits from Any Source   ☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	☐ No	☐ Yes
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	☐ No	☐ Yes
TANF Child Care services	☐ No	☐ Yes
TANF transportation services	☐ No	☐ Yes
Other TANF-funded services	☐ No	☐ Yes
Other (specify): _____	☐ No	☐ Yes

ⓘ HUD requires that the client be asked about each individual source of non-cash benefits 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 non-cash benefit changes.