

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 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**☐ MO-500 St. Louis County☐ MO-501 St. Louis City☐ MO-600 Springfield/Greene, Christian, Webster Counties☐ MO-602 Joplin/Jasper, Newton Counties☐ MO-603 St. Joseph/Andrew, Buchanan, DeKalb Counties☐ 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)**

ICA Missouri - Core Start - ES-SH [FY2024 Adult-HoH]

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## Last Permanent Address



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

## 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.

## Monthly Income

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

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.

## 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                            | If "rental by client, with ongoing subsidy", select type                      |
| <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                             |   |
| <input type="checkbox"/> GPD TIP housing subsidy   |   |
| <input type="checkbox"/> VASH housing subsidy  |   |
| <input type="checkbox"/> RRH or equivalent subsidy   | <input type="checkbox"/> HCV Voucher (tenant or project based)                |
| <input type="checkbox"/> Public housing unit   | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Housing Stability Voucher   | <input type="checkbox"/> Family Unification Program Voucher (FUP)             |
| <input type="checkbox"/> Foster Youth to Independence Initiative (FYI)                           | <input type="checkbox"/> Permanent Supportive Housing                         |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons         |   |

### Other

- |  |   |
|--|---|
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
|--|---|

### Length of stay in prior living situation

- |  |  |
|--|--|
| <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            |

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

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> One time  | <input type="checkbox"/> Three times        | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client prefers not to answer |

### Total number of months homeless on the street, in ES, or SH in the past 3 years

- |   |                            |                             |   |
|---|----------------------------|-----------------------------|---|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> More than 12 months          |
| <input type="checkbox"/> 2  | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> 3  | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> 4  | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 |   |