

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	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, Street Name, or Code Name Reported			
	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> 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*

<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit)
<input type="checkbox"/> Transgender	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Questioning
<input type="checkbox"/> Different Identity (specify): _____	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

Race(s) and Ethnicity *select all that apply*

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Asian or Asian American
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Hispanic/Latina/e/o
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer	

Additional Race & Ethnicity *optional, specify* _____

Relationship to Head of Household

<input type="checkbox"/> Self	<input type="checkbox"/> Head of household's child
<input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Other: non-relation member
<input type="checkbox"/> 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.

<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



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.