

Staff: \_\_\_\_\_ Project Update 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 \_\_\_\_\_**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) \_\_\_\_\_

**Housing Move-In Date [Rapid ReHousing Only]****i** 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 answerMedicaid (MO HealthNet) ☐ No ☐ YesMedicare ☐ No ☐ YesState Children's Health Insurance Program ☐ No ☐ YesVeteran's Health Administration ☐ No ☐ YesEmployer-Provided Health Insurance ☐ No ☐ YesHealth Insurance obtained through COBRA ☐ No ☐ YesPrivate Pay Health Insurance ☐ No ☐ YesState Health Insurance for Adults ☐ No ☐ YesIndian Health Services Program ☐ No ☐ YesOther (specify): \_\_\_\_\_ ☐ No ☐ Yes**i** HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.**i** **Data Entry Tip:**  
Remember to end date old records and create new records each time a source of health insurance changes.