Staff: _____   Project Start Date: _____/_____/_____   Name of Head of Household: _____

Project Name (Enter Data As): **CITY St. Louis – CITY Coordinated Entry** _____

ⓘ | The Head of Household MUST have a signed C.E. Participation Agreement to collect and enter any information.

Client Record

ⓘ | 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

---

ⓘ | 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

ICA City St. Louis C.E. – (1a) Project Start

Agency Completing/Updating Assessment _____

Client Demographics

Date of Birth   _____/_____/_____

☐ Full DOB Reported   ☐ Approximate or Partial DOB Reported   ☐ Client doesn't know   ☐ Client prefers not to answer

Sex   ☐ Female   ☐ Male
          ☐ Client doesn't know   ☐ Client prefers not to answer   ☐ Data not collected

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/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

Project CoC Code

ⓘ | If you're unsure which CoC code to select for your project, reach out to the helpdesk for assistance.

Client Location (CoC)   ☑ MO-501 St. Louis City

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) _____

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

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")

☐ Foster care home or foster care group home   ☐ Long-term care facility or nursing home
☐ Hospital or other residential non-psychiatric medical facility   ☐ Psychiatric hospital or other psychiatric facility
☐ Jail, prison or juvenile detention facility   ☐ Substance abuse treatment facility or detox center

Temporary housing situations (if none of these options match, skip to "Permanent housing situations")

☐ Residential project or halfway house with no homeless criteria   ☐ Host home (non-crisis)
☐ Hotel or motel paid for without emergency shelter voucher   ☐ Staying or living in a friend's room, apartment, or house
☐ Transitional housing for homeless persons (including homeless youth)   ☐ Staying or living in a family member's room, apartment, or house

Permanent housing situations (if none of these options match, skip to "Other")

☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with ongoing subsidy *(select subsidy type ➔)*
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy

If "rental by client, with ongoing subsidy", select type

☐ GPD TIP housing subsidy
☐ VASH housing subsidy
☐ RRH or equivalent subsidy
☐ HCV Voucher (tenant or project based)
☐ Public housing unit
☐ Rental by client, with other ongoing housing subsidy
☐ Housing Stability Voucher
☐ Family Unification Program Voucher (FUP)
☐ Foster Youth to Independence Initiative (FYI)
☐ Permanent Supportive Housing
☐ Other permanent housing dedicated for formerly homeless persons

Other

☐ Client doesn't know   ☐ Client prefers not to answer

Length of stay in prior living situation

☐ One night or less   ☐ 90 days or more, but less than one year
☐ Two to six nights   ☐ One year or longer
☐ One week or more, but less than one month   ☐ Client doesn't know
☐ One month or more, but less than 90 days   ☐ 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

☐ One time   ☐ Three times   ☐ Client doesn't know
☐ Two times   ☐ Four or more times   ☐ Client prefers not to answer

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

☐ One month (this time is the first month)   ☐ 5   ☐ 9   ☐ More than 12 months
☐ 2   ☐ 6   ☐ 10   ☐ Client doesn't know
☐ 3   ☐ 7   ☐ 11   ☐ Client prefers not to answer
☐ 4   ☐ 8   ☐ 12

Current Living Situation

Date: _____/_____/_____

Current living situation (Where is the client staying right now?)

Homeless 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

    Skip to next data element.

Institutional situations
☐ Foster care home or foster care group home   ☐ Long-term care facility or nursing home
☐ Hospital or other residential non-psychiatric medical facility   ☐ Psychiatric hospital or other psychiatric facility
☐ Jail, prison or juvenile detention facility   ☐ Substance abuse treatment facility or detox center

    Skip to "Is client going to have to leave their current living situation within 14 days?"

Temporary housing situations
☐ Residential project or halfway house with no homeless criteria   ☐ Host home (non-crisis)
☐ Hotel or motel paid for without emergency shelter voucher   ☐ Staying or living in a friend's room, apartment, or house
☐ Transitional housing for homeless persons (including homeless youth)   ☐ Staying or living in a family member's room, apartment, or house

    Skip to "Is client going to have to leave their current living situation within 14 days?"

Permanent housing situations (if none of these options match, skip to "Other")

☐ Rental by client, no ongoing housing subsidy   *If "rental by client, with ongoing subsidy", select type*
☐ Rental by client, with ongoing subsidy *(select subsidy type ➜)*   ☐ GPD TIP housing subsidy
☐ Owned by client, with ongoing housing subsidy   ☐ VASH housing subsidy
☐ Owned by client, no ongoing housing subsidy   ☐ RRH or equivalent subsidy
    ☐ HCV Voucher (tenant or project based)
    ☐ Public housing unit
    ☐ Rental by client, with other ongoing housing subsidy
    ☐ Housing Stability Voucher
    ☐ Family Unification Program Voucher (FUP)
    ☐ Foster Youth to Independence Initiative (FYI)
    ☐ Permanent Supportive Housing
    ☐ Other permanent housing dedicated for formerly homeless persons

Skip to "Is client going to have to leave their current living situation within 14 days?"

Other
☐ Other (specify): _____   ☐ Client doesn't know
☐ Worker unable to determine   ☐ Client prefers not to answer

Is client going to have to leave their current living situation within 14 days?

☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

    If yes, continue. Otherwise, skip to next data element.

Has a subsequent residence been identified?
☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Does individual or family have resources or support networks to obtain other permanent housing?
☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Has the client moved 2 or more times in the last 60 days?

☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Veteran Screening

ⓘ | These questions are utilized to determine whether this individual/family may be eligible for VA benefits.

Branch of the Military   ☐ Army   ☐ Air Force   ☐ Navy   ☐ Marines   ☐ Coast Guard

☐ Space Force   ☐ Client doesn't know   ☐ Client prefers not to answer

Were you ever called into active duty as a member of the National Guard or as a reservist?

☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Have you ever received health care from a VA medical center?

☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

ICA City St. Louis C.E. – (2) Household CE Details

Tornado Impact Questions

Have you been displaced by tornado? (May 2025)

☐ No   ☐ Yes

If no, have you been affected in some other way? (May 2025)

☐ No   ☐ Yes

C.E. Client Status   ☐ Homeless – Place Not Meant for Habitation   ☐ Homeless – Emergency Shelter

☐ Homeless – Transitional Housing   ☐ Homeless – HUD Category 3 (Youth Only)

☐ Homeless – HUD Category 4   ☐ Homeless – Institutional Stay (Under 90 Days)

☐ Transferring (Lateral Move)   ☐ Housed

Coordinated Entry Assessment

Assessment Location   ☑ MO-501 St. Louis City

Assessment Type   ☐ Phone   ☐ Virtual   ☐ In Person

Assessment Level   ☐ Crisis Needs Assessment   ☐ Housing Needs Assessment

Prioritization Status   ☐ Placed on the Prioritization List   ☐ Not Placed on the Prioritization List

Contact Information

Contact Information   _____

Emergency Contact   _____

Case Manager(s)   _____

_____

_____

Housing/Service Matching Information

Where do you spend most of your time?   ☐ St. Louis City   ☐ St. Louis County

Some housing service agencies provide specialized services for households that include pregnant women. Is anyone in the household pregnant?

☐ Not applicable   ☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

Some agencies are unable to serve sex offenders. Is anyone in the household a sex offender?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Household Geographic Preference

Would you like to be considered for housing opportunities in St. Louis City only, St. Louis County only, or both City and County?

☐ City Only ☐ County Only ☐ City and County ☐ Client prefers not to answer

Risk/Frailty Score Questions

High-Risk Health Conditions

Do you or anyone in your household have any of the following high-risk health conditions?

Chronic Lung Disease	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
Severe Asthma	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
Serious Heart Condition	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
Immunocompromised	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
Severe Obesity	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
Diabetes	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
Chronic Kidney Disease (undergoing dialysis)	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
Liver Disease	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer

If yes to any of the 8 conditions above, answer the next two questions:

Is a doctor being seen for any of the above conditions?

☐ Yes - At least one person in my household is seeing a doctor for one or more of the conditions above

☐ No - At least one person in my household is not seeing a doctor for any of the conditions above

☐ N/A - No one in my household needs to see a doctor for any of the conditions above

If medication is prescribed for any of the conditions above, is that medication taken as prescribed?

☐ Yes - At least one person in my household has been prescribed meds and taking them as prescribed

☐ No - At least one person in my household has been prescribed meds but NOT taking them as prescribed

☐ N/A - No one in my household has been prescribed any medications for the conditions above

Homelessness

Where did you sleep most frequently during this period of homelessness?

☐ Congregate Shelter (connection to services/hygiene)

☐ On the streets (possibly no connection to services/hygiene)

☐ Individual room in a shelter/motel

☐ Transitional Housing

☐ Not applicable

Utilization of Medical Services

In the past six months, how many times have you (and/or your household) been to an emergency room to receive healthcare services? ☐ 0 times ☐ 1-2 times ☐ 3-4 times ☐ 5+ times

If one or more times, answer the next two questions:

In any of the times above, was an ambulance taken to the hospital?	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
In any of the times above, was there a hospital stay for more than 24 hours?	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer

Other Vulnerabilities

Does anyone in the household have any felonies, misdemeanors, or other legal concerns making it difficult to rent a home?	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
Does anyone in the household have a history of evictions?	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
Does anyone in the household have a poor credit history, making it hard to rent a home?	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer

Does the household have an open case with Children's Division where reunification is the case goal?	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer
Have you or anyone in the household been in the Foster Care system?	☐ Yes	☐ No	☐ Client Doesn't Know/Prefers not to answer

ICA CITY St. Louis C.E. – (3) Eligibility Questionnaire

> ⓘ Remember that all questions, except for HIV, are to be answered only for the head of household.

Script: For the next several questions, I will be asking questions about disabilities, health conditions, and situations you may be experiencing or have recently experienced. I am asking these questions only because we have some projects that have eligibility requirements including one or more of these criteria. For each of these questions, you may answer "yes," "no," "I don't know," or "I'd rather not say."

If you answer "yes" and you are matched to an opening for one of these programs, you may be asked to provide documentation of the disability or health condition, which we will help you obtain if needed. If you answer "no," "I don't know," or "I'd rather not say," you will not be considered for these specialized programs.

Before I begin asking the questions, I want to make sure you understand that the answers you provide to these questions will be available in the coordinated entry shared database system. If you meet the criteria but you do not want it shared that you meet the criteria, you might want to answer, "I'd rather not say" and we'll move onto the next question. Do you have any questions before we begin?

Check the Additional Housing/Shelter Matching Assessment	☐ Yes	☐ No		
Physical Disability	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client prefers not to answer
Developmental Disability or Brain Injury	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client prefers not to answer
Mental Illness	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client prefers not to answer
Alcohol or Substance Abuse	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client prefers not to answer
HIV (including all household members)	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client prefers not to answer
Legal Issues or Barriers	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client prefers not to answer
Incarceration	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client prefers not to answer
Human Trafficking	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client prefers not to answer
Domestic Violence	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client prefers not to answer

Additional Housing/Shelter Matching Assessment

Complete the sections below for successful matching

Case Manager Name	_____
Agency	_____
Email Address	_____
Phone Number	_____