ICA Missouri – PIT Minimum Update – ES/TH [FY2026] Adult/HoH

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)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Disabilities**

|  |  |
| --- | --- |
| 🛈 | If one or more of the options below with an asterisk(\*) has been selected, the answer to “disabling condition” must be “yes.”  If none of the answers below with an asterisk(\*) has been selected, the answer to “disabling condition” may be “yes” or “no.” |

|  |  |  |
| --- | --- | --- |
| Disability type | Disability determination | If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? |
| Alcohol Use Disorder | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Both Alcohol and Drug Use Disorders | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Chronic Health Condition | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Developmental Disability | □ Yes\* □ No □ DK □ PNTA | *(not applicable)* |
| Drug Use Disorder | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| HIV/AIDS | □ Yes\* □ No □ DK □ PNTA | *(not applicable)* |
| Mental Health Disorder | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Physical Disability | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |

DK = Client doesn’t know; PNTA = Client prefers not to answer

**Domestic Violence**

|  |  |
| --- | --- |
| 🛈 | “Domestic violence” is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking or  other dangerous or life-threatening conditions that relate to violence against the individual or a family member. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Survivor of Domestic Violence?** | □ No | □ Yes | □ Client doesn’t know | □ Client prefers not to answer |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **If yes, when experience occurred** | □ Within the past three months | □ Three to six months ago |
|  |  | □ From six to twelve months ago | □ More than a year ago |
|  |  | □ Client doesn’t know | □ Client prefers not to answer |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **If yes, currently fleeing?** | □ No | □ Yes | □ Client doesn’t know | □ Client prefers not to answer |