

Staff: _____ Project Start 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.

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			



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
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

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

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/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 ☐ 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**Client Location (CoC)** ☒ MO-501 St. Louis City**Client location as of assessment/review date****Client Location (County)** St. Louis City

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

Housing Move-In Date



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 _____/_____/_____

AHTF Additional Questions

Include in AHTF Report? ☐ No ☐ Yes

Street Address of Client's Night Residence _____

Zip Code of Client's Night Residence _____