

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**Client Location (County) St. Louis City**Monthly Income**Income from Any Source ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answerAlimony and other spousal support ☐ No ☐ Yes: \$ \_\_\_\_\_Child support ☐ No ☐ Yes: \$ \_\_\_\_\_Earned income (i.e., employment income) ☐ No ☐ Yes: \$ \_\_\_\_\_General Assistance (GA) ☐ No ☐ Yes: \$ \_\_\_\_\_Other (specify): \_\_\_\_\_ ☐ No ☐ Yes: \$ \_\_\_\_\_Pension or retirement income from a former job ☐ No ☐ Yes: \$ \_\_\_\_\_Private disability insurance ☐ No ☐ Yes: \$ \_\_\_\_\_Retirement Income from Social Security ☐ No ☐ Yes: \$ \_\_\_\_\_Social Security Disability Insurance (SSDI) ☐ No ☐ Yes: \$ \_\_\_\_\_Supplemental Security Income (SSI) ☐ No ☐ Yes: \$ \_\_\_\_\_Temporary Assistance for Needy Families (TANF) ☐ No ☐ Yes: \$ \_\_\_\_\_Unemployment Insurance ☐ No ☐ Yes: \$ \_\_\_\_\_VA Non-Service-Connected Disability Pension ☐ No ☐ Yes: \$ \_\_\_\_\_VA Service-Connected Disability Compensation ☐ No ☐ Yes: \$ \_\_\_\_\_Worker's Compensation ☐ No ☐ Yes: \$ \_\_\_\_\_

HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each. For any income sources where income is received, the monthly amount must also be recorded.



**Data Entry Tip:**  
Remember to end date old records and create new records each time a source of income changes.

Total Monthly Income \$ \_\_\_\_\_

**AHTF Additional Questions**Include in AHTF Report? ☐ No ☐ Yes

Street Address of Client's Night Residence \_\_\_\_\_

Zip Code of Client's Night Residence \_\_\_\_\_