

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

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

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