

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 dateClient Location (County) St. Louis City**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 QuestionsInclude in AHTF Report? ☐ No ☐ Yes

Street Address of Client's Night Residence _____

Zip Code of Client's Night Residence _____