

Staff: _____ Project Update Date: ____/____/____ Name of Head of Household: _____

Project Name (Enter Data As): _____

Client Record**i** 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**i** 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)** _____**Health Insurance****Covered by Health Insurance** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answerMedicaid (MO HealthNet) ☐ No ☐ YesMedicare ☐ No ☐ YesState Children's Health Insurance Program ☐ No ☐ YesVeteran's Health Administration ☐ No ☐ YesEmployer-Provided Health Insurance ☐ No ☐ YesHealth Insurance obtained through COBRA ☐ No ☐ YesPrivate Pay Health Insurance ☐ No ☐ YesState Health Insurance for Adults ☐ No ☐ YesIndian Health Services Program ☐ No ☐ YesOther (specify): _____ ☐ No ☐ Yes**i** HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.**i** **Data Entry Tip:**
Remember to end date old records and create new records each time a source of health insurance changes.**Disabilities****i** 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA

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