ICA Missouri – ESG Update – ES-NbN [FY2026] Adult/HoH

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Update Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Name of Head of Household:

Project Name (Enter Data As):

**Client Record**

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| **Client** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Name | Client ID |

**Client location as of assessment/review date**

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| 🛈 | 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. |

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| **Client Location (County)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Current Living Situation** | | | | | |
| **Date:** \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Current living situation (Where is the client staying right now?)** | | | | | |
| *Homeless situations* | | | | | |
| □ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)  □ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter  □ Safe haven | | | | | |
|  | *Skip to next data element.* | | | | |
| *Institutional situations* | | | | | |
| □ Foster care home or foster care group home  □ Hospital or other residential non-psychiatric medical facility  □ Jail, prison or juvenile detention facility | | | | □ Long-term care facility or nursing home  □ Psychiatric hospital or other psychiatric facility  □ Substance abuse treatment facility or detox center | |
|  | *Skip to “Is client going to have to leave their current living situation within 14 days?”* | | | | |
| *Temporary housing situations* | | | | | |
| □ Residential project or halfway house with no homeless criteria  □ Hotel or motel paid for without emergency shelter voucher  □ Transitional housing for homeless persons (including homeless youth) | | | | □ Host home (non-crisis)  □ Staying or living in a friend’s room, apartment, or house  □ Staying or living in a family member’s room, apartment, or house | |
|  | *Skip to “Is client going to have to leave their current living situation within 14 days?”* | | | | |
| *Permanent housing situations (if none of these options match, skip to “Other”)* | | | | | |
| □ Rental by client, no ongoing housing subsidy  □ Rental by client, with ongoing subsidy *(select subsidy type 🡺)*  □ Owned by client, with ongoing housing subsidy  □ Owned by client, no ongoing housing subsidy | | | *If “rental by client, with ongoing subsidy”, select type*  □ GPD TIP housing subsidy  □ VASH housing subsidy  □ RRH or equivalent subsidy  □ HCV Voucher (tenant or project based)  □ Public housing unit  □ Rental by client, with other ongoing housing subsidy  □ Housing Stability Voucher  □ Family Unification Program Voucher (FUP)  □ Foster Youth to Independence Initiative (FYI)  □ Permanent Supportive Housing  □ Other permanent housing dedicated for formerly homeless persons | | |
| *Skip to “Is client going to have to leave their current living situation within 14 days?”* | | | | | |
| *Other* | | | | | |
| □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Worker unable to determine | | | □ Client doesn’t know  □ Client prefers not to answer | | |
| **Is client going to have to leave their current living situation within 14 days?** | | | | | |
| □ No | | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer |
| |  |  | | --- | --- | |  | *If yes, continue. Otherwise, skip to next data element.* | | | | | | |
| **Has a subsequent residence been identified?** | | | | | |
| □ No | | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer |
| **Does individual or family have resources or support networks to obtain other permanent housing?** | | | | | |
| □ No | | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer |
| **Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?** | | | | | |
| □ No | | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer |
| **Has the client moved 2 or more times in the last 60 days?** | | | | | |
| □ No | | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer |

**Date of Engagement**

|  |  |
| --- | --- |
| 🛈 | Record the date of the first time the client expressed an interest in working together on a housing plan. This must be on or after the project start date. Leave blank if the client has not yet expressed an interest in working on a housing plan. |

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| **Date of Engagement** | \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Disabilities**

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| 🛈 | 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.” |

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| 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 | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Both Alcohol and Drug Use Disorders | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Chronic Health Condition | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Developmental Disability | □ Yes\* □ No □ DK □ PNTA | *(not applicable)* |
| Drug Use Disorder | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| HIV/AIDS | □ Yes\* □ No □ DK □ PNTA | *(not applicable)* |
| Mental Health Disorder | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |
| Physical Disability | □ Yes □ No □ DK □ PNTA | □ Yes\* □ No □ DK □ PNTA |

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

**Domestic Violence**

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| 🛈 | “Domestic violence” is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking or  other dangerous or life-threatening conditions that relate to violence against the individual or a family member. |

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| **Survivor of Domestic Violence?** | □ No | □ Yes | □ Client doesn’t know | □ Client prefers not to answer |

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| --- | --- | --- | --- |
|  | **If yes, when experience occurred** | □ Within the past three months | □ Three to six months ago |
|  |  | □ From six to twelve months ago | □ More than a year ago |
|  |  | □ Client doesn’t know | □ Client prefers not to answer |

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| --- | --- | --- | --- | --- | --- |
|  | **If yes, currently fleeing?** | □ No | □ Yes | □ Client doesn’t know | □ Client prefers not to answer |