ICA Missouri – ESG Update – ES-NbN [FY2026] Child

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

Project Name (Enter Data As):

**Client Record**

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| --- | --- |
| 🛈 | Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes. |

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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)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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.” |

|  |  |  |
| --- | --- | --- |
| 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