ICA Missouri – HOPWA Start – TH [FY2026] Adult/HoH

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Start 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. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | First | Middle | Last | Suffix |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name Data Quality** | □ Full Name Reported | □ Partial, Street Name, or Code Name Reported |
|  |  | □ Client doesn’t know | □ Client prefers not to answer |

|  |  |
| --- | --- |
| 🛈 | Best practice is to collect all nine digits of the SSN for all clients; CoC-, ESG-, and PATH-funded projects are only required to attempt to collect the last four digits of the SSN. Other projects must attempt to collect all nine digits of the SSN, though clients can refuse all or part of the SSN. Unless explicitly requested by the client, the first five digits of the SSN should not be deleted if previously recorded in HMIS. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Security Number** | \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
|  | □ Full SSN Reported | □ Approximate or Partial SSN Reported | □ Client doesn’t know | □ Client prefers not to answer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **U.S. Veteran** | □ No | □ Yes | □ Client doesn’t know | □ Client prefers not to answer |
|  |  |  |  |  |

**Client Profile Additional Information [Optional]**

|  |  |
| --- | --- |
| **Contact Information** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Emergency Contact** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Client Demographics**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth** | \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  |
|  | □ Full DOB Reported | | □ Approximate or Partial DOB Reported | | □ Client doesn’t know | | □ Client prefers not to answer |
| **Sex** | | | □ Female | | □ Male | |  | |
| □ Client doesn’t know | | □ Client prefers not to answer | | □ Data not collected | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Race(s) and Ethnicity** *select all that apply* | □ American Indian, Alaska Native, or Indigenous | | □ Asian or Asian American |
| □ Black, African American, or African | | □ Hispanic/Latina/o |
| □ Middle Eastern or North African | | □ Native Hawaiian or Pacific Islander |
| □ White | | □ Client doesn’t know |
| □ Client prefers not to answer | |  |
|  |  | |  |
| **Additional Race & Ethnicity** *optional, specify* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |
| --- | --- | --- |
| **Relationship to Head of Household** | □ Self | □ Head of household’s child |
| □ Head of household’s spouse or partner | □ Other: non-relation member |
| □ Head of household’s other relation member (other relation to head of household) | |

**Project CoC Code**

|  |  |
| --- | --- |
| 🛈 | If you’re unsure which CoC code to select for your project, reach out to the helpdesk for assistance. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Enrollment CoC** | □ MO-500 St. Louis County | □ MO-501 St. Louis City | | □ MO-600 Springfield/Greene, Christian, Webster Counties | □ MO-602 Joplin/Jasper, Newton Counties | | □ MO-603 St. Joseph/Andrew, Buchanan, DeKalb Counties | □ MO-606 Missouri Balance of State | |  |  |

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

|  |  |
| --- | --- |
| 🛈 | 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)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Last Permanent Address**

|  |  |
| --- | --- |
| 🛈 | Record the last zip code the client had for at least 90 days that was not in an emergency shelter, a transitional housing project, a safe haven, or a place not meant for habitation. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Zip Code of Last Permanent Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | □ Full or Partial Zip Code Reported | □ Client doesn’t know | □ Client prefers not to answer |

**Disabilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disabling Condition** | □ No | □ Yes | □ Client doesn’t know | □ Client prefers not to answer |

**Health Insurance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Covered by Health Insurance** | □ No | □ Yes | □ Client doesn’t know | □ Client prefers not to answer |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medicaid (MO HealthNet) | □ No | □ Yes |  |  |  |
| Medicare | □ No | □ Yes |  | 🛈 | HUD requires that the client be asked about  each individual source of health insurance  and requires an answer be recorded for each. |
| State Children’s Health Insurance Program | □ No | □ Yes |  |
| Veteran’s Health Administration | □ No | □ Yes |  |
| Employer-Provided Health Insurance | □ No | □ Yes |  |  |  |
| Health Insurance obtained through COBRA | □ No | □ Yes |  | 🛈 | **Data Entry Tip:**  Remember to end date old records  and create new records each time  a source of health insurance changes. |
| Private Pay Health Insurance | □ No | □ Yes |  |
| State Health Insurance for Adults | □ No | □ Yes |  |
| Indian Health Services Program | □ No | □ Yes |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ No | □ Yes |  |  |  |

**Monthly Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income from Any Source** | □ No | □ Yes | □ Client doesn’t know | □ Client prefers not to answer |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Alimony and other spousal support | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Child support | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🛈 | HUD requires that the client be  asked about each individual source  of income and requires an answer  be recorded for each.  For any income sources where income  is received, the monthly amount must  also be recorded. |
| Earned income (i.e., employment income) | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| General Assistance (GA) | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Pension or retirement income from a former job | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Private disability insurance | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Retirement Income from Social Security | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Social Security Disability Insurance (SSDI) | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🛈 | **Data Entry Tip:**  Remember to end date old records  and create new records each time  a source of income changes. |
| Supplemental Security Income (SSI) | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Temporary Assistance for Needy Families (TANF) | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Unemployment Insurance | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| VA Non-Service-Connected Disability Pension | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| VA Service-Connected Disability Compensation | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Worker’s Compensation | □ No | □ Yes: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Monthly Income** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Non-Cash Benefits**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Non-Cash Benefits from Any Source** | □ No | □ Yes | □ Client doesn’t know | □ Client prefers not to answer |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supplemental Nutrition Assistance Program (SNAP)  (Previously known as Food Stamps) | □ No | □ Yes |  | 🛈 | HUD requires that the client be  asked about each individual source  of non-cash benefits and requires  an answer be recorded for each. |
| Special Supplemental Nutrition Program for  Women, Infants and Children (WIC) | □ No | □ Yes |  |
| TANF Child Care services | □ No | □ Yes |  |  |  |
| TANF transportation services | □ No | □ Yes |  | 🛈 | **Data Entry Tip:**  Remember to end date old records  and create new records each time  a source of non-cash benefit changes. |
| Other TANF-funded services | □ No | □ Yes |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ No | □ Yes |  |

**Chronic Homelessness Determination**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Prior living situation (Where did the client stay last night?)** | | | | | | | |
| *Homeless situations (if none of these options match, skip to “Institutional 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, or RHY funded host home shelter  □ Safe haven | | | | | | | |
|  | *Length of stay in homeless situation noted above*  □ One night or less  □ Two to six nights  □ One week or more, but less than one month  □ One month or more, but less than 90 days | | | □ 90 days or more, but less than one year  □ One year or longer  □ Client doesn’t know  □ Client prefers not to answer | | | |
|  | *Skip to “Approximate date homelessness started” (below)* | | | | | | |
| *Institutional situations (if none of these options match, skip to “Temporary and permanent housing 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 | | | |
|  | *Length of stay in institutional situation noted above*  □ One night or less  □ Two to six nights  □ One week or more, but less than one month  □ One month or more, but less than 90 days | | | □ 90 days or more, but less than one year  □ One year or longer  □ Client doesn’t know  □ Client prefers not to answer | | | |
|  | *If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?*  □ No □ Yes  *If yes, skip to “Approximate date homelessness started” (below) If no, skip to “Disabilities”* | | | | | | |
| *Temporary and permanent housing situations (if none of these options match, skip to “Other”)* | | | | | | | |
| □ 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  □ Rental by client, with gpd tip subsidy  □ Rental by client, with VASH subsidy | | | | □ Permanent housing (other than RRH) for formerly homeless persons  □ Rental by client, with RRH or equivalent subsidy  □ Rental by client, with HCV voucher (tenant or project based)  □ Rental by client in public housing unit  □ Rental by client, no ongoing housing subsidy  □ Rental by client, with other ongoing housing subsidy  □ Owned by client, with ongoing housing subsidy  □ Owned by client, no ongoing housing subsidy | | | |
|  | *Length of stay in temporary/permanent situation noted above*  □ One night or less  □ Two to six nights  □ One week or more, but less than one month  □ One month or more, but less than 90 days | | | □ 90 days or more, but less than one year  □ One year or longer  □ Client doesn’t know  □ Client prefers not to answer | | | |
|  | *If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?*  □ No □ Yes  *If yes, skip to “Approximate date homelessness started” (below) If no, skip to “Disabilities”* | | | | | | |
| *Other* | | | | | | | |
| □ Client doesn’t know | | | | □ Client prefers not to answer | | | |
|  | *Skip to “Disabilities”* | | | | | | |
| **Approximate date homelessness started:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Regardless of where they stayed last night, number of times on streets, in ES, or SH in the past 3 years including today** | | | | | | | |
| □ One time  □ Two times | | □ Three times  □ Four or more times | | | | □ Client doesn’t know  □ Client prefers not to answer | |
| **Total number of months homeless on the street, in ES, or SH in the past 3 years** | | | | | | | |
| □ One month (this time is the first month)  □ 2  □ 3  □ 4 | | | □ 5  □ 6  □ 7  □ 8 | | □ 9  □ 10  □ 11  □ 12 | | □ More than 12 months  □ Client doesn’t know  □ Client prefers not to answer |

**Disabilities**

|  |  |
| --- | --- |
| 🛈 | 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

**Domestic Violence**

|  |  |
| --- | --- |
| 🛈 | “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. |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 |

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

**Medical Assistance [Persons with HIV/AIDS Only]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Receiving AIDS Drug Assistance Program (ADAP)** | □ No | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer |
| **If no, reason** | □ Applied; decision pending  □ Applied; client not eligible  □ Client did not apply | | | □ Insurance type N/A for this client  □ Client doesn’t know  □ Client prefers not to answer | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Receiving Ryan White-funded Medical or Dental Assistance** | □ No | □ Yes | □ Client doesn’t know | | □ Client prefers not to answer |
| **If no, reason** | □ Applied; decision pending  □ Applied; client not eligible  □ Client did not apply | | | □ Insurance type N/A for this client  □ Client doesn’t know  □ Client prefers not to answer | |

**T-Cell (CD4) and Viral Load [Persons with HIV/AIDS Only]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **T-Cell (CD4) Count Available** | □ No | □ Yes | | □ Client doesn’t know | | □ Client prefers not to answer |
| **If yes, T-Cell Count:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (0-1500) | | | | | |
| **If yes, how was the information obtained?** | □ Medical report | | □ Client report | | □ Other | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Viral Load Information Available** | □ No | □ Yes | | □ Client doesn’t know | | □ Client prefers not to answer |
| **If yes, count:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (0-999999) | | | | | |
| **If yes, how was the information obtained?** | □ Medical report | | □ Client report | | □ Other | |

**Prescribed Anti-Retroviral [Persons with HIV/AIDS Only]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has the participant been prescribed anti-retroviral drugs?** | □ No | □ Yes | □ Client doesn’t know | □ Client prefers not to answer |