

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

**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

**i** 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

**i** 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

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

## Last Permanent Address

**i** 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)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medicare	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Veteran's Health Administration	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Health Insurance obtained through COBRA	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> 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.

## Monthly Income

**Income from Any Source**    ☐ No    ☐ Yes    ☐ Client doesn't know    ☐ Client prefers not to answer

Alimony and other spousal support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Child support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Earned income (i.e., employment income)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
General Assistance (GA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Pension or retirement income from a former job	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Private disability insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Retirement Income from Social Security	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Unemployment Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Worker's Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____

**i** 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.

**i** **Data Entry Tip:**  
Remember to end date old records and create new records each time a source of income changes.

**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

Special Supplemental Nutrition Program for  
Women, Infants and Children (WIC) ☐ No ☐ Yes

TANF Child Care services ☐ No ☐ Yes

TANF transportation services ☐ No ☐ Yes

Other TANF-funded services ☐ No ☐ Yes

Other (specify): \_\_\_\_\_ ☐ 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.



### Data Entry Tip:

Remember to end date old records and create new records each time a source of non-cash benefit changes.

## Chronic Homelessness Determination

### Prior living situation (Where did the client stay immediately prior to entry?)

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, host home shelter
- ☐ Safe haven

Institutional situations (if none of these options match, skip to "Temporary 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

Temporary housing situations (if none of these options match, skip to "Permanent 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

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

### Other

- ☐ Client doesn't know
- ☐ Client prefers not to answer

### Length of stay in prior living situation

- ☐ 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

Approximate date this episode of 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**

- |   |                            |                             |   |
|---|----------------------------|-----------------------------|---|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> More than 12 months          |
| <input type="checkbox"/> 2  | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> 3  | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> 4  | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 |   |

**Health**

**General Health Status**    ☐ Excellent                      ☐ Very Good                      ☐ Good    ☐ Fair    ☐ Poor  
   ☐ Client doesn't know    ☐ Client prefers not to answer

**Dental Health Status**    ☐ Excellent                      ☐ Very Good                      ☐ Good    ☐ Fair    ☐ Poor  
   ☐ Client doesn't know    ☐ Client prefers not to answer

**Mental Health Status**    ☐ Excellent                      ☐ Very Good                      ☐ Good    ☐ Fair    ☐ Poor  
   ☐ Client doesn't know    ☐ Client prefers not to answer

**Pregnancy Status**    ☐ No    ☐ Yes    ☐ Client doesn't know    ☐ Client prefers not to answer

**If yes, due date**    \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child Welfare/Foster Care Involvement**

**Formerly a Ward of Child Welfare or Foster Care Agency**    ☐ No                      ☐ Yes                      ☐ Client doesn't know                      ☐ Client prefers not to answer

**If yes, number of years**                      ☐ Less than one year                      ☐ 1 to 2 years                      ☐ 3 to 5 or more years

**If less than one year, number of months**                      \_\_\_\_ months (1-11)

**Juvenile Justice System Involvement**

**Formerly a Ward of Juvenile Justice System**    ☐ No                      ☐ Yes                      ☐ Client doesn't know                      ☐ Client prefers not to answer

**If yes, number of years**                      ☐ Less than one year                      ☐ 1 to 2 years                      ☐ 3 to 5 or more years

**If less than one year, number of months**                      \_\_\_\_ months (1-11)

**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, or RHY funded host home shelter  
☐ Safe haven

*Skip to "Date of Engagement"*

*Institutional situations*

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility                    | <input type="checkbox"/> Substance abuse treatment facility or detox center |

*Skip to "Is client going to have to leave their current living situation within 14 days?"*

***Temporary and permanent housing situations***

- |   |   |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria       | <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher            | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy                 |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)     |
| <input type="checkbox"/> Host home (non-crisis)   | <input type="checkbox"/> Rental by client in public housing unit                          |
| <input type="checkbox"/> Staying or living in a friend's room, apartment or house             | <input type="checkbox"/> Rental by client, no ongoing housing subsidy                     |
| <input type="checkbox"/> Staying or living in a family member's room, apartment or house      | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy             |
| <input type="checkbox"/> Rental by client, with gpd tip subsidy                               | <input type="checkbox"/> Owned by client, with ongoing housing subsidy                    |
| <input type="checkbox"/> Rental by client, with VASH subsidy                                  | <input type="checkbox"/> Owned by client, no ongoing housing subsidy                      |

*Skip to "Is client going to have to leave their current living situation within 14 days?"*

#### Other

- |   |   |
|---|---|
| <input type="checkbox"/> Other (specify): _____     | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Worker unable to determine | <input type="checkbox"/> Client prefers not to answer |

#### Is client going to have to leave their current living situation within 14 days?

- |                             |                              |  |   |
|-----------------------------|------------------------------|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
|-----------------------------|------------------------------|--|---|

*If yes, continue. Otherwise, skip to "Date of Engagement"*

#### Has a subsequent residence been identified?

- |                             |                              |  |   |
|-----------------------------|------------------------------|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
|-----------------------------|------------------------------|--|---|

#### Does individual or family have resources or support networks to obtain other permanent housing?

- |                             |                              |  |   |
|-----------------------------|------------------------------|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
|-----------------------------|------------------------------|--|---|

#### Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- |                             |                              |  |   |
|-----------------------------|------------------------------|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
|-----------------------------|------------------------------|--|---|

#### Has the client moved 2 or more times in the last 60 days?

- |                             |                              |  |   |
|-----------------------------|------------------------------|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
|-----------------------------|------------------------------|--|---|

### Date of Engagement

- |   |  |
|---|--|
| i | 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. |
|---|--|

Date of Engagement    \_\_\_\_/\_\_\_\_/\_\_\_\_

### Youth Education Status [Head of Household Only]

- |   |   |   |  |
|---|---|---|--|
| <b>Current School Enrollment and Attendance</b> | <input type="checkbox"/> Not currently enrolled in any school or educational course<br><input type="checkbox"/> Currently enrolled but NOT attending regularly (when school or the course is in session)<br><input type="checkbox"/> Currently enrolled and attending regularly (when school or the course is in session) | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected  |  |
| <b>Most Recent Educational Status</b>           | <input type="checkbox"/> K12: Graduated from high school<br><input type="checkbox"/> K12: Obtained GED<br><input type="checkbox"/> K12: Dropped out<br><input type="checkbox"/> K12: Suspended<br><input type="checkbox"/> K12: Expelled  | <input type="checkbox"/> Higher education: pursuing a credential but not currently attending<br><input type="checkbox"/> Higher Education: Dropped out<br><input type="checkbox"/> Higher Education: Obtained a credential/degree | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected |
| <b>Current Educational Status</b>               | <input type="checkbox"/> Pursuing a diploma or GED<br><input type="checkbox"/> Pursuing Associate's Degree<br><input type="checkbox"/> Pursuing Bachelor's Degree<br><input type="checkbox"/> Pursuing Graduate Degree<br><input type="checkbox"/> Pursuing other post-secondary credential                               | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected  |  |

## 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

## Domestic Violence

**i** “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**

<input type="checkbox"/> Within the past three months	<input type="checkbox"/> Three to six months ago
<input type="checkbox"/> From six to twelve months ago	<input type="checkbox"/> More than a year ago
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

**If yes, currently fleeing?** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer