

ICA Missouri – RHY Start – ES [FY2026]


Adult/HoH

Form designed for use by RHY-funded Basic Center Program shelter.

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 Demographics

Date of Birth ____/____/____

☐ Full DOB Reported ☐ Approximate or Partial DOB Reported ☐ Client doesn't know ☐ Client prefers not to answer

Sex ☐ Female ☐ Male ☐ Data not collected
☐ Client doesn't know ☐ Client prefers not to answer

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)

RHY Basic Center Program Status


Date of Status Determination _____/_____/_____

Youth Eligible for RHY Services ☐ No ☐ Yes

If no, reason why services are not funded by BCP grant ☐ Out of age range
☐ Ward of the State – Immediate Reunification
☐ Ward of the Criminal Justice System – Immediate Reunification
☐ Other


If yes, runaway youth ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

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

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


Private Pay Health Insurance ☐ No ☐ Yes

State Health Insurance for Adults ☐ No ☐ Yes

Indian Health Services Program ☐ No ☐ Yes

Other (specify): _____ ☐ No ☐ Yes

 HUD requires that the client be asked about each individual source of health insurance 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 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 ☐ No ☐ Yes: \$ _____

Child support ☐ No ☐ Yes: \$ _____

Earned income (i.e., employment income) ☐ No ☐ Yes: \$ _____

General Assistance (GA) ☐ No ☐ Yes: \$ _____

 HUD requires that the client be asked about each individual source of income and requires an answer

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: \$ _____

be recorded for each.
For any income sources where income is received, the monthly amount must also be recorded.

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)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
TANF Child Care services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
TANF transportation services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other TANF-funded services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Data Entry Tip:
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")

- | | |
|---|---|
| <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 |

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

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Host home (non-crisis) |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |

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

- | | |
|--|---|
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <i>If "rental by client, with ongoing subsidy", select type</i> |
| <input type="checkbox"/> Rental by client, with ongoing subsidy (<u>select subsidy type</u>) | |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | |
| <input type="checkbox"/> GPD TIP housing subsidy | |
| <input type="checkbox"/> VASH housing subsidy | |
| <input type="checkbox"/> RRH or equivalent subsidy | |
| <input type="checkbox"/> HCV Voucher (tenant or project based) | |
| <input type="checkbox"/> Public housing unit | |
| <input type="checkbox"/> Rental by client, with other ongoing housing subsidy | |
| <input type="checkbox"/> Housing Stability Voucher | |
| <input type="checkbox"/> 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 ☐ 90 days or more, but less than one year
☐ Two to six nights ☐ One year or longer
☐ One week or more, but less than one month ☐ Client doesn't know
☐ One month or more, but less than 90 days ☐ 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 ☐ Three times ☐ Client doesn't know
☐ Two times ☐ Four or more times ☐ 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) ☐ 5 ☐ 9 ☐ More than 12 months
☐ 2 ☐ 6 ☐ 10 ☐ Client doesn't know
☐ 3 ☐ 7 ☐ 11 ☐ Client prefers not to answer
☐ 4 ☐ 8 ☐ 12

Education

- School Status** ☐ Attending School Regularly ☐ Attending School Irregularly ☐ Graduated High School
☐ Obtained GED (incl. HiSET) ☐ Dropped Out ☐ Suspended
☐ Expelled ☐ Client doesn't know ☐ Client prefers not to answer

- Last Grade Completed** ☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8
☐ Grades 9-11 ☐ Grade 12/High School Diploma ☐ School program does not have grade levels
☐ GED (incl. HiSET) ☐ Some College ☐ Associate's Degree
☐ Bachelor's Degree ☐ Graduate Degree ☐ Vocational Certification
☐ Client doesn't know ☐ Client prefers not to answer

Employment

- Employed?** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

If yes, type of employment: ☐ Full-Time ☐ Part-Time ☐ Seasonal/Sporadic (including Day Labor)

If no, why not employed: ☐ Looking for Work ☐ Unable to Work ☐ Not Looking for Work

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)

Family Critical Issues

 HUD expects that the client be asked about each individual family critical issue and requires an answer be recorded for each.

Unemployment – Family member ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Mental Health Disorder – Family member ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Physical Disability – Family member ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Alcohol or Substance Use Disorder – Family member ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected


Insufficient Income to support youth – Family member ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Incarcerated Parent of Youth ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Referral Source (RHY)

Referral Source ☐ Self-Referral ☐ Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual
☐ Outreach Project ☐ Temporary Shelter ☐ Residential Project
☐ Hotline ☐ Child Welfare/CPS ☐ Juvenile Justice
☐ Law ☐ Mental Hospital ☐ School
Enforcement/Police
☐ Other Organization ☐ 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	<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.
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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

BE SURE TO LOG ANY RHY SPECIFIC SERVICES THAT WERE PROVIDED AT THE TIME OF ENTRY!