

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

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) _____**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: \$ _____

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: \$ _____

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.

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: \$ _____

Total Monthly Income \$ _____

①

Data Entry Tip:

Remember to end date old records and create new records each time a source of income changes.

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

①

HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.

①

Data Entry Tip:

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

Health

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

If yes, due date ____/____/____

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 è)
- ☐ 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

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



"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