

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

① 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

① 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

Housing Move-In Date [Rapid ReHousing Only]

① Record the date of the first night the head of household spent living in the unit for permanent housing projects (incl. PSH, RRH, and OPH). This must be on or after the project start date. Leave blank if the client is not yet housed.

Housing Move-In Date ____/____/____

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

① HUD requires that the client be asked about each individual source of health insurance 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 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: \$ _____

Social Security Disability Insurance (SSDI) ☐ No ☐ Yes: \$ _____

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 \$ _____

① 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.

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



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

Length of stay in homeless situation noted above

- ☐ 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

Skip to "Approximate date homelessness started" (below)

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

- ☐ Foster care home or foster care group home ☐ Long-term care facility or nursing home
☐ Hospital or other residential non-psychiatric medical facility ☐ Psychiatric hospital or other psychiatric facility
☐ Jail, prison or juvenile detention facility ☐ Substance abuse treatment facility or detox center

Length of stay in institutional situation noted above

- ☐ 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

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 next section

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

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

Length of stay in temporary situation noted above

- ☐ 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

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 next section

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

Length of stay in 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 next section

Other

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

Skip to next section

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

Veteran's Information (Veterans Only)

i Data entry tip: Enter the following dates as 01/01/____ in WellSky Community Services (formerly ServicePoint).

Year Entered Military Service ____

Year Separated from Military Service ____

i HUD expects that the client be asked about each individual theatre of operation and requires an answer be recorded for each.

Theatre of Operations: World War II	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Korean War	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Vietnam War	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Persian Gulf War (Operation Desert Storm)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Afghanistan (Operation Enduring Freedom)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Iraq (Operation Iraqi Freedom)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

Branch of the Military ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard
☐ Space Force ☐ Client doesn't know ☐ Client prefers not to answer

Discharge Status

- | | |
|--|---|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Dishonorable |
| <input type="checkbox"/> General under honorable conditions | <input type="checkbox"/> Uncharacterized |
| <input type="checkbox"/> Under other than honorable conditions (OTH) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Bad conduct | <input type="checkbox"/> Client prefers not to answer |

VAMC Station Number

- | | | | |
|----------------------------|---|---|--|
| VAMC Station Number | <input type="checkbox"/> 564 (Fayetteville, AR) | <input type="checkbox"/> 589 (Kansas City, MO) | <input type="checkbox"/> 657 (St. Louis, MO) |
| | <input type="checkbox"/> 589A4 (Columbia, MO) | <input type="checkbox"/> 657A4 (Poplar Bluff, MO) | |

Employment

- | | | | | |
|------------------------------------|-----------------------------|---|--|--|
| Employed? | <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, type of employment: | | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Seasonal/Sporadic (including Day Labor) |
| If no, why not employed: | | <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Unable to Work | <input type="checkbox"/> Not Looking for Work |

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 | <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