

Staff: \_\_\_\_\_ Project Update 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**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) \_\_\_\_\_

**Housing Move-In Date [Other Permanent Housing Only]****i** 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 answerMedicaid (MO HealthNet) ☐ No ☐ YesMedicare ☐ No ☐ YesState Children's Health Insurance Program ☐ No ☐ YesVeteran's Health Administration ☐ No ☐ YesEmployer-Provided Health Insurance ☐ No ☐ YesHealth Insurance obtained through COBRA ☐ No ☐ YesPrivate Pay Health Insurance ☐ No ☐ YesState Health Insurance for Adults ☐ No ☐ YesIndian Health Services Program ☐ No ☐ YesOther (specify): \_\_\_\_\_ ☐ No ☐ 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 answerAlimony 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 \$ \_\_\_\_\_

**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.

## 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.

## 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

## 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