ICA Missouri – HCHV Update – ES [FY2026] Child

*Form designed for use by HCHV emergency shelters only.*

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Update 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. |

|  |  |  |
| --- | --- | --- |
| **Client** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Name | Client ID |

**Client location as of assessment/review date**

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| --- | --- |
| 🛈 | 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. |

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| --- | --- |
| **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 |  | 🛈 | HUD requires that the client be asked about  each individual source of health insurance  and requires an answer be recorded for each. |
| 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 |  | 🛈 | **Data Entry Tip:**  Remember to end date old records  and create new records each time  a source of health insurance changes. |
| Private Pay Health Insurance | □ No | □ Yes |  |
| State Health Insurance for Adults | □ No | □ Yes |  |
| Indian Health Services Program | □ No | □ Yes |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ No | □ Yes |  |  |  |