

ICA Missouri – MHDC MHTF/MoHIP Project Start – ClientPoint

A client and family are presenting for services to your agency. After talking with the client, you have confirmed this client will be part of your project. The HMIS ROI was signed for 1 year.

BE SURE TO SET YOUR ENTER DATA AS (EDA) MODE BEFORE BEGINNING!!!!

HMIS CLIENT ID #: HMIS will create this. Be sure to write it down! Date: The first of last month

Client Record

Name (first, middle, last, suffix) Marissa [use your last name]

Name data quality Full name Partial, street or code name Client doesn't know Client prefers not to answer

SSN [make up SSN]

Full SSN Approximate or partial SSN Client doesn't know Client prefers not to answer

U.S. Veteran No Yes Client doesn't know Client prefers not to answer

Optional: Client Profile Additional Information: answer this section for head of household only

Contact information make up a phone number for the client

Emergency contact Todd [your last name], brother, mobile phone: [make up number]

Client demographics

Date of birth 09/06/1990

Full DOB Approximate or partial DOB Client doesn't know Client prefers not to answer

Gender

Woman (Girl, if child) Man (Boy, if child) Culturally Specific Identity (e.g., Two-Spirit) Different Identity
 Non-Binary Transgender Questioning Client doesn't know Client prefers not to answer

Race and Ethnicity

American Indian, Alaska Native or Indigenous Asian or Asian American Black, African American, or African
 Hispanic/Latina/e/o Middle Eastern or North African Native Hawaiian or Pacific Islander White
 Client doesn't know Client prefers not to answer

Relationship to Head of Household

Self (head of household) Head of household's other relation member
 Head of household's child Head of household's spouse or partner
 Other: non-relation member

Household Information

Household Type: Couple w/o Children Female Single Parent Foster Parent Grandparent with Child
 Male Single Parent Non-custodial Caregiver Single Person Two Parent Family

Full Name	Veteran Yes or No	SSN (full or partial)	Date of Birth	Race and Ethnicity	Gender	Relationship to HH
Marissa (your last name)	NO	make up a full SSN	9/06/1990	Hispanic/Latina/e/o	Woman	Self (head of household)
James (your last name)	NO	make up a full SSN	2/08/1987	Hispanic/Latina/e/o	Man	Husband/head of household's spouse
Kimberly (your last name)	NO	make up a full SSN	3/01/2018	Hispanic/Latina/e/o	Girl	Daughter/head of household's child

Project Start Date

Project CoC Code (mark the appropriate CoC Code)

- 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

Client Location (County) **(mark the County your client is residing)**

Last permanent address

Zip code of last permanent address: 63114

Zip data quality Full or partial zip code reported Client doesn't know Client prefers not to answer

Housing Move-In Date (for permanent housing projects, including RRH, only):

Date client moved into this permanent housing: _____/_____/_____ (leave blank if not in permanent housing)

Disabilities

Disabling condition No Yes Client doesn't know Client prefers not to answer

Health insurance information

Health insurance No Yes Client doesn't know Client prefers not to answer

Medicaid (MO HealthNet)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Employer-provided health insurance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Medicare	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	COBRA-provided health insurance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
State Children's Health Ins Program	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	State health insurance for adults	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Veteran's Health Administration	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Private pay health insurance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Indian Health Services Program	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Other: _____	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Income and benefits

Income from any source No Yes Client doesn't know Client prefers not to answer

- Alimony or other spousal support No Yes (amount:)
- Child support No Yes (amount:)
- Earned income No Yes (amount:)
- General Assistance No Yes (amount:)
- Other (specify): _____ No Yes (amount:)
- Pension/retirement income from former job No Yes (amount:)
- Private disability insurance No Yes (amount:)
- Retirement from Social Security No Yes (amount:)
- SSDI (Social Security Disability Ins) No Yes (amount:)
- SSI (Supplemental Security Ins) No Yes (amount:)
- Temporary Assistance (TA/TANF) No Yes (amount:)
- Unemployment insurance No Yes (amount:)
- VA service-connected disability comp No Yes (amount:)
- VA non-service-connected disability No Yes (amount:)
- Workers' compensation No Yes (amount:)

Total monthly income \$ 0

Non-cash benefit from any source No Yes Client doesn't know Client prefers not to answer

- SNAP (food stamps) No Yes
- WIC No Yes
- TANF child care services No Yes
- TANF transportation services No Yes
- Other TANF funded services No Yes
- Other: _____ No Yes

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
- 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

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
- 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

Length of stay in institutional 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

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

Length of stay in temporary 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

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: January 1st of the year of the project entry

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

Please choose the number of months between January and the project entry date

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

MHDC-Specific Questions

Percentage of AMI (answer only if client is head of household)

0-25% of AMI

26-50% of AMI

Your client has a husband for which you need to include in the household and in the project entry. Below is the husband's information at intake. Be sure to enter the information listed.

HMIS CLIENT ID #: HMIS will create this. Be sure to write it down! Date: The first of last month

Client Record

Name (first, middle, last, suffix) James [use your last name as his last name]

Name data quality Full name Partial, street or code name Client doesn't know Client prefers not to answer

SSN [make up a SSN]

Full SSN Approximate or partial SSN 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 2/8/1987

Full DOB Approximate or partial DOB Client doesn't know Client prefers not to answer

Gender

Woman (Girl, if child) Man (Boy, if child) Culturally Specific Identity (e.g., Two-Spirit) Different Identity Non-Binary Transgender Questioning Client doesn't know Client prefers not to answer

Race and Ethnicity

American Indian, Alaska Native or Indigenous Asian or Asian American Black, African American, or African Hispanic/Latina/e/o Middle Eastern or North African Native Hawaiian or Pacific Islander White Client doesn't know Client prefers not to answer

Non-cash benefit from any source

- No **Yes** Client doesn't know Client prefers not to answer
- SNAP (food stamps) No Yes
- WIC No Yes
- TANF child care services No Yes
- TANF transportation services No Yes
- Other TANF funded services No Yes
- Other: _____ No Yes

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
 - RRR 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: January 1st of the year of the project entry

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

Please choose the number of months between January and the project entry date

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

MHDC-Specific Questions

Percentage of AMI (answer only if client is head of household)

0-25% of AMI

26-50% of AMI

Your client has a child for which you need to include in the household and in the project entry.

Below is the child's information at intake. Be sure to enter the information listed.

HMIS CLIENT ID #: HMIS will create this. Be sure to write it down! Date: The first of last month

Client Record

Name (first, middle, last, suffix) Kimberly [use your last name as her last name]

Name data quality Full name Partial, street or code name Client doesn't know Client prefers not to answer

SSN [make up a SSN]

Full SSN Approximate or partial SSN 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 3/1/2018

Full DOB Approximate or partial DOB Client doesn't know Client prefers not to answer

Race and Ethnicity

- American Indian, Alaska Native or Indigenous
- Asian or Asian American
- Black, African American, or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Client doesn't know
- Client prefers not to answer

Gender

- Woman (Girl, if child)
- Man (Boy, if child)
- Culturally Specific Identity (e.g., Two-Spirit)
- Different Identity
- Non-Binary
- Transgender
- Questioning
- Client doesn't know
- Client prefers not to answer

Relationship to Head of Household

- Self (head of household)
- Head of household's child
- Other: non-relation member
- Head of household's other relation member
- Head of household's spouse or partner

Project CoC Code (mark the appropriate CoC Code)

- 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

Client Location (County) (mark the County your client is residing)

Last permanent address

Zip code of last permanent address: 63114

Zip data quality Full or partial zip code reported Client doesn't know Client prefers not to answer

Housing Move-In Date (for permanent housing projects, including RRH, only):

Date client moved into this permanent housing: _____/_____/_____ (leave blank if not in permanent housing)

Disabilities

Disabling condition No Yes Client doesn't know Client prefers not to answer

Health insurance information

Health insurance No Yes Client doesn't know Client prefers not to answer

Medicaid (MO HealthNet)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Employer-provided health insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medicare	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	COBRA-provided health insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
State Children's Health Ins Program	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	State health insurance for adults	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Veteran's Health Administration	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Private pay health insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Indian Health Services Program	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Other: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Your financial assistance project provided one service at entry for the entire household. Please record it on the client's record using the information below.

Date of service: The first of last month
 Service Needed: Rent Payment Assistance
 Provider specific service: Rental Arrears
 MHDC Payee: XYZ Properties LLC
 Monthly Rent Amount: \$750
 Funding Sources: Pick the correct funding source for your project. *
 Amount: \$1200
 Need Status: Closed
 Outcome of Need: Fully Met