ICA Missouri – YHDP Start – SSO Practice Case Part 1 [FY2024] Adult/HoH

A parenting youth is presenting for services to your agency. After talking with the client, you have confirmed this family will be part of your project. Their HMIS ROI was signed for 1 year. **BE SURE TO SET YOUR ENTER DATA AS (EDA) MODE AND BACK DATE BEFORE ENTERING THE INFORMATION BELOW!!!!**

Staff: _____ Project Start Date: **[The first of last month]** Name of Head of Household: **Jordan [use your last name]**

Project Name (Enter Data As): **[Use SSO project name provided in email as EDA]**

Client Record

ⓘ	Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

Name **Jordan** _____ **[your last name]** _____

First Middle Last Suffix

Name Data Quality X Full Name Reported ☐ Partial, Street Name, or Code Name Reported ☐ Client doesn't know ☐ Client prefers not to answer

ⓘ	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 **[make up a SSN]**

X Full SSN Reported ☐ Approximate or Partial SSN Reported ☐ Client doesn't know ☐ Client prefers not to answer

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

Client Profile Additional Information [Optional]

Contact Information **make up a phone number for the client**

Emergency Contact **Mary, their sister [make up a phone number]**

Client Demographics

Date of Birth **06** / **07** / **2008**

X Full DOB Reported ☐ Approximate or Partial DOB Reported ☐ Client doesn't know ☐ Client prefers not to answer

Gender(s) *select all that apply*

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

Race(s) and Ethnicity *select all that apply*

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

Additional Race & Ethnicity *optional, specify* _____

Relationship to Head of Household X 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)

Household Information

Household Type ☐ Couple w/o Children ☐ Female Single Parent ☐ Foster Parent ☐ Grandparent with Child ☐ Male Single Parent ☐ Non-custodial Caregiver ☐ Single Person X Other

Full Name	Veteran Yes or No	SSN (full or partial)	Date of Birth	Race and Ethnicity	Gender	Relationship to HoH
Jordan [your last name]	No	Make up a full SSN	6/7/2008	Black, African American, or African	Transgender, Non-binary	Self (head of household)
Alex [your last name]	No	Make up a full SSN	1/17/2024	Black, African American, or African	Boy	Son/HoH's child

Project CoC Code [mark the appropriate CoC Code]

ⓘ 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

ⓘ 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) [mark the County your client is residing in]

Last Permanent Address

ⓘ 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 65201

X Full or Partial Zip Code Reported ☐ Client doesn't know ☐ Client prefers not to answer

Disabilities

Disabling Condition X No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Housing Move-In Date [Rapid ReHousing projects only]

ⓘ 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 [leave blank for this type of project]

Health Insurance

Covered by Health Insurance X No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Medicaid (MO HealthNet)	X No	☐ Yes
Medicare	X No	☐ Yes
State Children's Health Insurance Program	X No	☐ Yes
Veteran's Health Administration	X No	☐ Yes

ⓘ HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

Employer-Provided Health Insurance	X No	☐ Yes
Health Insurance obtained through COBRA	X No	☐ Yes
Private Pay Health Insurance	X No	☐ Yes
State Health Insurance for Adults	X No	☐ Yes
Indian Health Services Program	X No	☐ Yes
Other (specify): _____	X No	☐ Yes

ⓘ **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 X No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Alimony and other spousal support	X No	☐ Yes: $_____
Child support	X No	☐ Yes: $_____
Earned income (i.e., employment income)	X No	☐ Yes: $_____
General Assistance (GA)	X No	☐ Yes: $_____
Other (specify): _____	X No	☐ Yes: $_____
Pension or retirement income from a former job	X No	☐ Yes: $_____
Private disability insurance	X No	☐ Yes: $_____
Retirement Income from Social Security	X No	☐ Yes: $_____
Social Security Disability Insurance (SSDI)	X No	☐ Yes: $_____
Supplemental Security Income (SSI)	X No	☐ Yes: $_____
Temporary Assistance for Needy Families (TANF)	X No	☐ Yes: $_____
Unemployment Insurance	X No	☐ Yes: $_____
VA Non-Service-Connected Disability Pension	X No	☐ Yes: $_____
VA Service-Connected Disability Compensation	X No	☐ Yes: $_____
Worker's Compensation	X 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.

ⓘ **Data Entry Tip:** Remember to end date old records and create new records each time a source of income changes.

Total Monthly Income $____0_____

Non-Cash Benefits

Non-Cash Benefits from Any Source X No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	X No	☐ Yes
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	X No	☐ Yes
TANF Child Care services	X No	☐ Yes
TANF transportation services	X No	☐ Yes
Other TANF-funded services	X No	☐ Yes
Other (specify): _____	X 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)

X 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

X 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: **[day before 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

X One time
☐ Two times
☐ Three times
☐ Four or more times
☐ Client doesn't know
☐ Client prefers not to answer

Total number of months homeless on the street, in ES, or SH in the past 3 years

X 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	

Sexual Orientation

Sexual Orientation	☐ Heterosexual	☐ Gay	☐ Lesbian	X Bisexual
	☐ Questioning/Unsure	☐ Client doesn't know	☐ Client prefers not to answer	☐ Other: _____

Health

General Health Status	X Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
	☐ Client doesn't know	☐ Client prefers not to answer			
Dental Health Status	☐ Excellent	X Very Good	☐ Good	☐ Fair	☐ Poor
	☐ Client doesn't know	☐ Client prefers not to answer			
Mental Health Status	☐ Excellent	X Very Good	☐ Good	☐ Fair	☐ Poor
	☐ Client doesn't know	☐ Client prefers not to answer			

Pregnancy Status	X No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer
If yes, due date	_____			

Child Welfare/Foster Care Involvement

Formerly a Ward of Child Welfare or Foster Care Agency	X No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer
If yes, number of years	☐ Less than one year	☐ 1 to 2 years	☐ 3 to 5 or more years	
If less than one year, number of months	_____ months (1-11)			

Juvenile Justice System Involvement

Formerly a Ward of Juvenile Justice System	X No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer
If yes, number of years	☐ Less than one year	☐ 1 to 2 years	☐ 3 to 5 or more years	
If less than one year, number of months	_____ months (1-11)			

Translation Assistance [Head of Household Only]

Translation Assistance Needed?	X No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer
If yes to "Translation Assistance Needed?", select preferred language:	☐ American Sign Language	☐ Arabic	☐ Bosnian	
	☐ Burmese	☐ Cantonese	☐ Chuukese	
	☐ Dinka	☐ Farsi	☐ French	
	☐ German	☐ Mandarin	☐ Romanian	
	☐ Russian	☐ Spanish	☐ Tagalog	
	☐ Tigrigna	☐ Ukrainian	☐ Urdu	
	☐ Vietnamese	☐ Different Preferred Language (specify): _____		
	☐ Client doesn't know	☐ Client prefers not to answer		

Youth Education Status [Head of Household Only]

Current School Enrollment and Attendance

X Not currently enrolled in any school or educational course
☐ Currently enrolled but NOT attending regularly (when school or the course is in session)
☐ Currently enrolled and attending regularly (when school or the course is in session)
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Most Recent Educational Status

☐ K12: Graduated from high school
☐ K12: Obtained GED
X K12: Dropped out
☐ K12: Suspended
☐ K12: Expelled
☐ Higher education: pursuing a credential but not currently attending
☐ Higher Education: Dropped out
☐ Higher Education: Obtained a credential/degree
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Current Educational Status

☐ Pursuing a diploma or GED
☐ Pursuing Associate's Degree
☐ Pursuing Bachelor's Degree
☐ Pursuing Graduate Degree
☐ Pursuing other post-secondary credential
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Disabilities

ⓘ 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	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Both Alcohol and Drug Use Disorders	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Chronic Health Condition	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Developmental Disability	☐ Yes* X No ☐ DK ☐ PNTA	*(not applicable)*
Drug Use Disorder	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
HIV/AIDS	☐ Yes* X No ☐ DK ☐ PNTA	*(not applicable)*
Mental Health Disorder	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Physical Disability	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ 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 X Yes ☐ Client doesn't know ☐ Client prefers not to answer

If yes, when experience occurred

X Within the past three months
☐ From six to twelve months ago
☐ Client doesn't know
☐ Three to six months ago
☐ More than a year ago
☐ Client prefers not to answer

If yes, currently fleeing? ☐ No X Yes ☐ Client doesn't know ☐ Client prefers not to answer

Your client has a child who 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.

Staff: _____ Project Start Date: **[The first of last month]** Name of Head of Household: **Jordan [use your last name]**

Project Name (Enter Data As): **[Use project name provided in email as EDA]**

Client Record

ⓘ Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

Name **Alex** _____ _____ **[use your last name]** _____
First Middle Last Suffix

Name Data Quality X Full Name Reported ☐ Partial, Street Name, or Code Name Reported ☐ Client doesn't know ☐ Client prefers not to answer

ⓘ 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 **[make up a SSN]**

X 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 Demographics

Date of Birth **01** / **17** / **2024**

X Full DOB Reported ☐ Approximate or Partial DOB Reported ☐ Client doesn't know ☐ Client prefers not to answer

Gender(s) *select all that apply*
☐ Woman (Girl, if child) X Man (Boy, if child) ☐ Culturally Specific Identity (e.g. Two-Spirit)
☐ Transgender ☐ Non-Binary ☐ Questioning
☐ Different Identity (specify): ☐ Client doesn't know ☐ Client prefers not to answer
_____

Race(s) and Ethnicity *select all that apply*
☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American
X 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

Additional Race & Ethnicity *optional, specify* _____
_____

Relationship to Head of Household ☐ Self X 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 [mark the appropriate CoC Code]

ⓘ 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

ⓘ 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) ___[mark the County your client is residing in]_____

Last Permanent Address

ⓘ 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 ___65201____

X Full or Partial Zip Code Reported ☐ Client doesn't know ☐ Client prefers not to answer

Disabilities

Disabling Condition X No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Housing Move-In Date [Rapid ReHousing projects only]

ⓘ 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 ____[leave blank for this type of project] ____

Health Insurance

Covered by Health Insurance X No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Medicaid (MO HealthNet)	X No	☐ Yes
Medicare	X No	☐ Yes
State Children's Health Insurance Program	X No	☐ Yes
Veteran's Health Administration	X No	☐ Yes
Employer-Provided Health Insurance	X No	☐ Yes
Health Insurance obtained through COBRA	X No	☐ Yes
Private Pay Health Insurance	X No	☐ Yes
State Health Insurance for Adults	X No	☐ Yes
Indian Health Services Program	X No	☐ Yes
Other (specify): _____	X 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.

Disabilities

ⓘ 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	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Both Alcohol and Drug Use Disorders	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Chronic Health Condition	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Developmental Disability	☐ Yes* X No ☐ DK ☐ PNTA	*(not applicable)*
Drug Use Disorder	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
HIV/AIDS	☐ Yes* X No ☐ DK ☐ PNTA	*(not applicable)*
Mental Health Disorder	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Physical Disability	☐ Yes X No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer

Your SSO project provided one service at entry. Please record it on the clients' records using the information below.

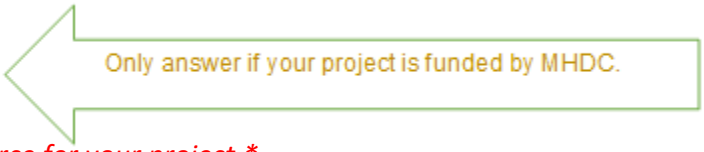
Date of service: The first of last month

Service Needed: Utility Arrearage Payment Plans

Provider specific service: Utility Arrears

MHDC Payee: ABC Utility Co.

Monthly Rent Amount: $750



Funding Sources: *Pick the correct funding source for your project.**

*If you are unsure what the correct funding source is for your project, please utilize the Funding Source tip sheet available here: http://icamissouri.helpscoutdocs.com/article/116-funding-sources

Amount: $1200

Need Status: Closed

Outcome of Need: Fully Met