

**CLIENT PROFILE**

Complete this section within the “Household Information” window or in the “Client Profile” Tab

<b>Name:</b>	
<b>Name Data Quality:</b>	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer
<b>SSN:</b>	
<b>SSN Data Quality:</b>	<input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer
<b>U.S. Veteran:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

# Coordinated Entry Custom 2024

**Assessment Attempts:**

**\*\*Only complete these fields when the assessment cannot be completed.** Please email the Coordinated Entry team for guidance when an assessment cannot fully be completed. ces@chicagococ.org

<b>First Attempt</b>	<b>Date of Assessment</b>	
	<b>Location (please provide specific details):</b>	
	<b>Reason for Decline:</b>	<input type="checkbox"/> Declined and displaying signs of a severe mental health <input type="checkbox"/> Declined and NOT displaying signs of a severe mental health <input type="checkbox"/> Declined because housing plans are already in place <input type="checkbox"/> Declined due to being too physically ill to participate
<b>Second Attempt</b>	<b>Date of Assessment</b>	
	<b>Location (please provide specific details):</b>	
	<b>Reason for Decline:</b>	<input type="checkbox"/> Declined and displaying signs of a severe mental health <input type="checkbox"/> Declined and NOT displaying signs of a severe mental health <input type="checkbox"/> Declined because housing plans are already in place <input type="checkbox"/> Declined due to being too physically ill to participate

<b>Assessment Information: Assessor</b>	
<b>Assessor's Name:</b>	
<b>Assessor's Email address:</b>	
<b>Assessor's Phone number:</b>	
<b>Agency Name/Organization:</b>	

<b>CLIENT CONTACT INFORMATION</b>	
<b>Please record at least three ways to contact the client, including contact information for family, friends, service providers, or others who may help a housing provider contact the client.</b>	
<b>Start Date</b>	
<b>Client Information</b>	
<b>Client's Phone Number:</b>	
<b>Client's Email address:</b>	
<b>Mailing address:</b>	
<b>Alternative Contact Information</b>	
<b>Is there a family member or friend we can contact if you get matched to housing and we can't reach you?</b>	
<b>Alternative Contact Name</b>	
<b>Alternative Contact Number</b>	

<b>Alternative Contact Relationship</b>	
<b>Would it be okay to tell them why we're calling or leave a voicemail?</b>	
<b>Please share ways to contact you if a housing offer is available and the phone number we have for you is not working. This can include eating dinner at a specific place, spending time at a library, attending any program, social media usernames, etc.</b>	
<b>End Date</b>	

<b>Are you currently enrolled in any social service programs?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
<b>**If the client is currently enrolled in social programs, complete the following:</b>	<b>Which projects are you currently enrolled in?</b>	
	<b>What is the name of one of your current case managers?</b>	
	<b>What is the case manager's email address?</b>	
	<b>What is the case manager's telephone number?</b>	

**This information is used to understand which zip codes may need more homeless service resources. If the client reports a neighborhood but does not know the zip code, please use your best estimate.**

See the following map: <https://www.chicago.gov/content/dam/city/sites/covid/reports/2020-04-24/ChicagoCommunityAreaandZipcodeMap.pdf>

**What is the zip code where you stayed last night?**

**Please record the zip code where the client last had permanent housing. Clients who are not from Chicago are still eligible for housing resources. This question is used to understand which neighborhoods need more housing resources.**

**What is the zip code of neighborhood where you are from?**

### CHA Pre-Screen - Justice Involvement

If you answer yes to any of the following, you will still be eligible for non-CHA housing.

**Are you a part of the lifetime sex offender registry?**

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

**Have you been convicted of the manufacture or production of methamphetamine in federally assisted housing?**

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

**Have you or a household member been evicted from public, federally assisted, or Section 8 housing because of drug-related criminal activity?**

- Yes
- No
- Client doesn't know
- Client prefers not to answer

	<input type="checkbox"/> Data not collected
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**Housing Type**

**Ask the following question to All Youth Age 18-24**

If you are matched to a site-based transitional housing program, would you accept the match?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Ask Everyone**

Some units include shared spaces such as a kitchen and/or bathroom. Would you accept a match to a unit with a shared bathroom and/or kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Some people will not, or are not able to live on a certain side of the city. Is there any part of the city that you will refuse to live if offered a housing option there?**

I will NOT live on the:	<input type="checkbox"/> N/A - I will live on any side of the city <input type="checkbox"/> North Side <input type="checkbox"/> South Side <input type="checkbox"/> West Side
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Do you or does someone in your household need an apartment that is accessible for people with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What accessibility features are needed?	
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