

CLIENT PROFILE

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

Name:	
Name Data Quality:	<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
SSN:	
SSN Data Quality:	<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
U.S. Veteran:	<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 HUD 2024

Project Start Date:	
Enrollment CoC:	IL-510

Coordinated Entry HUD 2024																					
Date of Assessment																					
End Date																					
Assessment Location	<table border="0"> <tr> <td><input type="checkbox"/> Access Point – Broadway Youth Center</td> <td><input type="checkbox"/> Drop-in Center</td> </tr> <tr> <td><input type="checkbox"/> Access Point – 211/United Way</td> <td><input type="checkbox"/> Emergency Shelter</td> </tr> <tr> <td><input type="checkbox"/> Access Point – Franciscan Outreach 10 S Kedzie</td> <td><input type="checkbox"/> Hospital or Clinic</td> </tr> <tr> <td><input type="checkbox"/> Access Point – Featherfist</td> <td><input type="checkbox"/> Institutional Setting: Jail</td> </tr> <tr> <td><input type="checkbox"/> Access Point – Heartland Alliance Health Uptown</td> <td><input type="checkbox"/> Institutional Setting: Treatment Facility</td> </tr> <tr> <td><input type="checkbox"/> Access Point – Heartland Alliance Health - Englewood</td> <td><input type="checkbox"/> Library</td> </tr> <tr> <td><input type="checkbox"/> Access Point – Matthew House</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Access Point - Nourishing Hope</td> <td><input type="checkbox"/> Outside/Street</td> </tr> <tr> <td><input type="checkbox"/> Access Point - Phoenix Foundation</td> <td><input type="checkbox"/> Probation Office</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SSVF</td> </tr> </table>	<input type="checkbox"/> Access Point – Broadway Youth Center	<input type="checkbox"/> Drop-in Center	<input type="checkbox"/> Access Point – 211/United Way	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Access Point – Franciscan Outreach 10 S Kedzie	<input type="checkbox"/> Hospital or Clinic	<input type="checkbox"/> Access Point – Featherfist	<input type="checkbox"/> Institutional Setting: Jail	<input type="checkbox"/> Access Point – Heartland Alliance Health Uptown	<input type="checkbox"/> Institutional Setting: Treatment Facility	<input type="checkbox"/> Access Point – Heartland Alliance Health - Englewood	<input type="checkbox"/> Library	<input type="checkbox"/> Access Point – Matthew House	<input type="checkbox"/> Other	<input type="checkbox"/> Access Point - Nourishing Hope	<input type="checkbox"/> Outside/Street	<input type="checkbox"/> Access Point - Phoenix Foundation	<input type="checkbox"/> Probation Office		<input type="checkbox"/> SSVF
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Assessment Type	<input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In Person																				
Assessment Level	<input type="checkbox"/> Housing Needs Assessment <input type="checkbox"/> Crisis Needs Assessment																				

Some people find themselves in a housing crisis due to circumstances with a partner or household member. Do any of the following apply?

1. Are you fleeing, or attempting to flee, domestic violence?
2. Currently residing with, or trying to leave, someone who threatens you or makes you fearful?
3. Anyone in the home has hit, choked, or physically hurt you?
4. Anyone in your home has forced you to do something sexually that you did not want to do?

If yes, offer help calling the Chicago Domestic Violence Hotline: 1-877-863-6338

Survivor of Domestic Violence	<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
If Yes for Survivor of Domestic Violence, When experience occurred	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> From six to twelve months ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
If Yes for Survivor of Domestic Violence Victim/Survivor, Are you currently fleeing?	<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

Relationship to HoH:	
Date of Birth:	

Date of Birth Type:	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
Race/Ethnicity	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Additional Race and Ethnicity Detail	
Gender:	<input type="checkbox"/> Woman (girl, if child) <input type="checkbox"/> Man (boy, if child) <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
If Different Identity, Please Specify	
Prior Living Situation	

Prior Living Situation:

Where did the client sleep the night before entering this program?

HOMELESS 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

INSTITUTIONAL SITUATIONS:

- Foster care home or foster care group home
- Hospital or other residential nonpsychiatric 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

TEMPORARY HOUSING SITUATIONS:

- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for *without* shelter voucher
- Host Home (non-crisis)
- Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
- Moved from one HOPWA funded project to HOPWA TH
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house

PERMANENT HOUSING SITUATIONS:

- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Rental by client; no ongoing subsidy
- Rental by client; with ongoing subsidy*

	<input type="checkbox"/> Owned by client; no ongoing subsidy <input type="checkbox"/> Owned by client; with ongoing subsidy OTHER: <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Rental Subsidy Type <i>*Only if selected, "Rental by client; with ongoing subsidy"</i>	<input type="checkbox"/> GPD TIP housing subsidy VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons
Length of Stay in Previous Place:	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
**If the client's <u>Prior Living Situation</u>	Approximate date this episode of homelessness started

above is one of the Homeless Situations , complete the following:	Regardless of where they stayed last night-number of times participant has been on the streets, ES or SH in the past three years, including today:	<input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
	Total number of months homeless on the street, ES or SH in the past three years:	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 8 <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 10 <input type="checkbox"/> 3 <input type="checkbox"/> 11 <input type="checkbox"/> 4 <input type="checkbox"/> 12 <input type="checkbox"/> 5 <input type="checkbox"/> More than 12 months <input type="checkbox"/> 6 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 7 <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> <input type="checkbox"/> Data not collected
If selected a situation that falls under "Place Not Meant for Habitation" please ask if they currently stay in this setting with children.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If households are living in a place not meant for human habitation with minor children, please assist the household with accessing shelter or finding a safe place to stay for the night. Please contact the CE team with any questions at ces@chicagococ.org		
Please briefly describe the place that you stay. You are welcome to include an address for team members to use to contact you regarding the availability or permanent housing or other shelter resources.		

CURRENT LIVING SITUATION	
Start Date:	

End Date:	
Information Date:	
Current Living Situation:	<p>HOMELESS SITUATIONS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter <input type="checkbox"/> Safe Haven <p>INSTITUTIONAL SITUATIONS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential nonpsychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <p>TEMPORARY HOUSING SITUATIONS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for <i>without</i> shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <p>PERMANENT HOUSING SITUATIONS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staying or living with family, permanent tenure

	<input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Rental by client; no ongoing subsidy <input type="checkbox"/> Rental by client; with ongoing subsidy <input type="checkbox"/> Owned by client; no ongoing subsidy <input type="checkbox"/> Owned by client; with ongoing subsidy OTHER: <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Rental Subsidy Type <i>*Only if selected, "Rental by client; with ongoing subsidy"</i>	<input type="checkbox"/> GPD TIP housing subsidy VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons
Living Situation verified by:	
Is client going to have to leave their current living situation within 14 days?:	<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

If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions.

<p>Has a subsequent residence been identified?</p>	<p> <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 </p>
<p>Does individual or family have resources or support networks to obtain other permanent housing?</p>	<p> <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 </p>
<p>Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?</p>	<p> <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 </p>
<p>Has the client moved 2 or more times in the last 60 days?</p>	<p> <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 </p>
<p>Location details</p>	

VETERAN INFORMATION

<p>Year entered military service</p>	
<p>Year separated from military service</p>	

Theater of Operations			
World War II	<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	Korean War	<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
Persian Gulf War	<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	Afghanistan	<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
Iraq Freedom	<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	Iraq Dawn	<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
Other Peace-keeping Operations or Military Interventions	<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		
Branch of the Military	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Space Force <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected		

Discharge Status	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under other than honorable conditions (OTH) <input type="checkbox"/> Bad conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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Veteran Permanent Housing (PH) Offers for those entering Transitional Housing (TH and GPD projects)	
Date of Standardized Housing Assessment:	
Date PH Intervention Offered Required Field	
Type of PH Intervention Offered: Required Field	<input type="checkbox"/> Other (Assessment needs to be completed) <input type="checkbox"/> RRH <input type="checkbox"/> SSVF (RRH) <input type="checkbox"/> PSH <input type="checkbox"/> HUD-VASH <input type="checkbox"/> CHA Voucher <input type="checkbox"/> Declined Offer of PH
Did the Veteran Accept or Decline PH Offer:	<input type="checkbox"/> Accepted Offer <input type="checkbox"/> Declined Offer

MONTHLY INCOME	
Income from Any Source	<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		
Source of Income	Receiving Income Source?	Monthly amount	Start date
Earned Income / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
SSI: Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
SSDI: Social Security Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
VA Service-Connected Disability Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Private Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
General Assistance (GA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	<input type="checkbox"/> Data not Collected		
Retirement Income from Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Pension or Retirement from Another Job	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Alimony or Other Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Other (Specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Total Monthly income:			

NON-CASH BENEFITS	
Non-Cash Benefit from Any Source?	<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		
Source of Non-Cash Benefit	Receiving Benefit?	Monthly amount	Start date
Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Supplemental Nutrition Assistance Program (SNAP) for WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
TANF Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Other TANF-Funded Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		
Other Source (Specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected		

HEALTH INSURANCE	
Covered by Health Insurance?	<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	
Health Insurance Type	Covered?	Start date
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	
State Children’s Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	
Veteran’s Health Administration (VA)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	
Health Insurance through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	
State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	
Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<input type="checkbox"/> Data not Collected	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	
If other, please specify:		

DISABILITIES			
<ul style="list-style-type: none"> • Some housing projects require that the head of households has a disability. • A disability is defined as a physical, mental, emotional, or developmental disability, HIV/AIDS, or a diagnosable substance abuse problem that is expected to last a long time and makes it hard for you to obtain and maintain housing on your own. • You do not have to be receiving federal disability income in order to be defined as having a disability. 			
Does the client have a disabling condition?	<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		
Disability Type	Determination	If yes , Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Start Date
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	<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	
Both Alcohol and Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	<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	
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected <input type="checkbox"/>	<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	
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	<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	
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	<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	
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	<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	
Mental Health Problem	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	<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	
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not Collected	<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	

Translation Assistance Needed	<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
<u>If yes</u>, Preferred Language	
If Different Preferred Language, please specify	

