

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

State Homeless Prevention (2025)

Project Start Date:

ENTRY ASSESSMENT - State Homeless Prevention (2025)

Enrollment CoC:	IL-510	
Household Type	<input type="checkbox"/> Couple w/ no child <input type="checkbox"/> Couple w/ child <input type="checkbox"/> Female w/ child <input type="checkbox"/> Male w/ child <input type="checkbox"/> Single Female <input type="checkbox"/> Single Male	
Relationship to Head of Household:	Self	
Date of Birth:		
Date of Birth Type:	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer
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		

Additional Household Members Demographic Information	
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Start Date:		
End Date		
Relationship to Head of Household	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: Non-relation member <input type="checkbox"/> Data not collected	
Age		
Race and 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
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

Total Monthly Income:		
Source of Referral	<input type="checkbox"/> External <input type="checkbox"/> HPCC <input type="checkbox"/> Internal	

Program Eligibility		
Have you received these funds in the last 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of economic crisis	<input type="checkbox"/> Natural Disaster <input type="checkbox"/> Homelessness <input type="checkbox"/> Medical Disability or Emergency <input type="checkbox"/> Illegal Landlord Action <input type="checkbox"/> Loss/Delay of Public Benefit <input type="checkbox"/> Substantial Change in Household Composition <input type="checkbox"/> Displacement by Private or Government Action <input type="checkbox"/> Victimization by Criminal Activity <input type="checkbox"/> Loss of Employment <input type="checkbox"/> Other
Reason client is seeking assistance	<input type="checkbox"/> Maintain Current Residence <input type="checkbox"/> Move from current residence to other Permanent Housing <input type="checkbox"/> Move from shelter to Permanent Housing
If other, please specify:	
What is the client's monthly rent?	

Total fund amount requested?	
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The two following questions only apply to the current request for funds.	
Were they served an eviction notice from the court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the eviction under the client's name?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Required Services	
Was the household screened for SNAP (food stamps) and referred for enrollment if eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused
Was the household screened for LIHEAP (food stamps) and referred for enrollment if eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

	<input type="checkbox"/> Client Refused
Was the household screened for assistance with enrolling or maintaining other public benefits and referred for enrollment if eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused
Was the household provided case management?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused
Was the household provided financial counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused
Was the household informed about the post-exit 3 month follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused

Client Narrative:	
<p>Please include any context that you think will be helpful if the household seeks services from a subsequent project. Narrative can be brief as more context will be entered in Form Assembly</p>	