

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, Street Name, or Code Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
SSN:	
SSN Data Quality:	<input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approx or Partial SSN Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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

HUD CoC & ESG Entry All Other Projects (2024)

Project Start Date:	
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ENTRY ASSESSMENT - HUD CoC and ESG Entry Assessment 2024

Relationship to HoH:	<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 (other relation to Head of Household) <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Data not collected
Enrollment CoC:	IL-510	
Date of Birth:		
Date of Birth Type:	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approx 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		
Sexual Orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian	<input type="checkbox"/> Other <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

	<input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Data not collected
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 DV 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
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
If Yes, Preferred Language		
Prior Living Situation		
Housing Status	<input type="checkbox"/> Category 1 – Literally Homeless <input type="checkbox"/> Category 2 – Imminent Risk of Homelessness <input type="checkbox"/> Category 3 - Homeless Under Other Federal Statutes <input type="checkbox"/> Category 4 - Fleeing/Attempting to Flee Domestic Violence	
Prior Living Situation: <i>Where did the client sleep the night before entering this program?</i>	HOMELESS SITUATIONS**: <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 INSTITUTIONAL SITUATIONS: <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	

	<ul style="list-style-type: none"> <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 <p>OTHER:</p> <ul style="list-style-type: none"> <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
<p>Rental Subsidy Type <i>*Only if selected, “Rental by client; with ongoing subsidy”</i></p>	<ul style="list-style-type: none"> <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
**If the client's <u>Prior Living Situation</u> above is one of the Homeless Situations, complete the following:	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
	Approximate date this episode of homelessness started	
	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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Please choose the primary reason the client is in current housing situation:	<input type="checkbox"/> Aging out of foster care <input type="checkbox"/> Disagreement with family or roommate <input type="checkbox"/> Family or personal medical illness <input type="checkbox"/> Fleeing domestic violence	

	<input type="checkbox"/> Discharge from hospital <input type="checkbox"/> Discharge from jail or prison <input type="checkbox"/> Divorce <input type="checkbox"/> Eviction <input type="checkbox"/> Experiencing human trafficking <input type="checkbox"/> Experiencing mental health issues	<input type="checkbox"/> Fleeing human trafficking <input type="checkbox"/> Insufficient income <input type="checkbox"/> Loss of public assistance <input type="checkbox"/> Natural disaster or fire <input type="checkbox"/> Other <input type="checkbox"/> Substance use or abuse
Typical Living Situation		
Is this the type of place you usually stay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, and selected “place not meant for habitation”, please choose type:	<input type="checkbox"/> Encampment <input type="checkbox"/> CTA <input type="checkbox"/> Park <input type="checkbox"/> Emergency Room <input type="checkbox"/> Police Station	<input type="checkbox"/> Car <input type="checkbox"/> Street <input type="checkbox"/> Abandoned Building <input type="checkbox"/> Viaduct
If no, where does the client typically stay?	<p>HOMELESS SITUATION:</p> <input type="checkbox"/> Place not meant for habitation (e.g. vehicle, abandoned building, outside) <input type="checkbox"/> Emergency shelter or hotel/motel paid by shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing <p>INSTITUTIONAL SITUATION</p> <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Hospital or other residential non-psych 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> <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Hotel or motel paid for <i>without</i> shelter voucher Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member’s room, apartment or house <input type="checkbox"/> Staying or living in a friend’s room, apartment or house <input type="checkbox"/> Host Home <p>PERMANENT HOUSING SITUATIONS</p>	

	<input type="checkbox"/> Rental by client; no ongoing subsidy <input type="checkbox"/> Rental by client; with ongoing subsidy (*additional questions; identify type of subsidy) <input type="checkbox"/> Owned by client; no ongoing subsidy <input type="checkbox"/> Owned by client; with ongoing subsidy OTHER: <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
If no and selected "place not meant for habitation", please choose type:	<input type="checkbox"/> Encampment <input type="checkbox"/> CTA <input type="checkbox"/> Park <input type="checkbox"/> Emergency Room <input type="checkbox"/> Police Station <div style="float: right;"> <input type="checkbox"/> Car <input type="checkbox"/> Street <input type="checkbox"/> Abandoned Building <input type="checkbox"/> Viaduct </div>

CURRENT LIVING SITUATION	
Start Date:	
End Date	
Information Date:	
Current Living Situation:	<p>HOMELESS SITUATIONS:</p> <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> <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 <p>OTHER:</p> <ul style="list-style-type: none"> <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
<p>Rental Subsidy Type <i>*Only if selected, “Rental by client; with ongoing subsidy”</i></p>	<ul style="list-style-type: none"> <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.	
Has a subsequent residence been identified?	<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
Does individual or family have resources or support networks to obtain other permanent housing?	<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
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 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
Has the client moved 2 or more times in the last 60 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
Location details	

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, is condition going to be a long term?	Start Date
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	
Both Alcohol and Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	
Mental Health Problem	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	

MONTHLY INCOME			
Income from Any Source	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know		
Source of Income	Receiving Income Source?	Monthly amount	Start date
Earned Income / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know		
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know		

SSI: Supplemental Security Income	<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		
SSDI: Social Security Disability 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		
VA Service-Connected Disability Compensation	<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		
Private Disability 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		
Worker's Compensation	<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		
TANF	<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		
General Assistance (GA)	<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		
Retirement Income from Social Security	<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		
Pension or Retirement from Another Job	<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		
Child Support	<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		
Alimony or Other Spousal Support	<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 (Specify):	<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		
Total Monthly income:				

AMI Level <i>2023 Area Median Income</i>	HH #	30% AMI	50% AMI	80% AMI	100% AMI	<input type="checkbox"/> Under 30% (\$1,267 or less) <input type="checkbox"/> 30-49% (\$1,268-\$2,113) <input type="checkbox"/> 50-79% (\$1,267 or less) <input type="checkbox"/> 80-99% (\$1,268-\$2,113) <input type="checkbox"/> Over 100% (\$1,267 or less)
	1	23,190	\$38,650	\$61,800	\$77,300	
	2	\$26,490	\$44,150	\$70,600	\$88,300	
	3	\$29,790	\$49,650	\$79,450	\$99,300	
	4	\$33,090	\$55,150	\$88,250	\$110,300	
	5	\$35,760	\$59,600	\$95,350	\$119,200	
	6	\$38,400	\$64,000	\$102,400	\$128,000	
	7	\$41,040	\$68,400	\$109,450	\$136,800	
	8	\$43,680	\$72,800	\$116,500	\$145,600	

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 Source?		Monthly amount
Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	<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	
Supplemental Nutrition Assistance Program (SNAP) for WIC	<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	
TANF Child Care Services	<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	
TANF Transportation Services	<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 TANF-Funded Services	<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 Source (Specify):	<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		
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"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
Medicare	<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 Children's Health Insurance Program	<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
Veteran's Health Administration (VA)	<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
Employer-Provided 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 through COBRA	<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
Private Pay 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
State Health Insurance for Adults	<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
Indian Health Services Program	<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	<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 other, please specify:		

If yes, What Health plan are you enrolled in?	<input type="checkbox"/> Aetna <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> County Care <input type="checkbox"/> Family Health Network <input type="checkbox"/> Harmony <input type="checkbox"/> Humana <input type="checkbox"/> IlliniCare	<input type="checkbox"/> Illinois Health Connect <input type="checkbox"/> Meridian <input type="checkbox"/> Molina <input type="checkbox"/> Next Level <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Well Care
Where have you gone most often to seek care in the last 12 months?	<input type="checkbox"/> Access Community Health Centers <input type="checkbox"/> Advocate Illinois Masonic Medical Center <input type="checkbox"/> Aunt Martha's Youth Center <input type="checkbox"/> Chicago Family Health Center <input type="checkbox"/> Christian Community Health Center <input type="checkbox"/> Circle Family Health Care Network <input type="checkbox"/> Erie Family Health Center <input type="checkbox"/> Friend Family Health Center <input type="checkbox"/> Heartland Health Outreach Clinic (HHO clinic)	<input type="checkbox"/> Hines VA Medical Center <input type="checkbox"/> Howard Brown Health Center <input type="checkbox"/> Jesse Brown VA Medical Center <input type="checkbox"/> John Stroger Hospital (Cook County Hospital) <input type="checkbox"/> Kommed Holman Health Center <input type="checkbox"/> Mercy Hospital <input type="checkbox"/> Northwestern Memorial Hospital <input type="checkbox"/> Oak Street Health <input type="checkbox"/> Other
Have you visited your Primary Care Physician in last 6 mos?	<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
Recipient Identification number (RIN):		