CLIENT PROFILE								
Complete this section within the "Household Information" window or in the "Client Profile" Tab								
Name:								
Name Data Quality:	 □ Full Name Reported □ Partial, Street Name, or Code Name Reported □ Client Doesn't Know □ Client prefers not to answer □ Data not collected 							
SSN:								
SSN Data Quality:	 □ Full SSN Reported □ Approx or Partial SSN Reported □ Client Doesn't Know □ Client prefers not to answer □ Data not collected 							
U.S. Veteran:	 ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data not collected 							

HUD CoC & ESG Entry Update (2024)

Interim Review Date:	
Interim Review Type:	
UPDATE ASSESSMENT - HUD C	CoC and ESG Update (2024)
Housing Move-in Date:	
Client's current Housing Type	 □ 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

□ Stayi	ng or living in a family member's room, apartment, or house
PERMANEN	T HOUSING SITUATIONS:
□ Stayi	ng or living with family, permanent tenure
□ Stayi	ng or living with friends, permanent tenure
☐ Move	ed from one HOPWA funded project to HOPWA PH
☐ Rent	al by client; no ongoing subsidy
☐ Rent	al by client; with ongoing subsidy*
□ Own	ed by client; no ongoing subsidy
□ Own	ed by client; with ongoing subsidy
OTHER:	
□ No e	xit interview completed
□ Othe	r
□ Dece	eased
□ Work	er unable to determine
□ Clier	nt Doesn't Know
□ Clier	nt prefers not to answer
□ Data	not collected
□ Data	not collected

CURRENT LIVING SITUATIO	N
Start Date:	
End Date	
Information Date:	
Current Living Situation:	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
TE	MPORARY HOUSING SITUATIONS:
	☐ Transitional housing for homeless persons (including homeless youth)
	☐ Residential project or halfway house with no homeless criteria
	☐ Hotel or motel paid for <i>without</i> 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
PE	ERMANENT 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*
	□ Owned by client; no ongoing subsidy
	□ Owned by client; with ongoing subsidy
0.	THER:
	☐ No exit interview completed
	□ Other
	□ Deceased
	☐ Worker unable to determine
	☐ Client Doesn't Know
	☐ Client prefers not to answer

	□ Data not collected						
Rental Subsidy Type *Only if selected, "Rental by client; with ongoing subsidy"	 □ GPD TIP housing subsidy VASH housing subsidy □ RRH or equivalent subsidy □ HCV voucher (tenant or project based) (not dedicated □ 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 						
Living Situation verified by:							
Is client going to have to leave their current living situation within 14 days?:	 ☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know 						
If 'Yes' to 'Is client going to ha	ve to leave their current livin	g situation within 14 days?' ansv	ver the following questions.				
Has a subsequent residence	been identified?	☐ Yes☐ No☐ Client Doesn't Know	□ Client Prefers Not to Answer□ Data Not Collected				
Does individual or family hav networks to obtain other per		☐ Yes☐ No☐ Client Doesn't Know	□ Client Prefers Not to Answer□ Data Not Collected				
Has the client had a lease or permanent housing unit in th	-	☐ Yes☐ No☐ Client Doesn't Know	□ Client Prefers Not to Answer□ Data Not Collected				
Has the client moved 2 or modays?	re times in the last 60	☐ Yes☐ No☐ Client Doesn't Know	□ Client Prefers Not to Answer□ Data Not Collected				
Location details							

Outreach Only: Date of En	gagement shoul	d only be com	pleted once the clier	nt is officially ready to l	be enrolled in your p	roject.
Date of Engagement						
Survivor of Domestic Viole	ence	□ Yes			Client Prefers Not to	Answer
		□ No			Data Not Collected	
		☐ Client	Doesn't Know			
If Yes for Survivor o	f Domestic	☐ Within	the past three month	S	Client Doesn't Knov	.,
Violence, When exp	perience	☐ Three t	to six months ago			
occurred		☐ From s	six to twelve months a	go	Client Prefers Not to	Answer
		☐ More t	han a year ago		Data Not Collected	
If yes for DV victim	/survivor, are	☐ Yes				
you currently fleein		□ No			Client Prefers Not to	Answer
	J	☐ Client	Doesn't Know	Ц	Data Not Collected	
		I				
DISABILITY	1					
Does the client have a	□ Yes			rs Not to Answer		
disabling condition?	□ No		☐ Data Not C	ollected		
	☐ Client Do	oesn't Know				
			<u>If yes</u> , is cond	ition going to be a long	Start Date	End Date
Disability Type	Determination		term?		Start Date	Ellu Date
	□ Yes	☐ Client Pre		☐ Client Prefers		
Alcohol Abuse	□ No	Not to An		Not to Answer		
7.10011017.15400	☐ Client Doesn'		☐ Client Doe			
	Know	Collected		Collected		
Both Alcohol and Drug	□ Yes □ No	☐ Client Pre		☐ Client Prefers Not to Answer		
Abuse	☐ Client Doesn'		□ Client Doe			
Abuse	Know	Collected		Collected		
	☐ Yes	☐ Client Pre	efers	☐ Client Prefers		
Chronic Health Condition	□ No	Not to An		Not to Answer		
Chionic Health Condition	☐ Client Doesn'	t 🗆 Data Not	☐ Client Doe	sn't 🗆 Data Not		
	Know	Collected	l Know	Collected		

		Yes		Client Prefers		Yes			Client Prefers			
Developmental		No		Not to Answer		No			Not to Answer			
		Client Doesn't		Data Not		Client D	oesn't		Data Not			
		Know		Collected		Know			Collected			
		Yes		Client Prefers		Yes			Client Prefers			
Drug Abusa		No		Not to Answer		No			Not to Answer			
Drug Abuse		Client Doesn't		Data Not		Client D	oesn't		Data Not			
		Know		Collected		Know			Collected			
		Yes		Client Prefers		Yes			Client Prefers			
HIV/AIDS		No		Not to Answer		No			Not to Answer			
TIIV/AIDS		Client Doesn't		Data Not		Client D	oesn't		Data Not			
		Know		Collected		Know			Collected			
		Yes		Client Prefers		Yes			Client Prefers			
Mental Health Problem		No		Not to Answer		No			Not to Answer			
Mental Health Problem		Client Doesn't		Data Not		Client D	oesn't		Data Not			
		Know		Collected		Know			Collected			
		Yes		Client Prefers		Yes			Client Prefers			
Physical		No		Not to Answer		No			Not to Answer			
Filysicat		Client Doesn't		Data Not		Client D	oesn't		Data Not			
		Know		Collected		Know			Collected			
MONTHLY INCOME												
Income from Any Source		□ Yes					Client P	refe	rs Not to Answer			
-		□ No				☐ Data Not Collected						
			200	sn't Know								
Sauras of Income							Mont	h l v r	omount C	tort doto		End Data
Source of Income			IVIN	g Income Source			Mont	nty a	amount S	tart date		End Date
		□ Yes				ers Not						
Earned Income / Employme	nt	□ No		to Ans								
Lamed moome? Employme	,,,,,	□ Client Doe	sn't	□ Data N	lot							
		Know		Collec	cted							
		□ Yes		☐ Client	Prefe	ers Not						
		□ No		to Ans	wer							
Unemployment Insurance		☐ Client Doe	sn't	☐ Data N	lot							
		Know		Collec								
						ers Not						
CCI. Cupplemental Convits						1011 615						
SSI: Supplemental Security		□ No		to Ans								
Income		□ Client Doe	sn't									
		Know		Collec	cted							

	Yes	Client Prefers Not	1	
SSDI: Social Security	No	to Answer		
Disability Insurance	Client Doesn't	Data Not		
	Know	Collected		
	Yes	Client Prefers Not		
VA Service-Connected	No	to Answer		
Disability Compensation	Client Doesn't	Data Not		
	Know	Collected		
	Yes	Client Prefers Not		
Drivete Diechility Incurence	No	to Answer		
Private Disability Insurance	Client Doesn't	Data Not		
	Know	Collected		
	Yes	Client Prefers Not		
Worker's Componentian	No	to Answer		
Worker's Compensation	Client Doesn't	Data Not		
	Know	Collected		
	Yes	Client Prefers Not		
TANF	No	to Answer		
IANE	Client Doesn't	Data Not		
	Know	Collected		
	Yes	Client Prefers Not		
Conoral Assistance (CA)	No	to Answer		
General Assistance (GA)	Client Doesn't	Data Not		
	Know	Collected		
	Yes	Client Prefers Not		
Retirement Income from	No	to Answer		
Social Security	Client Doesn't	Data Not		
	Know	Collected		
	Yes	Client Prefers Not		
Pension or Retirement from	No	to Answer		
Another Job	Client Doesn't	Data Not		
	Know	Collected		
	Yes	Client Prefers Not		
Child Support	No	to Answer		
Office Support	Client Doesn't	Data Not		
	Know	 Collected		
Alimony or Other Spousal	Yes	Client Prefers Not		

	Know			llected				
	☐ Yes			ent Prefers Not				
Other (Specify):	□ No	•.	to Answer					
, , , , , , , , , , , , , , , , , , , ,	☐ Client D	oesn't	☐ Data Not					
	Know		Col	llected				
Total Monthly income:		_						
	HH 30%	50%	80% AMI	100%				
	# AMI	AMI		AMI				
	1 23,190	\$38,650	\$61,800	\$77,300		H		
	2 \$26,490	\$44,150	\$70,600	\$88,300		Under 30% (\$1,267		
AMI Level	3 \$29,790	\$49,650	\$79,450	\$99,300		30-49% (\$1,268-\$2,1	<i>'</i>	
2023 Area Median Income	4 \$33,090	\$55,150	\$88,250	\$110,300		50-79% (\$1,267 or le	•	
202071104171041417111061110	5 \$35,760	\$59,600	\$95,350	\$119,200		80-99% (\$1,268-\$2,1	•	
	6 \$38,400	\$64,000	\$102,400	\$128,000		Over 100% (\$1,267)	or less)	
	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	□ Yes				Clien	t Prefers Not to Ans	swer	
Any Source?	□ No				Data	Not Collected		
	□ Client D	oesn't Kno	w					
Source of Non-Cash Benefit		Receiving	Sauraa?				Ct and alasta	Fred Data
		Neceiving	Source:		M	Ionthly amount	Start date	End Date
Supplemental Nutrition	□ Yes			refers Not to	M	Ionthly amount	Start date	End Date
Supplemental Nutrition				refers Not to	M	Ionthly amount	Start date	End Date
Assistance Program	□ Yes		Client Pi Answer	refers Not to	M	Ionthly amount	Start date	End Date
· · ·	☐ Yes ☐ No		Client Pi Answer Data No	t Collected	<u>~</u>	Ionthly amount	Start date	End Date
Assistance Program (SNAP) (Food Stamps)	☐ Yes ☐ No ☐ Client Does		Client Pi Answer Data No			Ionthly amount	Start date	End Date
Assistance Program (SNAP) (Food Stamps) Supplemental Nutrition	☐ Yes ☐ No ☐ Client Does Know		Client Pi Answer Data No	t Collected	~	Ionthly amount	Start date	End Date
Assistance Program (SNAP) (Food Stamps) Supplemental Nutrition Assistance Program	☐ Yes ☐ No ☐ Client Does Know ☐ Yes	n't 🗆	Client Pi Answer Data No Client Pi Answer	t Collected	M	Ionthly amount	Start date	End Date
Assistance Program (SNAP) (Food Stamps) Supplemental Nutrition	☐ Yes ☐ No ☐ Client Does Know ☐ Yes ☐ No	n't 🗆	Client Pi Answer Data No Client Pi Answer	t Collected refers Not to	M	Ionthly amount	Start date	End Date
Assistance Program (SNAP) (Food Stamps) Supplemental Nutrition Assistance Program (SNAP) for WIC	☐ Yes ☐ No ☐ Client Does Know ☐ Yes ☐ No ☐ Client Does	n't 🗆	Client Pr Answer Data No Client Pr Answer Data No	t Collected refers Not to	M	Ionthly amount	Start date	End Date
Assistance Program (SNAP) (Food Stamps) Supplemental Nutrition Assistance Program	☐ Yes ☐ No ☐ Client Does Know ☐ Yes ☐ No ☐ Client Does Know	n't	Client Pr Answer Data No Client Pr Answer Data No	t Collected refers Not to t Collected	M	Ionthly amount	Start date	End Date

to Answer

Support

□ No

TANF Transportation Services Other TANF-Funded Services Other Source (Specify):		Know Yes No Client I Know Yes No	Doesn't Doesn't		Client Prefers	ected Not to ected Not to						
, , , , , , , , , , , , , , , , , , , ,		Know	Doesn't		Data Not Col	естеа						
HEALTH INSURANCE												
Covered by Health Insuran	ce?		□ Yes				□ Client Prefe	rs Not	to Answer			
			□ No				Data Not Co	ollecte	ed			
			□ Client	Doe	sn't Know							
			Covered?									
Health Insurance Type					Cover				Start date	е	End Date	
						Client Pre	fers Not to Answer		Start date	е	End Date	
Health Insurance Type Medicaid			l No	•					Start date	e	End Date	
			No Client Do	esn't	□ □ Know	Client Pre Data Not (Collected		Start date	e	End Date	
Medicaid			No Client Do Yes	esn't	Know	Client Pred Data Not C	Collected fers Not to Answer		Start date	e	End Date	
			No Client Do Yes No		Know	Client Pre Data Not (Collected fers Not to Answer		Start date	e	End Date	
Medicaid Medicare			No Client Do Yes No Client Do		Know	Client Pred Data Not (Client Pred Data Not (Collected fers Not to Answer Collected		Start date	e	End Date	
Medicaid Medicare State Children's Health Insu	rance		No Client Do Yes No Client Do Client Do		Know Choose Choo	Client Pred Data Not (Client Pred Data Not (fers Not to Answer Collected fers Not to Answer		Start date	e	End Date	
Medicaid Medicare	rance		No Client Do Yes No Client Do Yes No Yes	esn't	Know Know	Client Pred Data Not (Client Pred Data Not (Client Pred	fers Not to Answer Collected fers Not to Answer		Start date	e	End Date	
Medicaid Medicare State Children's Health Insurprogram		;	No Client Do No Client Do Client Do Yes No No Client Do Client Do	esn't	Know Know	Client Pred Data Not C Client Pred Data Not C Client Pred Data Not C	fers Not to Answer Collected fers Not to Answer		Start date	e	End Date	
Medicaid Medicare State Children's Health Insurence Program Veteran's Health Administra			No Client Do Yes No Client Do Yes No Client Do Client Do Yes No Client Do	esn't esn't	Know Know	Client Pred Data Not C Client Pred Data Not C Client Pred Data Not C	fers Not to Answer Collected fers Not to Answer Collected fers Not to Answer Collected		Start date	e	End Date	
Medicaid Medicare State Children's Health Insurprogram		e	No Client Do Yes No Client Do Yes No Client Do Client Do Yes No Client Do Yes No Client Do	esn't esn't	Know Know	Client Pred Data Not (Client Pred	fers Not to Answer Collected fers Not to Answer Collected fers Not to Answer Collected fers Not to Answer Collected		Start date	e	End Date	
Medicaid Medicare State Children's Health Insurprogram Veteran's Health Administra (VA)		2	No Client Do Yes No Client Do	esn't esn't	Know Know Know	Client Pred Data Not Client Pr	fers Not to Answer Collected fers Not to Answer Collected fers Not to Answer Collected fers Not to Answer Collected		Start date	e	End Date	
Medicaid Medicare State Children's Health Insurence Program Veteran's Health Administra			No Client Do Yes No	esn't esn't esn't	Know Know Know	Client Pred Data Not (Client Pred	fers Not to Answer Collected fers Not to Answer Collected fers Not to Answer Collected fers Not to Answer Collected		Start date	e	End Date	
Medicaid Medicare State Children's Health Insurprogram Veteran's Health Administra (VA) Employer-Provided Health	tion	• — — — — — — — — — — — — — — — — — — —	No Client Do Yes No Client Do	esn't esn't esn't	Know Know Know	Client Pred Data Not (Client Pred Data Not (fers Not to Answer Collected fers Not to Answer Collected fers Not to Answer Collected fers Not to Answer Collected		Start date	e	End Date	

□ Data Not Collected

☐ Client Doesn't

Know

	□ No □ Data Not Collect	cted
	☐ Client Doesn't Know	
	☐ Yes ☐ Client Prefers N	lot to Answer
Private Pay Health Insurance	□ No □ Data Not Collect	cted
	☐ Client Doesn't Know	
	☐ Yes ☐ Client Prefers N	
State Health Insurance for Adults	□ No □ Data Not Collect	cted
	☐ Client Doesn't Know	
	☐ Yes ☐ Client Prefers N	
Indian Health Services Program	□ No □ Data Not Collect	cted
	☐ Client Doesn't Know	
	☐ Yes ☐ Client Prefers N	
Other	□ No □ Data Not Collect	cted
	☐ Client Doesn't Know	
If other, please specify:		
If yes, What Health plan are you	□ Aetna	☐ Illinois Health Connect
enrolled in?	□ Blue Cross Blue Shield	☐ Meridian
	□ County Care	☐ Molina
	☐ Family Health Network	□ Next Level
	☐ Harmony	□ None
	☐ Humana	□ Other
	□ IlliniCare	☐ Well Care
Where have you gone most often	☐ Access Community Health Centers	☐ Hines VA Medical Center
to seek care in the last 12	☐ Advocate Illinois Masonic Medical Cent	ter 🔲 Howard Brown Health Center
months?	 Aunt Martha's Youth Center 	☐ Jesse Brown VA Medical Center
	☐ Chicago Family Health Center	☐ John Stroger Hospital (Cook County
	☐ Christian Community Health Center	Hospital)
	☐ Circle Family Health Care Network	☐ Komed Holman Health Center
	☐ Erie Family Health Center	☐ Mercy Hospital
	☐ Friend Family Health Center	☐ Northwestern Memorial Hospital
	☐ Heartland Health Outreach Clinic (HHC	·
	clinic)	☐ Other
Have you visited your Brimes.		
Have you visited your Primary		
Care Physician in last 6 mos?	□ No	□ Data Not Collected
	□ Client Doesn't Know	