

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 Update (2024)

Interim Review Date:	
Interim Review Type:	

UPDATE ASSESSMENT - HUD CoC and ESG Update (2024)	
Housing Move-in Date:	
Client's current Housing Type/Location:	<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 PERMANENT HOUSING SITUATIONS: <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
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CURRENT LIVING SITUATION	
Start Date:	
End Date	
Information Date:	
Current Living Situation:	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

- 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*
- Owned by client; no ongoing subsidy
- Owned by client; with ongoing subsidy

OTHER:

- No exit interview completed
- Other
- Deceased
- Worker unable to determine
- Client Doesn't Know
- 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"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know
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"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know
Does individual or family have resources or support networks to obtain other permanent housing?	<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
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"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know
Has the client moved 2 or more times in the last 60 days?	<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
Location details	

Outreach Only: Date of Engagement should only be completed once the client is officially ready to be enrolled in your project.

Date of Engagement

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

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	End Date
Alcohol Abuse	<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	<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"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <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"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <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		

Developmental	<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	<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"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <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"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <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"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <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"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <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		

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	End Date
Earned Income / Employment	<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			
Unemployment 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			
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	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Prefers Not			

Support	<input type="checkbox"/> No to Answer <input type="checkbox"/> Client Doesn't Know <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	Start date	End Date
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 Prefers Not to Answer			

	<input type="checkbox"/> Client Doesn't Know	<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	End 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"/> Client Prefers Not to Answer		

	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know	<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):	
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