

CHICAGO CONTINUUM OF CARE – STANDARDIZED HOUSING ASSESSMENT

1. CES Assessment Eligibility Pre-screener			
Ask applicant where they slept last night and check if any of these options apply			
Option	Type of place	Duration of stay/description	Next Steps
<input type="checkbox"/> A	Emergency shelter or place not meant for habitation (on the street, CTA, abandoned building, car)	<ul style="list-style-type: none"> Last night or longer 	CONTINUE with the assessment
<input type="checkbox"/> B	Jail or prison	<ul style="list-style-type: none"> Currently in jail or prison or exited today Stayed there for less than 90 days AND stayed at location described in <u>Option A</u> the night before entering jail or prison 	CONTINUE with the assessment. DO NOT CONTINUE if more than 90 days.
<input type="checkbox"/> C	Healthcare facility (nursing home, hospital, or detox facility)	<ul style="list-style-type: none"> Currently staying at a healthcare facility or exited today Stayed there for less than 90 days, AND stayed at location described in <u>Option A</u> the night before entering the health care facility 	CONTINUE with the assessment DO NOT CONTINUE if more than 90 days.
<input type="checkbox"/> D	Unstably housed (staying with a family member or friend and does rent or own housing)	<ul style="list-style-type: none"> Last night or longer 	For all Adults: DO NOT ASSESS If youth (age 18-24) - call Catholic Charities at 312-655-7165 or email diversion@catholiccharities.net
If younger than 18 years old, STOP HERE. Connect with one of the following programs: NORTH: The Night Ministry 877-286-2523; Pregnant and/or Parenting 773-506-3120 WEST: El Rescate 872-829-2654 SOUTH: Ignite 866-803-8336			
If options A, B, and C do not apply, Applicant is NOT experiencing literal homelessness and should only be assessed if fleeing domestic violence or human trafficking (answers 'yes' in Safety section).			

Commented [A1]: If not, please visit <https://hmis.allchicago.org/hc/en-us/articles/360037278452> and ask "Where did you sleep last night?"

If options A, B, and C do not apply, Applicant is NOT experiencing literal homelessness and should only be assessed if fleeing domestic violence or human trafficking (answers 'yes' in Safety section).

Safety – ASK ALL APPLICANTS	
Some people find themselves in a housing crisis due to circumstances with a partner or household member. Do any of the following apply? <ul style="list-style-type: none"> Currently residing with, or trying to leave, someone who threatens you or makes you fearful; OR Anyone in the home has hit, choked, or physically hurt you; OR Anyone in your home has forced you to do something sexually that you did not want to do? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected
If yes, offer help calling the Chicago Domestic Violence Hotline: 1-877-863-6338	
Some people are being forced to trade sex or work in exchange for money, shelter or other items. Is this something you are impacted by?	<input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected
If yes, offer help calling the National Human Trafficking Hotline 1-888-373-7888. If trading sex is involved, offer help with calling the Chicago Domestic Violence Hotline: 1-877-863-6338.	
IMPORTANT: ONLY PROCEED WITH THE ASSESSMENT if Applicant is literally homeless and/or fleeing domestic violence or human trafficking. If not, STOP HERE and offer Applicant your contact information to follow up with you if their housing status changes.	

Commented [A2]: If YES to the above: Thank you for sharing that information with me, I know that's tough to talk about. Because it's sensitive, I'm going to lock your HMIS profile to protect your confidentiality.

CHICAGO CONTINUUM OF CARE – STANDARDIZED HOUSING ASSESSMENT

If eligible for assessment, COMPLETE HMIS CONSENT and only proceed if Applicant selects Options A OR B. If Applicant is fleeing a DV or Human Trafficking situation, share that you will lock their HMIS record to protect their confidentiality and follow protocols to do so.

1. Contact Information & Basic Demographics

Assessor Information	
Assessor's Name:	Email address: Phone number:
Date of Assessment: ___/___/___	Agency name/Organization:
Location of Assessment:	
Applicant Information	
Note: Please ensure that the Head of Household is the individual engaged in the assessment process	
First Name:	Middle Initial: Last Name:
Alias/Preferred 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 refused <input type="checkbox"/> Data not collected	Date of Birth: ___/___/___ <input type="checkbox"/> Full Date of Birth Reported <input type="checkbox"/> Approximate or partial Date of Birth reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
In what language do you prefer to communicate? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Other	What gender do you identify as? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender – Male toFemale <input type="checkbox"/> Transgender – Female toMale <input type="checkbox"/> Doesn't identify as male, female, ortransgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
What are your pronouns? <input type="checkbox"/> She/her/hers <input type="checkbox"/> He/him/his <input type="checkbox"/> They/them/their <input type="checkbox"/> No preference <input type="checkbox"/> Other <input type="checkbox"/> Declined	What race do you identify as? <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native/Hawaiian Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
What ethnicity do you identify as? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	Social Security Number: ___ - ___ - ___ <input type="checkbox"/> Full SSN Report <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Phone Number:	Email address:
Mailing address:	
Are you currently enrolled in any social service programs?	<input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected

Commented [A3]: The assessment starts with some basic information about you. The questions will get more personal as we go, but I'll give you a heads up before that happens. If there are any questions you would prefer not to answer, just let me know.

CHICAGO CONTINUUM OF CARE – STANDARDIZED HOUSING ASSESSMENT

If yes, which programs are you currently working with?	
If yes, what is the name and contact information of the case manager or social worker you work with?	Name: Email: Phone number:
Alternative Contact Information – <i>is there a family member or friend we can contact if you get matched to housing and we can't reach you?</i>	
Name:	Phone number: Relationship:
Name:	Phone number: Relationship:
Would it be okay to tell them why we're calling or leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes on Contacting the Applicant: <i>Please share ways to contact you if a housing offer is available and the phone number we have for you is not working. This can include eating dinner at a specific place, spending time at a particular library, attend any program, social media usernames, etc.</i>	
Are you a U.S. Military Veteran*? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	If not, were you discharged during training before reporting to a duty station? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p>*Veteran: Anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. <u>Army, Navy, Air Force, Marine Corps, and Coast Guard:</u> active duty begins when military member completes one day of basic training. <u>Reserve and National Guard:</u> active duty is any time spent activated or deployed, either in the United States or abroad; OR Anyone who was disabled in the line of duty during a period of active duty training;</p> <p>OR Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infraction, a cardiac arrest, of a cerebrovascular accident during a period of inactive duty training. <u>Skilled Assessors: if you have questions regarding the Veterans questions in the assessment, please reach out to Jessica Smith at CSH. jessica.smith@csh.org and 312-332-6690 x 2824.</u></p>	
<i>If Applicant did not say YES to either of the two veteran status questions above, SKIP to Section 3, "Housing History".</i>	

2. Veteran Status Details

Military Service Details	
What was the character of your discharge?	
<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"/> Refused <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Veteran Offer of Permanent Housing	
<i>All Veterans should be offered PH. An offer will be made through Coordinated Entry if the household is eligible for a housing program.</i>	
Would you like to be connected to a permanent housing provider?	<input type="checkbox"/> Accepted Offer <input type="checkbox"/> Declined Offer
<p>If you encounter a veteran during the weekday (8:00 am – 4:30 pm), call the CRRC (Community Resource and Referral Center) at 312-569-5750 to find out the Veteran's eligibility for VA-funded services. If the veteran prefers to go directly to the CRRC, their address is 1141 South California Avenue. The CRRC is open Monday through Friday, 8:00 am – 4:30 pm.</p> <p>If you encounter a veteran outside work hours, call the Jesse Brown VA at 312-569-8387 and ask for the Administrator on</p>	

CHICAGO CONTINUUM OF CARE – STANDARDIZED HOUSING ASSESSMENT

Duty and inform them that you have a Veteran experiencing homelessness and you would like to be connected to the social worker to check on eligibility. Also, the Veteran can walk into the Jesse Brown Emergency Room during these hours and request to talk to a social worker. **Featherfist has a 24-hour hotline: 773-677-9862.**

3. Housing History			
Where did you sleep last night? (Current Residence/Living Situation)	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Interim housing (This is not a type of housing but rather a housing situation where a person experiencing chronic homelessness has been accepted into a permanent housing program but for which there is some situation preventing them from moving immediately into housing and therefore the individual is staying in a temporary living situation.) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons <input type="checkbox"/> Place not meant for habitation (street, vehicle, park, or area not meant for sleeping) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven (Safe Haven is a transitional housing model that addresses the needs of persons experiencing homelessness with a severe and persistent mental illness.) <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"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including youth) <input type="checkbox"/> Other <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
Length of Homelessness	Document each of the Applicant's housing situations/location overlapping with the past 5-year time frame, housed or unhoused, to the best of your ability. Enter actual start date for every location, even if the start date was 8 years ago, and end date was 4 years ago. Please be as accurate as possible when entering the date range for this living situation. This date range should not overlap with the date range of other instances, EXCEPT the exit date of this instance should equal the entry date of the next. Exit date = subsequent entry date. If a homeless episode can be verified by a third-party please include name and/or contact information, as well as any other relevant information.		
Start Date	End Date	Type of Place	Location Details/Notes

Commented [A4]: Prior Living Situation - Type of Residence
 [Prior Living Situation refers to where the Applicant slept last night, or their current situation. In most cases, these will be the same. An example of when they might differ is if the person stayed in housing last night but you are enrolling them into shelter tonight. In this case, the person is verifiably experiencing homelessness even though last night they were not.]

Commented [A5]: I'd like to work with you to record your housing history, going back at least 5 years, even if you were in housing during some of those years. It's okay if you don't remember exact dates or details, but we do want to try to capture your experience as accurately as possible.

[Assessor Pointers:]
 •Where were you sleeping this time in 2015?
 •Have you had your own lease or mortgage before? When was that?
 •When was the last time you had a stable living situation?
 •Do you remember where you were sleeping on your birthday/New Years/Thanksgiving of XX year?
 •Was it cold outside? What time of year/season did XX happen?
 •Is there anyone you can call that could help jog your memory?

Commented [A6]: [If an applicant asks why it is necessary to collect all of this information:]
 CES matches applicants to resources based on a set of priorities the larger community has identified. Our community's number one priority is to provide housing to people who have been homeless the longest first.

CHICAGO CONTINUUM OF CARE – STANDARDIZED HOUSING ASSESSMENT

<p>How long were you staying at the place you slept last night? (Length of Stay in Previous Place)</p> <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 refused <input type="checkbox"/> Data not collected	
<p>Is this the type of place that you typically sleep?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<p>If Yes and selected a situation that falls under Place not meant for habitation, please ask for the type of place they usually sleep and/or of the community in which the individual often engages.</p> <input type="checkbox"/> Homeless community / Encampment (Location: _____) <input type="checkbox"/> Park <input type="checkbox"/> CTA <input type="checkbox"/> Emergency room <input type="checkbox"/> Police Station <input type="checkbox"/> Car <input type="checkbox"/> Street <input type="checkbox"/> Abandoned/Uninhabited Building <input type="checkbox"/> Viaduct <input type="checkbox"/> Other: _____	
<p>If no, where do you typically sleep?</p> <input type="checkbox"/> Homeless community / Encampment (Location: _____) <input type="checkbox"/> Park <input type="checkbox"/> CTA <input type="checkbox"/> Emergency room <input type="checkbox"/> Police Station <input type="checkbox"/> Car <input type="checkbox"/> Street <input type="checkbox"/> Abandoned/Uninhabited Building <input type="checkbox"/> Viaduct <input type="checkbox"/> Other: _____	
<p>If the household is staying at one of the locations listed above with children, refer to 311 for access to shelter.</p>	
<p>What is the applicant's current housing status?</p>	<input type="checkbox"/> Homeless <input type="checkbox"/> At imminent risk of losing housing <input type="checkbox"/> Fleeing domestic violence <input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p>Some people experience homelessness more than once. If you think about this current occasion, when did it start? (Approximate Date Started): ___/___/___</p>	
<p>How many times (total) did you experience homelessness on the street (place not meant for human habitation), in an Emergency Shelter, or Safe Haven in the past three (3) years?</p> <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 refused <input type="checkbox"/> Data not collected	
<p>How many months (total) have you experienced homelessness on the street, in an Emergency Shelter, or Safe Haven in the past three (3) years? _____ months</p> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

Commented [A7]: Thank you for sharing that information with me. I know it's hard to recount everything you've been through.

Based on the information you just provided, I'm going to go ahead and answer a few questions. [Assessor: answer the next 8 questions using info from HHT].

Commented [A8]: [Typical, in this instance, is defined as a client staying at the location indicated for an extended period of time with no significant breaks. A good measure of time at a given location may be three weeks or more.]

Commented [A9]: [Only answer this question if the client had indicated "Place not meant for human habitation" in the Current Residence/Living Situation question.]

Commented [A10]: [If a client had indicated that where they stayed last night is not typically where sleep, indicate what kind of living situation does the client reside in.]

CHICAGO CONTINUUM OF CARE – STANDARDIZED HOUSING ASSESSMENT

CHA Pre-Screen – Justice Involvement	
Are you a part of the lifetime sex offender registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected
Have you been convicted of the manufacture or production of methamphetamine in federally assisted housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected
Have you or a household member been evicted from public, federally assisted, or Section 8 housing because of drug-related criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected

Commented [A11]: These next questions are about your justice involvement. This information is only considered for matching to the Chicago Housing Authority, and will not affect your ability to be matched to other housing resources.

Commented [A12]: [Assessor Tip: helpful to break down into a couple questions to answer more conversationally.]

Ex: Have you ever been convicted of a drug offense while in subsidized housing? If yes, was it in federal housing? Was it for the manufacture/production of methamphetamine?

Commented [A13]: [Assessor Tip: helpful to break down into a couple questions to answer more conversationally.]

Ex: Have you ever been evicted from subsidized housing? If yes, was it because of a drug offense? Was it a public, federal or Section 8 subsidy?

Commented [A14]: We need to record the ages and genders of your children because of some city housing regulations that require a certain amount of space or bedrooms depending on the number, ages and genders of people in the household.

4. Household Details

Household Composition / Size

Including yourself, how many people do you expect to live in your household if you get matched to housing? _____

Note: If the applicant is expecting a child add one to the household size.

Number of Adults (aged 18+) in Household: _____

Number of Children (under age 18) in Household: _____

Child #1: Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender fluid
Child #2: Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender fluid
Child #3: Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender fluid
Child #4: Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender fluid
Child #5: Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender fluid
Child #6: Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender fluid
Child #7: Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender fluid
Child #8: Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender fluid
Child #9: Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender fluid
Child #10: Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender fluid

Housing Type

Ask YOUTH 18-24: If you are matched to a site-based transitional housing program, would you accept the match	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Script: Site-based, time-limited TH programs are different from having your own apartment in the community. You may live in an apartment within a staffed building w/ other young people in the same program. You may have your own room, but share living spaces such as a bathroom, living room, and kitchen. These programs also have on-site services, structure, and rules to follow to keep everyone safe such as: curfews, chores, and no visitor policies. All programs are welcoming of all people, including people who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, or gender non-confirming. It is important for you to know that most youth TH programs use the site-based model. If you say "No" to this question, you may have to wait longer for a match since your name will not be considered when there is a program opening. If you change your mind you can have this decision updated by me or any Skilled Assessor.

Ask Everyone: Some people will not, or are not able to live on a certain side of the city. Is there any part of the city that you will **refuse to live** if offered a housing option there? Check all that apply:

N/A – I will live on any side of the city North Side South Side West Side

ASK SINGLES ONLY: Single Room Occupancy or SRO housing involves a unit without a full kitchen and may include a shared bathroom. Would you accept an SRO housing option?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Commented [A15]: If you select a side of the city and an opening is available that you're eligible for, you will not be considered for the opening. If you change your mind you can have this decision updated by me or any Skilled Assessor.

Commented [A16]: If you say no to this question you will not be matched to a unit with a shared bathroom and/or kitchen, even if you are prioritized for this unit and eligible, to honor your choice. This can mean waiting longer for another opening in a different housing program to become available. If you change your mind you can have this decision updated by me or any Skilled Assessor.

5. Income and Employment

Does anyone in your household currently receive income from any source?

Yes No Client refused Client doesn't know Data not collected

CHICAGO CONTINUUM OF CARE – STANDARDIZED HOUSING ASSESSMENT

If yes, what is/are the household's current income source(s)?	
<input type="checkbox"/> Earned Income	<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> TANF	<input type="checkbox"/> General Assistance
<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony or Other Spousal Support
<input type="checkbox"/> VA Service Connected Disability Compensation	<input type="checkbox"/> VA Non-Service Connected Disability Pension
<input type="checkbox"/> Retirement Income from Social Security	<input type="checkbox"/> Pension or retirement income from another job
<input type="checkbox"/> Other: _____	
What is your household's gross monthly income from all income sources? \$ _____	
2019 Chicago Area Median Income # in HseHld --- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 30% AMI \$1,563 \$1,783 \$2,008 \$2,229 \$2,408 \$2,588 \$2,767 \$2,946 50% AMI \$2,600 \$2,971 \$3,342 \$3,713 \$4,013 \$4,308 \$4,604 \$4,904	(For Assessor to complete using the chart to the left) What is household AMI level? <input type="checkbox"/> No Income <input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% – 50% <input type="checkbox"/> Greater than 50%
Would you like to explore a way to increase your income through work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected
If yes, would you like to be connected to employment services?	
If yes, please provide the following phone number: 312-252-0450 .	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected	

6. Vulnerability Index (VI) Determination

Please complete the appropriate VI assessment for the household.

- **Individual VI:** 25 years of age or older and without any current children (under age 18) entering their household. This includes households with more than one person if no household member is under 18.
- **Family VI:** 25 years of age with children under age 18 in their care or those who are expecting a baby and/or minor(s) (under the age of 18) to join the household.
- **Youth VI:** Under 25 years of age including youth led families with minor children.

ALL ASSESSORS: REMINDER

Upload a copy of any/all of the following documents in HMIS under the Client Profile tab:
 HMIS Consent for Data Sharing, State ID or Driver's License, Birth Certificate, Social Security Card, Verification of Homelessness, Disability Documentation, Discharge Documentation, DV Documentation, Proof of Income, DD214 Form (Veteran), or 1010 Form (Veteran)

Notes:

Commented [A17]: We are all done with this portion of the assessment. There is one more section left, which contains questions about your health. I wanted to give you a heads up that the questions do get personal.

If you are matched to housing, none of your health information will be shared with the housing provider. The answers you provide will be used for housing match purposes only. Your answers will not be held against you. You may decline to answer any of the questions, but keep in mind that the more information you share, the more likely it is for a possible housing match to be the right fit.