

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
Alias	
Social Security:	
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
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

VA SSVF Entry for HP and RRH (2026)

Project Start Date:	
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ENTRY ASSESSMENT - VA SSVF Entry for HP and RRH (2026)	
VAMC Station Number	
Relationship to HoH:	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of Household's other relation member (other relation to Head of Household) <input type="checkbox"/> Head of Household's Child <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Head of Household's Spouse or Partner <input type="checkbox"/> Data not collected
Enrollment CoC:	IL-510

VETERAN INFORMATION	
Year entered military service	
Year separated from military service	
Theater of Operations	
World War II	<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
Korean War	<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
Vietnam War	<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
Persian Gulf War (Operation Desert Storm)	<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
Afghanistan (Operation Enduring Freedom)	<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
Iraq (Operation Iraqi Freedom)	<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
Iraq (Operation New Dawn)	<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 Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	<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
Branch of the Military	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard	<input type="checkbox"/> Space Force <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Discharge Status	<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"/> Uncharacterized <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

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/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			

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
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 <input type="checkbox"/> Substance abuse treatment facility or detox center TEMPORARY HOUSING SITUATIONS: <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	

	<ul style="list-style-type: none"> <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</p> <p><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

<p>**If the client's Prior Living Situation above is one of the Homeless Situations, complete the following:</p>	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"/> 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"/> Family or personal medical illness <input type="checkbox"/> Fleeing domestic violence <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	
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 PERMANENT HOUSING SITUATIONS <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 <u>and</u> selected “place not meant for habitation”, please choose type:	<input type="checkbox"/> Encampment <input type="checkbox"/> Car <input type="checkbox"/> CTA <input type="checkbox"/> Street <input type="checkbox"/> Park <input type="checkbox"/> Abandoned Building <input type="checkbox"/> Emergency Room <input type="checkbox"/> Viaduct <input type="checkbox"/> Police Station

CURRENT LIVING SITUATION	
Start Date:	
End Date	
Information Date:	
Current Living Situation:	HOMELESS SITUATIONS: <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 INSTITUTIONAL SITUATIONS: <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

	<ul style="list-style-type: none"> <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
Rental Subsidy Type <i>*Only if selected, "Rental"</i>	<ul style="list-style-type: none"> <input type="checkbox"/> GPD TIP housing subsidy VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy

DISABILITY				
Does the client have a disabling 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		
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"/> Yes	<input type="checkbox"/> Client Prefers Not to Answer
	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
Both Alcohol and Drug Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Prefers Not to Answer	<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"/> No	<input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
Chronic Health Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Prefers Not to Answer	<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"/> No	<input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
Developmental	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Prefers Not to Answer	<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"/> No	<input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
Drug Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Prefers Not to Answer	<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"/> No	<input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Prefers Not to Answer	<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"/> No	<input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
Mental Health Problem	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Prefers Not to Answer	<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"/> No	<input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
Physical	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Prefers Not to Answer	<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"/> No	<input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected

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"/> 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 Support	<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								
Other (Specify):	<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								
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				

Employment	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours do you work in a typical week?	<input type="checkbox"/>
Do you have a disability or health condition that limits your ability to work?	<input type="checkbox"/>
Are you currently looking for work?	<input type="checkbox"/>
Employed? (HUD)	<input type="checkbox"/>
If yes, Type of Employment	<input type="checkbox"/>
If no, Why not Employed?	<input type="checkbox"/>

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
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"/> Client Prefers Not to Answer	

	<input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	
State Children's Health Insurance Program	<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	
Veteran's Health Administration (VA)	<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	
Employer-Provided Health 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	
Health Insurance through COBRA	<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	
Private Pay Health 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	
State Health Insurance for Adults	<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	
Indian Health Services Program	<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	
Other	<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 other, please specify:		
If yes, What Health plan are you enrolled in?	<input type="checkbox"/> Aetna <input type="checkbox"/> Illinois Health Connect <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Meridian <input type="checkbox"/> County Care <input type="checkbox"/> Molina <input type="checkbox"/> Family Health Network <input type="checkbox"/> Next Level <input type="checkbox"/> Harmony <input type="checkbox"/> None <input type="checkbox"/> Humana <input type="checkbox"/> Other <input type="checkbox"/> IlliniCare <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"/> Hines VA Medical Center <input type="checkbox"/> Advocate Illinois Masonic Medical <input type="checkbox"/> Howard Brown Health Center	

	<p>Center</p> <p><input type="checkbox"/> Aunt Martha's Youth Center</p> <p><input type="checkbox"/> Chicago Family Health Center</p> <p><input type="checkbox"/> Christian Community Health Center</p> <p><input type="checkbox"/> Circle Family Health Care Network</p> <p><input type="checkbox"/> Erie Family Health Center</p> <p><input type="checkbox"/> Friend Family Health Center</p> <p><input type="checkbox"/> Heartland Health Outreach Clinic (HHO clinic)</p> <p><input type="checkbox"/> Jesse Brown VA Medical Center</p> <p><input type="checkbox"/> John Stroger Hospital (Cook County Hospital)</p> <p><input type="checkbox"/> Komed Holman Health Center</p> <p><input type="checkbox"/> Mercy Hospital</p> <p><input type="checkbox"/> Northwestern Memorial Hospital</p> <p><input type="checkbox"/> Oak Street Health</p> <p><input type="checkbox"/> Other</p>
Have you visited your Primary Care Physician in last 6 mos?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Prefers Not to Answer</p> <p><input type="checkbox"/> Data Not Collected</p>
Recipient Identification number (RIN):	

Education			
<i>Are you currently enrolled in school?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Are you attending school regularly?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>What is the highest level of education you have completed?</i>	<p><input type="checkbox"/> Less than 9th grade</p> <p><input type="checkbox"/> 9th-11th grade</p> <p><input type="checkbox"/> 12th but no diploma</p> <p><input type="checkbox"/> High school diploma/GED</p>	<p><input type="checkbox"/> Some vocational training or trade school, but credential or certificate</p> <p><input type="checkbox"/> Credential or certificate from vocational training or trade school</p> <p><input type="checkbox"/> Some college credit, but no degree</p>	<p><input type="checkbox"/> Associate's or two-year degree</p> <p><input type="checkbox"/> Bachelor's or four-year degree</p> <p><input type="checkbox"/> Other (explain)</p>
<i>If Other, please explain</i>			

Last Grade Completed (HUD)	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/High school diploma	<input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational Certification <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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SSVF HP Targeting Criteria			
Is Homelessness Prevention targeting screener required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, then complete the rest of this section. If no, then end assessment here.			
Housing loss expected within...	<input type="checkbox"/> 1-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days		
Current household income	<input type="checkbox"/> \$0 (i.e., not employed, not receiving cash benefits, no other current income) <input type="checkbox"/> 1-14% of Area Median Income (AMI) for household size <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% of AMI for household size		
Past experience of Homelessness (street/shelter/transitional housing) (any adult)	<input type="checkbox"/> Most recent episode occurred within the last year <input type="checkbox"/> Most recent episode occurred more than one year ago <input type="checkbox"/> None		
Head of household is not a current leaseholder/renter of unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Head of Household has never been a leaseholder/renter of unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Currently at risk of losing a tenantbased housing subsidy or housing in a subsidized building or unit (household)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rental Evictions within the past 7 years (any adult)	<input type="checkbox"/> No prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> 2 or more prior rental evictions		

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incarcerated as adult (any adult in household)	<input type="checkbox"/> Not incarcerated <input type="checkbox"/> Incarcerated once <input type="checkbox"/> Incarcerated two or more times
Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered sex offender (any household members)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently pregnant (any household member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single parent/guardian household with minor child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household includes one or more young children (age six or under), or a child who requires significant care	<input type="checkbox"/> No <input type="checkbox"/> Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care <input type="checkbox"/> Youngest child is under 1 year old
Household size of 5 or more requiring at least 3 bedrooms (due to household composition)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC	<input type="checkbox"/> Yes <input type="checkbox"/> No
HP applicant total points	
Grantee targeting threshold score	

Pregnancy/Parenthood	
<i>Are you currently pregnant or do you have a pregnant partner?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Are you a parent?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Does your child/do (any of) your children live with you?</i>	<input type="checkbox"/> Yes, full time	<input type="checkbox"/> No
	<input type="checkbox"/> Yes, some of the time	<input type="checkbox"/> Not applicable
<i>There are people I can depend on to help me if I really need it.</i>	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Agree
	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Agree

Connection with SOAR	<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 Consultation Status	<input type="checkbox"/> Mental health consultation completed	
	<input type="checkbox"/> Mental health consultation being coordinated/arranged with VA provider	
	<input type="checkbox"/> Mental health consultation being coordinated/arranged with other provider	
	<input type="checkbox"/> Offer declined	