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

State Homeless Prevention (2026)

Project Start Date:	

ENTRY ASSESSMENT - State Homeless Prevention (2026)	
Enrollment CoC:	IL-510
Household Type	☐ Couple w/ no child ☐ Couple w/ child ☐ Female w/ child ☐ Male w/ child ☐ Single Female ☐ Single Male
Relationship to Head of Household:	Self
Date of Birth:	
Date of Birth Type:	☐ Full DOB Reported ☐ Client Doesn't Know ☐ Partial DOB Reported ☐ Client prefers not to answer
Race/Ethnicity	☐ American Indian, Alaska Native, or Indigenous ☐ Middle Eastern or North African ☐ Asian or Asian American ☐ White ☐ Black, African American, or African ☐ Client doesn't know ☐ Hispanic/Latina/o ☐ Client prefers not to answer ☐ Data not collected
Additional Race and Ethnicity Detail	

Additional Household Members Demographic Information	
Start Date:	
End Date	
Relationship to Head of Household	☐ Self (head of household)

	☐ Head of household's child ☐ Head of household's spouse or partner ☐ Head of household's other relation member ☐ Other: Non-relation member ☐ Data not collected
Age	
Race and Ethnicity	☐ American Indian, Alaska Native, or Indigenous ☐ Middle Eastern or North African ☐ Asian or Asian American ☐ White ☐ Black, African American, or African ☐ Client doesn't know ☐ Hispanic/Latina/o ☐ Client prefers not to answer ☐ Data not collected

Total Monthly Income:	
Source of Referral	☐ External ☐ HPCC ☐ Internal

Program Eligibility	
Have you received these funds in the last 24 months?	☐ Yes ☐ No
Type of economic crisis	☐ Natural Disaster ☐ Homelessness ☐ Medical Disability or Emergency ☐ Illegal Landlord Action ☐ Loss/Delay of Public Benefit ☐ Substantial Change in Household Composition ☐ Displacement by Private or Government Action ☐ Victimization by Criminal Activity ☐ Loss of Employment ☐ Other
Reason client is seeking assistance	☐ Maintain Current Residence ☐ Move from current residence to other Permanent Housing

	☐ Move from shelter to Permanent Housing
If other, please specify:	
What is the client's monthly rent?	

Total fund amount requested?	

The two following questions only apply to the current request for funds.	
Were they served an eviction notice from the court?	☐ Yes ☐ No
Is the eviction under the client's name?	☐ Yes ☐ No

Required Services	
Was the household screened for SNAP (food stamps) and referred for enrollment if eligible?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused
Was the household screened for LIHEAP (food stamps) and referred for enrollment if eligible?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused
Was the household screened for assistance with enrolling or maintaining other public benefits and referred for enrollment if eligible?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused
Was the household provided case management?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused
Was the household provided financial counseling?	☐ Yes ☐ No ☐ Not Applicable

	☐ Client Refused
Was the household informed about the post-exit 3 month follow up?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused

Client Narrative:	
Please include any context that you think will be helpful if the household seeks services from a subsequent project. Narrative can be brief as more context will be entered in Form Assembly	