

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

Coordinated Entry Custom 2026

Assessment Attempts:

****Only complete these fields when the assessment cannot be completed.** Please email the Coordinated Entry team for guidance when an assessment cannot fully be completed. ces@chicagococ.org

First Attempt	Date of Assessment	
	Location (please provide specific details):	
	Reason for Decline:	<input type="checkbox"/> Declined and displaying signs of a severe mental health <input type="checkbox"/> Declined and NOT displaying signs of a severe mental health <input type="checkbox"/> Declined because housing plans are already in place <input type="checkbox"/> Declined due to being too physically ill to participate
Second Attempt	Date of Assessment	
	Location (please provide specific details):	
	Reason for Decline:	<input type="checkbox"/> Declined and displaying signs of a severe mental health <input type="checkbox"/> Declined and NOT displaying signs of a severe mental health <input type="checkbox"/> Declined because housing plans are already in place <input type="checkbox"/> Declined due to being too physically ill to participate

Assessment Information: Assessor

Assessor's Name:	
Assessor's Email address:	
Assessor's Phone number:	

Agency Name/Organization:	
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Documentation
If possible, please make a copy and upload to HMIS under the Client Profile Tab. Uploaded documents will be available to Housing Providers to help with project intake.

CLIENT CONTACT INFORMATION	
Please record at least three ways to contact the client, including contact information for family, friends, service providers, or others who may help a housing provider contact the client.	
Start Date	
Client Information	
Client's Phone Number:	
Client's Email address:	
Mailing address:	
Alternative Contact Information	
Is there a family member or friend we can contact if you get matched to housing and we can't reach you?	
Alternative Contact Name	
Alternative Contact Number	
Alternative Contact Relationship	

Would it be okay to tell them why we're calling or leave a voicemail?	
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 library, attending any program, social media usernames, etc.	
End Date	

Are you currently enrolled in any social service programs?	<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 the client is currently enrolled in social programs, complete the following:	Which projects are you currently enrolled in?	
	What is the name of one of your current case managers?	
	What is the case manager's email address?	
	What is the case manager's telephone number?	

This information is used to understand which zip codes may need more homeless service resources. If the client reports a neighborhood but does not know the zip code, please use your best estimate. See the following map: https://www.chicago.gov/content/dam/city/sites/covid/reports/2020-04-24/ChicagoCommunityAreaandZipcodeMap.pdf	
What is the zip code where you stayed last night?	

Please record the zip code where the client last had permanent housing. Clients who are not from Chicago are still eligible for housing resources. This question is used to understand which neighborhoods need more housing resources.

What is the zip code of neighborhood where you are from?

CHA Pre-Screen - Justice Involvement

If you answer yes to any of the following, you will still be eligible for non-CHA housing.

<p>Are you a part of the lifetime sex offender registry?</p>	<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
<p>Have you been convicted of the manufacture or production of methamphetamine in federally assisted housing?</p>	<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
<p>Have you or a household member been evicted from public, federally assisted, or Section 8 housing because of drug-related criminal activity?</p>	<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

These following questions are still about the client's justice involvement, but do not affect their CHA eligibility and contribute to their general Prioritization Score.

<p>Have you or someone in your household ever been in juvenile detention, jail, or prison?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No	<input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data not collected
<p>Have you or someone in your household ever spent</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused

time in foster care or had an open DCFS case? <i>Help Text – “Foster care” and “DCFS case” used as common language for child welfare system involvement, which can also include time spent in group homes or residential care.</i>	<input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data not collected
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Housing Type		
Ask the following question to All Youth Age 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	
Ask Everyone		
Some units include shared spaces such as a kitchen and/or bathroom. Would you accept a match to a unit with a shared bathroom and/or kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?		
I will NOT live on the: <i>Participant may select up to two (2).</i>	<input type="checkbox"/> N/A - I will live on any side of the city <input type="checkbox"/> North Side <input type="checkbox"/> South Side <input type="checkbox"/> West Side	
Do you or does someone in your household need an apartment that is accessible for people with disabilities?	<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
What accessibility features are needed?	<input type="checkbox"/> Accessible bathroom, including roll-in shower <input type="checkbox"/> Elevator <input type="checkbox"/> Wheelchair accessible building entrance	<input type="checkbox"/> All of the above <input type="checkbox"/> Other please specify

If selected Other in the above question, please specify in the following text box	
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Additional Assessment Questions		
In the past, have you or someone in your household been hit, slapped, kicked, or otherwise physically hurt by someone?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No	<input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data not collected
Have you or someone in your household ever lived with a parent/caregiver who went to jail/prison?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No	<input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data not collected
Do you {or someone in your household} need any kind of medical tool or device for your day-to-day life, or have you been told that you need a medical tool or device? Examples include: <ul style="list-style-type: none"> Oxygen tank C-pap or Bipap machine Ostomy (like a colostomy bag) Medical port for administering medicine Other. These are examples—this list is not complete <i>Help Text: Select “yes” if the person answers yes to any of the above.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data not collected	
Is experiencing homelessness interfering with your {or your household's} ability to get medicine or medical care? Examples:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No <input type="checkbox"/> Refused	

<ul style="list-style-type: none"> • I can't get or store medication that I need. • I can't get medically assisted treatment for a substance use disorder, such as methadone or suboxone. • I have had to skip doctor's appointments, medical treatments, or doses of medication • I have had to delay medical care due to being unsheltered • Other. These are examples—this list is not complete. <p><i>Help Text: Select "yes" if the person answers yes to any of the above.</i></p>	<input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data not collected
<p>Do you {or someone in your household} ever visit Emergency Rooms to seek medical care? If yes, how often?</p> <p><i>Help Text: If couple or family household, include # of visits for all household members. Do not include visits to the Emergency Room that were for seeking shelter or a safe place to stay and not for medical care.</i></p>	<input type="checkbox"/> Very often: 3 or more times in a year <input type="checkbox"/> Sometimes: 1-2 times a year <input type="checkbox"/> Never
<p>Have you been pregnant in the last 12 months or given birth in the last year?</p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> Refused </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data not collected </div>
<p>Have you or someone in your household overdosed on any drugs in the last 3 months or been administered/used Narcan/Naloxone in the last 3 months?</p> <p><i>Help Text: Symptoms of an overdose may include "nodding out", reduced breathing, reduced heart rate, increased blood pressure, increased heart rate, increased heart rate, seizure, heart attack, or stroke as related to drug use.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data not collected
<p>Do {or someone in your household} you ever need or use crisis services for a mental health condition?</p> <p>Examples include:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No

<ul style="list-style-type: none"> • Visiting an Emergency Room for mental health reasons • Hospitalized for mental health reasons, whether voluntarily or against your will • Called 911 or (crisis response hotline?) due to mental health reasons • Talked with crisis mental health provider 	<input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data not collected
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Assessor Observes - DO NOT ASK	
Do you observe any of the following? <ul style="list-style-type: none"> • Signs of severe and persistent mental illness, including under/over dresses for weather, responding to internal stimuli, delusions, or hallucinations. • Requires frequent visits from outreach due to safety concerns; understood to be high risk or vulnerable by outreach provider • Signs of social isolation (Individual has limited engagement with peers or other service providers. Their tent is located away from others or is in an isolated location.) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Questions below to be completed by CES Partner Agency and VA teams ONLY:	
Was veteran status verified by VA or All Chicago team members ? (Completed by CES Partner Agencies and VA team members ONLY	<input type="checkbox"/> VERIFIED: Client is eligible for VASH and SSVF <input type="checkbox"/> VERIFIED: Client is eligible for SSVF <input type="checkbox"/> VERIFIED: Client is a Veteran not eligible for VASH or SSVF <input type="checkbox"/> Not yet verified
How was Veteran Status verified?	<input type="checkbox"/> SQUARES <input type="checkbox"/> SSVF Project <input type="checkbox"/> VA Staff member