

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 HUD Update 2026

Interim Review Date:	
Interim Review Type:	Update

Coordinated Entry Event

This sub-assessment should only be used by Dedicated HRS at Access Points.

Date of Event	
End Date	
Event	Problem Solving/ Diversion/ Rapid Resolution intervention or service
If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service result', please answer the following question:	
Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative	<input type="checkbox"/> Yes <input type="checkbox"/> No

Coordinated Entry Assessment

Date of Assessment	
End Date	

Assessment Location	<input type="checkbox"/> Access Point – 211/United Way <input type="checkbox"/> Access Point – Broadway Youth Center <input type="checkbox"/> Access Point – Featherfist <input type="checkbox"/> Access Point – Franciscan Outreach 10 S Kedzie <input type="checkbox"/> Access Point – Heartland Alliance Health - Englewood <input type="checkbox"/> Access Point – Heartland Alliance Health Uptown <input type="checkbox"/> Access Point – Matthew House <input type="checkbox"/> Access Point - Nourishing Hope <input type="checkbox"/> Access Point - Phoenix Foundation	<input type="checkbox"/> Drop-in Center <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Hospital or Clinic <input type="checkbox"/> Institutional Setting: Jail <input type="checkbox"/> Institutional Setting: Treatment Facility <input type="checkbox"/> Library <input type="checkbox"/> Other <input type="checkbox"/> Outside/Street <input type="checkbox"/> Probation Office <input type="checkbox"/> SSVF
Assessment Type	<input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In Person	
Assessment Level	<input type="checkbox"/> Housing Needs Assessment <input type="checkbox"/> Crisis Needs Assessment	

Some people find themselves in a housing crisis due to circumstances with a partner or household member. Do any of the following apply?

1. Are you fleeing, or attempting to flee, domestic violence?
2. Currently residing with, or trying to leave, someone who threatens you or makes you fearful?
3. Anyone in the home has hit, choked, or physically hurt you?
4. Anyone in your home has forced you to do something sexually that you did not want to do?

If yes, offer help calling the Chicago Domestic Violence Hotline: 1-877-863-6338

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

	<input type="checkbox"/> From six to twelve months ago <input type="checkbox"/> More than a year ago	<input type="checkbox"/> Data Not Collected
If Yes for Survivor of Domestic Violence 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

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

	<ul style="list-style-type: none"> <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
<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	
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"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
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"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
Does individual or family have resources or support networks to obtain other permanent housing?	<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
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"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
Has the client moved 2 or more times in the last 60 days?	<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
Location details		

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	End Date
Earned Income / Employment	<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			
Unemployment 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			
SSI: Supplemental Security Income	<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			
SSDI: Social Security Disability 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			
VA Service-Connected Disability Compensation	<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 Disability 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			
Worker's Compensation	<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			

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"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <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:				

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"/> Client Prefers Not to Answer <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know		
Health Insurance Type	Covered?	Start date	End Date
Medicaid	<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		
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	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer		

Adults	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Prefers Not to Answer			
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"/> Komed 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):	
--	--

DISABILITY				
<ul style="list-style-type: none"> Some housing projects require that the head of households has a disability. A disability is defined as a physical, mental, emotional, or developmental disability, HIV/AIDS, or a diagnosable substance abuse problem that is expected to last a long time and makes it hard for you to obtain and maintain housing on your own. <p>You do not have to be receiving federal disability income in order to be defined as having a disability.</p>				
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		
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		
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		
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		

	Know	Collected	Know		
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	

Veteran Permanent Housing (PH) Offers for those entering Transitional Housing (TH and GPD projects)	
Date of Standardized Housing Assessment:	
Date PH Intervention Offered	
Type of PH Intervention Offered:	<input type="checkbox"/> Other (Assessment needs to be completed) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> RRH <input type="checkbox"/> CHA Voucher <input type="checkbox"/> SSVF (RRH) <input type="checkbox"/> Declined Offer of PH <input type="checkbox"/> PSH
Did the Veteran Accept or Decline PH Offer:	<input type="checkbox"/> Accepted Offer <input type="checkbox"/> Declined Offer