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

HUD HOPWA Entry All Other Projects (2026)

Project Start Date:	

ENTRY ASSESSMENT - HUD HOPWA Entry Assessment 2026		
Relationship to HoH:	☐ Self (Head of Household) ☐ Head of Household's Child ☐ Head of Household's Spouse or Partner	☐ Head of Household's other relation member (other relation to Head of Household) ☐ Other: non-relation member ☐ Data not collected
Enrollment CoC:	IL-510	
Date of Birth:		
Date of Birth Type:	☐ Full DOB Reported ☐ Approx or Partial DOB Reported	☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data not collected
Race/Ethnicity	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/o	☐ Middle Eastern or North African ☐ White ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Additional Race and Ethnicity Detail		
Survivor of Domestic Violence	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected
If Yes for Survivor of Domestic Violence, When experience occurred	☐ Within the past three months ☐ Three to six months ago ☐ From six to twelve months ago ☐ More than a year ago	☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected
If yes for DV victim/survivor, are you currently fleeing?	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected

Prior Living Situation	
Housing Status	☐ Category 1 – Literally Homeless ☐ Category 2 – Imminent Risk of Homelessness ☐ Category 3 - Homeless Under Other Federal Statutes ☐ Category 4 - Fleeing/Attempting to Flee Domestic Violence
Prior Living Situation: *Where did the client sleep the night before entering this program?*	HOMELESS SITUATIONS**: ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter ☐ Safe Haven INSTITUTIONAL SITUATIONS: ☐ Foster care home or foster care group home ☐ Hospital or other residential nonpsychiatric medical facility ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center TEMPORARY HOUSING SITUATIONS: ☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for *without* shelter voucher ☐ Host Home (non-crisis) ☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house) ☐ Staying or living with friends, temporary tenure (e.g., room, apartment, or house) ☐ Moved from one HOPWA funded project to HOPWA TH ☐ Staying or living in a friend's room, apartment, or house ☐ Staying or living in a family member's room, apartment, or house PERMANENT HOUSING SITUATIONS: ☐ Staying or living with family, permanent tenure ☐ Staying or living with friends, permanent tenure

	☐ Moved from one HOPWA funded project to HOPWA PH ☐ Rental by client; no ongoing subsidy ☐ Rental by client; with ongoing subsidy* ☐ Owned by client; no ongoing subsidy ☐ Owned by client; with ongoing subsidy OTHER: ☐ No exit interview completed ☐ Other ☐ Deceased ☐ Worker unable to determine ☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data not collected		
Rental Subsidy Type *<u>Only</u> if selected, "Rental by client; with ongoing subsidy"*	☐ GPD TIP housing subsidy VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) (not dedicated ☐ Public housing unit Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing ☐ Other permanent housing dedicated for formerly homeless persons		
**If the client's <u>Prior Living Situation</u> above is one of the Homeless Situations, complete the following:	**Length of Stay in Previous Place:**	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year	☐ One year or longer ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
	Approximate date this episode of homelessness started		
	Regardless of where they stayed last	☐ One time ☐ Two times	☐ Client doesn't know ☐ Client prefers not to answer

	night-number of times participant has been on the streets, ES or SH in the past three years, including today:	☐ Three times ☐ Four or more times	☐ Data not collected
	Total number of months homeless on the street, ES or SH in the past three years:	☐ One month (this time is the first month) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Please choose the primary reason the client is in current housing situation:		☐ Aging out of foster care ☐ Disagreement with family or roommate ☐ Discharge from hospital ☐ Discharge from jail or prison ☐ Divorce ☐ Eviction ☐ Experiencing human trafficking ☐ Experiencing mental health issues	☐ Family or personal medical illness ☐ Fleeing domestic violence ☐ Fleeing human trafficking ☐ Insufficient income ☐ Loss of public assistance ☐ Natural disaster or fire ☐ Other ☐ Substance use or abuse

Typical Living Situation

Is this the type of place you usually stay?		☐ Yes ☐ No	
	If yes, and selected "place not meant for habitation", please choose type:	☐ Encampment ☐ CTA ☐ Park ☐ Emergency Room ☐ Police Station	☐ Car ☐ Street ☐ Abandoned Building ☐ Viaduct
	If no, where does the client typically stay?	HOMELESS SITUATION: ☐ Place not meant for habitation (e.g. vehicle, abandoned building, outside)	

	Emergency shelter or hotel/motel paid by shelter voucher	
	☐ Emergency shelter or hotel/motel paid by shelter voucher ☐ Safe Haven ☐ Interim Housing INSTITUTIONAL SITUATION ☐ Foster care home or group home ☐ Hospital or other residential non-psych medical facility ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center TEMPORARY HOUSING SITUATIONS ☐ Transitional housing for homeless persons ☐ Hotel or motel paid for *without* shelter voucher Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Host Home PERMANENT HOUSING SITUATIONS ☐ Rental by client; no ongoing subsidy ☐ Rental by client; with ongoing subsidy (*additional questions; identify type of subsidy) ☐ Owned by client; no ongoing subsidy ☐ Owned by client; with ongoing subsidy OTHER: ☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data not collected	
If no <u>and</u> selected "place not meant for habitation", please choose type:	☐ Encampment ☐ CTA ☐ Park ☐ Emergency Room ☐ Police Station	☐ Car ☐ Street ☐ Abandoned Building ☐ Viaduct

CURRENT LIVING SITUATION	
Start Date:	
End Date	
Information Date:	
Current Living Situation:	HOMELESS SITUATIONS: ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter ☐ Safe Haven INSTITUTIONAL SITUATIONS: ☐ Foster care home or foster care group home ☐ Hospital or other residential nonpsychiatric medical facility ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center TEMPORARY HOUSING SITUATIONS: ☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for *without* shelter voucher ☐ Host Home (non-crisis) ☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house) ☐ Staying or living with friends, temporary tenure (e.g., room, apartment, or house) ☐ Moved from one HOPWA funded project to HOPWA TH ☐ Staying or living in a friend's room, apartment, or house ☐ Staying or living in a family member's room, apartment, or house PERMANENT HOUSING SITUATIONS:

	☐ Staying or living with family, permanent tenure ☐ Staying or living with friends, permanent tenure ☐ Moved from one HOPWA funded project to HOPWA PH ☐ Rental by client; no ongoing subsidy ☐ Rental by client; with ongoing subsidy* ☐ Owned by client; no ongoing subsidy ☐ Owned by client; with ongoing subsidy OTHER: ☐ No exit interview completed ☐ Other ☐ Deceased ☐ Worker unable to determine ☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data not collected
Rental Subsidy Type *Only if selected, "Rental by client; with ongoing subsidy"*	☐ GPD TIP housing subsidy VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) (not dedicated ☐ Public housing unit Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing ☐ 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?:	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know
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?	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected
Does individual or family have resources or support networks to obtain other permanent housing?	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected
Has the client moved 2 or more times in the last 60 days?	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected
Location details		

DISABILITY	
Does the client have a disabling condition?	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know

Disability Type	Determination	If yes, is condition going to be a long term?	Start Date
Alcohol Abuse	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected	
Both Alcohol and Drug Abuse	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected	
Chronic Health Condition	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected	
Developmental	☐ Yes ☐ Client Prefers Not to	☐ Yes ☐ Client Prefers Not to	

	☐ No	Answer	☐ No	Answer	
	☐ Client Doesn't Know	☐ Data Not Collected	☐ Client Doesn't Know	☐ Data Not Collected	
Drug Abuse	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
HIV/AIDS	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
Mental Health Problem	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
Physical	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	

HIV/AIDS	
Start Date:	
End Date	
If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available?	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know
If Yes for HIV/AIDS and a T-Cell (CD4) count is available, what is the T-Cell (CD4) count?	
If Yes for HIV/AIDS and a T-Cell (CD4) count is recorded above, how was the information obtained?	☐ Medical Report ☐ Client report ☐ Other
If Yes for HIV/AIDS, does the client have Viral Load Information available?	☐ Not Available ☐ Client Doesn't Know ☐ Available ☐ Client prefers not to answer ☐ Undetectable ☐ Data not collected
If Yes for HIV/AIDS and Viral Load Information is available, what is the Viral Load?	
If Yes for HIV/AIDS and Viral Load is recorded above, how was the information obtained?	☐ Medical Report ☐ Client report ☐ Other

Has the participant been prescribed anti-retroviral drugs?	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected
Receiving AIDS Drug Assistance Program (ADAP)	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected
If <u>not</u> Receiving AIDS Drug Assistance Program (ADAP), specify reason	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected
Receiving Ryan White funded Medical or Dental Assistance	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected
If <u>No</u> for "Receiving Ryan White-funded Medical or Dental Assistance", Reason	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected

MONTHLY INCOME			
Income from Any Source	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
Source of Income	**Receiving Income Source?**	**Monthly amount**	**Start date**
Earned Income / Employment	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know		
Unemployment Insurance	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know		
SSI: Supplemental Security Income	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know		
SSDI: Social Security Disability	☐ Yes ☐ Client Prefers Not to Answer		

Insurance	☐ No ☐ Client Doesn't Know	☐ Data Not Collected		
VA Service-Connected Disability Compensation	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Private Disability Insurance	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Worker's Compensation	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
TANF	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
General Assistance (GA)	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Retirement Income from Social Security	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Pension or Retirement from Another Job	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Child Support	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Alimony or Other Spousal Support	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Other (Specify):	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Total Monthly income:				

AMI Level
2023 Area Median Income

HH #	30% AMI	50% AMI	80% AMI	100% AMI
1	23,190	$38,650	$61,800	$77,300
2	$26,490	$44,150	$70,600	$88,300

☐ Under 30% (*$1,267 or less*)
☐ 30-49% (*$1,268–$2,113*)
☐ 50-79% (*$1,267 or less*)
☐ 80-99% (*$1,268–$2,113*)

	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

☐ Over 100% *($1,267 or less)*

NON CASH BENEFITS

Non-Cash Benefit from Any Source?	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected

Source of Non-Cash Benefit	Receiving Source?		Monthly amount	Start date
Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Supplemental Nutrition Assistance Program (SNAP) for WIC	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
TANF Child Care Services	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
TANF Transportation Services	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Other TANF-Funded Services	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Other Source (Specify):	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		

HEALTH INSURANCE

Covered by Health Insurance?	☐ Yes ☐ No ☐ Client Prefers Not to Answer ☐ Data Not Collected

Health Insurance Type	Covered?		Start date
	☐ Client Doesn't Know		
Medicaid	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
Medicare	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
State Children's Health Insurance Program	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
Veteran's Health Administration (VA)	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
Employer-Provided Health Insurance	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
Health Insurance through COBRA	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
Private Pay Health Insurance	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
State Health Insurance for Adults	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
Indian Health Services Program	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
Other	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	
If other, please specify:			
If yes, What Health plan are you enrolled in?	☐ Aetna ☐ Blue Cross Blue Shield ☐ County Care	☐ Illinois Health Connect ☐ Meridian ☐ Molina	

	☐ Family Health Network ☐ Harmony ☐ Humana ☐ IlliniCare	☐ Next Level ☐ None ☐ Other ☐ Well Care
Where have you gone most often to seek care in the last 12 months?	☐ Access Community Health Centers ☐ Advocate Illinois Masonic Medical Center ☐ Aunt Martha's Youth Center ☐ Chicago Family Health Center ☐ Christian Community Health Center ☐ Circle Family Health Care Network ☐ Erie Family Health Center ☐ Friend Family Health Center ☐ Heartland Health Outreach Clinic (HHO clinic)	☐ Hines VA Medical Center ☐ Howard Brown Health Center ☐ Jesse Brown VA Medical Center ☐ John Stroger Hospital (Cook County Hospital) ☐ Komed Holman Health Center ☐ Mercy Hospital ☐ Northwestern Memorial Hospital ☐ Oak Street Health ☐ Other
Have you visited your Primary Care Physician in last 6 mos?	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected
Recipient Identification number (RIN):		