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 CoC & ESG Exit (2026)

Exit Date:	
Reason For Leaving:	
If "Other," Specify:	
Destination:	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

	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 ☐ 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**
If "Other," Specify:	
Notes:	

EXIT ASSESSMENT - HUD CoC and ESG Exit (2026)	
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

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 ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ 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?	☐ 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		

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

DISABILITY				

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

Disability Type	Determination		If yes, is condition going to be a long term?	Start Date	End Date
Alcohol Abuse	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected		
Both Alcohol and Drug Abuse	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected		
Chronic Health Condition	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected		
Developmental	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected		
Drug Abuse	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected		
HIV/AIDS	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected		
Mental Health Problem	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected		
Physical	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ 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	End Date
Earned Income / Employment	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected			
Unemployment Insurance	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected			
SSI: Supplemental Security Income	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected			
SSDI: Social Security Disability Insurance	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ 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 Prefers Not to Answer			

	☐ Client Doesn't Know ☐ Data Not Collected			
Pension or Retirement from Another Job	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected			
Child Support	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected			
Alimony or Other Spousal Support	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ Data Not Collected			
Other (Specify):	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Client Doesn't Know ☐ 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
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

☐ Under 30% *($1,267 or less)*
☐ 30-49% *($1,268–$2,113)*
☐ 50-79% *($1,267 or less)*
☐ 80-99% *($1,268–$2,113)*
☐ Over 100% *($1,267 or less)*

NON CASH BENEFITS

Non-Cash Benefit from Any Source?	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know			
Source of Non-Cash Benefit	**Receiving Source?**	**Monthly amount**	**Start date**	**End Date**
Supplemental Nutrition Assistance Program	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected			

(SNAP) (Food Stamps)	☐ Client Doesn't Know			
Supplemental Nutrition Assistance Program (SNAP) for WIC	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know			
TANF Child Care Services	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know			
TANF Transportation Services	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know			
Other TANF-Funded Services	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know			
Other Source (Specify):	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know			

HEALTH INSURANCE

Covered by Health Insurance?	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know		
Health Insurance Type	**Covered?**	**Start date**	**End Date**
Medicaid	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know		
Medicare	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know		
State Children's Health Insurance Program	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know		
Veteran's Health Administration (VA)	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected ☐ Client Doesn't Know		
Employer-Provided Health	☐ Yes ☐ Client Prefers Not to Answer ☐ No ☐ Data Not Collected		

Insurance	☐ Client Doesn't Know			
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 ☐ Family Health Network ☐ Harmony ☐ Humana ☐ IlliniCare		☐ Illinois Health Connect ☐ Meridian ☐ Molina ☐ 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	☐ Yes		☐ Client Prefers Not to Answer	

Care Physician in last 6 mos?	☐ No ☐ Data Not Collected ☐ Client Doesn't Know
Recipient Identification number (RIN):	

Homeless Prevention Projects (including SSVF): Complete to determine whether clients exiting prevention projects have remained stably housed	
Housing Assessment at Exit	☐ Able to maintain the housing they had at project entry ☐ Moved to a new housing unit ☐ Moved in with family/friends on a temporary basis ☐ Moved in with family/friends on a permanent basis ☐ Moved to a transitional or temporary housing facility or program ☐ Client became homeless – moving to a shelter or other place unfit for human habitation ☐ Jail/Prison ☐ Deceased ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected
If Able to maintain housing at entry, Subsidy Information	☐ Without a subsidy ☐ With the subsidy they had at project entry ☐ With an ongoing subsidy acquired since project entry ☐ Only with financial assistance other than a subsidy ☐ Data not collected
If Moved to new housing unit, Subsidy information	☐ With ongoing subsidy ☐ Without an ongoing subsidy ☐ Data not collected