

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

DFSS and IDHS Supplemental Assessment

Interim Review Date:		Interim Review Type:	
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DFSS and IDHS Supplemental Assessment			
Primary Language Spoken			
Have you experienced homelessness before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cause of Homelessness?			
Number of other shelters used in prior year	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or More		
Was the household screened for SNAP (food stamps) and referred for enrollment if eligible?	<input type="checkbox"/> Currently enrolled at time of intake <input type="checkbox"/> Enrolled or referred at time of intake <input type="checkbox"/> Eligible but not yet enrolled/referred <input type="checkbox"/> Ineligible		
Was the household screened for LIHEAP (food stamps) and referred for enrollment if eligible?	<input type="checkbox"/> Currently enrolled at time of intake <input type="checkbox"/> Enrolled or referred at time of intake <input type="checkbox"/> Eligible but not yet enrolled/referred <input type="checkbox"/> Ineligible		
TANF status	<input type="checkbox"/> Currently enrolled at time of intake <input type="checkbox"/> Enrolled or referred at time of intake <input type="checkbox"/> Eligible but not yet enrolled/referred <input type="checkbox"/> Ineligible		
Emancipated minor or unaccompanied youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant?	<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		
Pregnant/parenting teen?	<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		
Referral Source			