

**CLIENT PROFILE**

Complete this section within the “Household Information” window or in the “Client Profile” Tab

<b>Name:</b>	
<b>Name Data Quality:</b>	<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
<b>Alias</b>	
<b>Social Security:</b>	
<b>SSN Data Quality:</b>	<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
<b>U.S. Veteran:</b>	<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
<b>Sex</b>	<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

# HUD YHDP Entry (2026)

Project Start Date:

## ENTRY ASSESSMENT - HUD YHDP Entry Assessment 2026

<b>Relationship to HoH:</b>	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of Household's Child <input type="checkbox"/> Head of Household's Spouse or Partner	<input type="checkbox"/> Head of Household's other relation member (other relation to Head of Household) <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Data not collected
<b>Enrollment CoC:</b>	IL-510	
<b>Date of Birth:</b>		
<b>Date of Birth Type:</b>	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approx or Partial DOB Reported	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>Race/Ethnicity</b>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/o	<input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>Additional Race and Ethnicity Detail</b>		
<b>Survivor of Domestic Violence</b>	<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
<b>If Yes for Survivor of Domestic Violence, When experience occurred</b>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> From six to twelve months ago <input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
<b>If yes for DV victim/survivor, are you currently fleeing?</b>	<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

Prior Living Situation	
<b>Housing Status</b>	<input type="checkbox"/> Category 1 – Literally Homeless <input type="checkbox"/> Category 2 – Imminent Risk of Homelessness <input type="checkbox"/> Category 3 - Homeless Under Other Federal Statutes <input type="checkbox"/> Category 4 - Fleeing/Attempting to Flee Domestic Violence
<b>Prior Living Situation:</b> <i>Where did the client sleep the night before entering this program?</i>	<p><b>HOMELESS SITUATIONS**:</b></p> <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><b>INSTITUTIONAL SITUATIONS:</b></p> <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><b>TEMPORARY HOUSING SITUATIONS:</b></p> <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <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><b>PERMANENT HOUSING SITUATIONS:</b></p> <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 <b>OTHER:</b> <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									
<b>Rental Subsidy Type</b> <i>*Only if selected, "Rental by client; with ongoing subsidy"</i>	<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									
<b>**If the client's Prior Living Situation above is one of the Homeless Situations, complete the following:</b>	<table border="1"> <tr> <td data-bbox="319 1008 688 1235"> <b>Length of Stay in Previous Place:</b> </td> <td data-bbox="688 1008 1465 1235"> <input type="checkbox"/> One night or less  <input type="checkbox"/> Two to six nights  <input type="checkbox"/> One week or more, but less than one month  <input type="checkbox"/> One month or more, but less than 90 days  <input type="checkbox"/> 90 days or more, but less than one year </td> <td data-bbox="1465 1008 2026 1235"> <input type="checkbox"/> One year or longer  <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client prefers not to answer  <input type="checkbox"/> Data not collected </td> </tr> <tr> <td data-bbox="319 1235 688 1357"> <b>Approximate date this episode of homelessness started</b> </td> <td colspan="2" data-bbox="688 1235 2026 1357"></td> </tr> <tr> <td data-bbox="319 1357 688 1435"> <b>Regardless of where they stayed last night-</b> </td> <td data-bbox="688 1357 1465 1435"> <input type="checkbox"/> One time  <input type="checkbox"/> Two times </td> <td data-bbox="1465 1357 2026 1435"> <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client prefers not to answer </td> </tr> </table>	<b>Length of Stay in Previous Place:</b>	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<b>Approximate date this episode of homelessness started</b>			<b>Regardless of where they stayed last night-</b>	<input type="checkbox"/> One time <input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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<b>Approximate date this episode of homelessness started</b>										
<b>Regardless of where they stayed last night-</b>	<input type="checkbox"/> One time <input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer								

	<b>number of times participant has been on the streets, ES or SH in the past three years, including today:</b>	<input type="checkbox"/> Three times <input type="checkbox"/> Four or more times	<input type="checkbox"/> Data not collected
	<b>Total number of months homeless on the street, ES or SH in the past three years:</b>	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>Please choose the primary reason the client is in current housing situation:</b>		<input type="checkbox"/> Aging out of foster care <input type="checkbox"/> Disagreement with family or roommate <input type="checkbox"/> Discharge from hospital <input type="checkbox"/> Discharge from jail or prison <input type="checkbox"/> Divorce <input type="checkbox"/> Eviction <input type="checkbox"/> Experiencing human trafficking <input type="checkbox"/> Experiencing mental health issues	<input type="checkbox"/> Family or personal medical illness <input type="checkbox"/> Fleeing domestic violence <input type="checkbox"/> Fleeing human trafficking <input type="checkbox"/> Insufficient income <input type="checkbox"/> Loss of public assistance <input type="checkbox"/> Natural disaster or fire <input type="checkbox"/> Other <input type="checkbox"/> Substance use or abuse
<b>Typical Living Situation</b>			
<b>Is this the type of place you usually stay?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, and selected “place not meant for habitation”, please choose type:</b>		<input type="checkbox"/> Encampment <input type="checkbox"/> CTA <input type="checkbox"/> Park <input type="checkbox"/> Emergency Room <input type="checkbox"/> Police Station	<input type="checkbox"/> Car <input type="checkbox"/> Street <input type="checkbox"/> Abandoned Building <input type="checkbox"/> Viaduct
<b>If no, where does the client typically stay?</b>		<b>HOMELESS SITUATION:</b> <input type="checkbox"/> Place not meant for habitation (e.g. vehicle, abandoned building, outside) <input type="checkbox"/> Emergency shelter or hotel/motel paid by shelter voucher <input type="checkbox"/> Safe Haven	

	<input type="checkbox"/> Interim Housing <b>INSTITUTIONAL SITUATION</b> <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Hospital or other residential non-psych 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 <b>TEMPORARY HOUSING SITUATIONS</b> <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Hotel or motel paid for <i>without</i> shelter voucher Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member’s room, apartment or house <input type="checkbox"/> Staying or living in a friend’s room, apartment or house <input type="checkbox"/> Host Home <b>PERMANENT HOUSING SITUATIONS</b> <input type="checkbox"/> Rental by client; no ongoing subsidy <input type="checkbox"/> Rental by client; with ongoing subsidy (*additional questions; identify type of subsidy) <input type="checkbox"/> Owned by client; no ongoing subsidy <input type="checkbox"/> Owned by client; with ongoing subsidy <b>OTHER:</b> <input type="checkbox"/> Client Doesn’t Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected										
<p><b>If no and selected “place not meant for habitation”, please choose type:</b></p>	<table border="0"> <tr> <td><input type="checkbox"/> Encampment</td> <td><input type="checkbox"/> Car</td> </tr> <tr> <td><input type="checkbox"/> CTA</td> <td><input type="checkbox"/> Street</td> </tr> <tr> <td><input type="checkbox"/> Park</td> <td><input type="checkbox"/> Abandoned Building</td> </tr> <tr> <td><input type="checkbox"/> Emergency Room</td> <td><input type="checkbox"/> Viaduct</td> </tr> <tr> <td><input type="checkbox"/> Police Station</td> <td></td> </tr> </table>	<input type="checkbox"/> Encampment	<input type="checkbox"/> Car	<input type="checkbox"/> CTA	<input type="checkbox"/> Street	<input type="checkbox"/> Park	<input type="checkbox"/> Abandoned Building	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Viaduct	<input type="checkbox"/> Police Station	
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<input type="checkbox"/> Police Station											

CURRENT LIVING SITUATION	
<b>Start Date:</b>	
<b>End Date</b>	
<b>Information Date:</b>	
<b>Current Living Situation:</b>	<p>HOMELESS SITUATIONS:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)</li> <li><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter</li> <li><input type="checkbox"/> Safe Haven</li> </ul> <p>INSTITUTIONAL SITUATIONS:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foster care home or foster care group home</li> <li><input type="checkbox"/> Hospital or other residential nonpsychiatric medical facility</li> <li><input type="checkbox"/> Jail, prison or juvenile detention facility</li> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> </ul> <p>TEMPORARY HOUSING SITUATIONS:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</li> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria</li> <li><input type="checkbox"/> Hotel or motel paid for <i>without</i> shelter voucher</li> <li><input type="checkbox"/> Host Home (non-crisis)</li> <li><input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house)</li> <li><input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house)</li> <li><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH</li> <li><input type="checkbox"/> Staying or living in a friend's room, apartment, or house</li> <li><input type="checkbox"/> Staying or living in a family member's room, apartment, or house</li> </ul> <p>PERMANENT HOUSING SITUATIONS:</p>

	<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  OTHER: <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
<b>Rental Subsidy Type</b> <i>*Only if selected, "Rental by client; with ongoing subsidy"</i>	<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
<b>Living Situation verified by:</b>	
<b>Is client going to have to leave their current living situation within 14 days?:</b>	<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
<b>If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions.</b>	

<b>Has a subsequent residence been identified?</b>	<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
<b>Does individual or family have resources or support networks to obtain other permanent housing?</b>	<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
<b>Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?</b>	<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
<b>Has the client moved 2 or more times in the last 60 days?</b>	<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
<b>Location details</b>		

**Street Outreach, Youth Homeless Demonstration Program (YHDP) project types and PATH-funded projects Only: Date of Engagement should only be completed once the client is officially ready to be enrolled in your project.**

<b>Date of Engagement</b>	
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<b>DISABILITY</b>				
<b>Does the client have a disabling condition?</b>	<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		
<b>Disability Type</b>	<b>Determination</b>	<u>If yes</u> , is condition going to be a long term?	<b>Start Date</b>	
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	<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	<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	<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	<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	
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	

MONTHLY INCOME			
<b>Income from Any Source</b>	<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		
<b>Source of Income</b>	<b>Receiving Income Source?</b>	<b>Monthly amount</b>	<b>Start date</b>
Earned Income / Employment	<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		
Unemployment Insurance	<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		
SSI: Supplemental Security Income	<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		

SSDI: Social Security Disability Insurance	<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		
VA Service-Connected Disability Compensation	<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		
Private Disability Insurance	<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		
Worker's Compensation	<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	<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		
<b>Total Monthly income:</b>				

<b>AMI Level</b> <i>2023 Area Median Income</i>	HH #	30% AMI	50% AMI	80% AMI	100% AMI	<input type="checkbox"/> Under 30% (\$1,267 or less) <input type="checkbox"/> 30-49% (\$1,268-\$2,113) <input type="checkbox"/> 50-79% (\$1,267 or less) <input type="checkbox"/> 80-99% (\$1,268-\$2,113) <input type="checkbox"/> Over 100% (\$1,267 or less)
	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	

Employment	
<b>Employed? (HUD)</b>	<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
<b>If <u>Yes</u>, Type of Employment</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/sporadic (including day labor) <input type="checkbox"/> Data not collected
<b>If <u>No</u>, Why not Employed</b>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work <input type="checkbox"/> Data not collected

NON CASH BENEFITS			
<b>Non-Cash Benefit from Any Source?</b>	<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		
<b>Source of Non-Cash Benefit</b>	<b>Receiving Source?</b>	<b>Monthly amount</b>	<b>Start date</b>
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected		

Program (SNAP) for WIC	<input type="checkbox"/> Client Doesn't Know		
TANF Child Care Services	<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 Transportation Services	<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		
Other TANF-Funded Services	<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		
Other Source (Specify):	<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		
<b>Covered by Health Insurance?</b>	<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	
<b>Health Insurance Type</b>	<b>Covered?</b>	<b>Start date</b>
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"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected	
Health Insurance through COBRA	<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	
Private Pay Health Insurance	<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	
State Health Insurance for Adults	<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	
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:			
<b>If yes, What Health plan are you enrolled in?</b>	<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	
<b>Where have you gone most often to seek care in the last 12 months?</b>	<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"/> 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"/> Kommed Holman 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"/> Mercy Hospital <input type="checkbox"/> Northwestern Memorial Hospital <input type="checkbox"/> Oak Street Health <input type="checkbox"/> Other
<b>Have you visited your Primary Care Physician in last 6 mos?</b>	<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
<b>Recipient Identification number (RIN):</b>		

Education		
<b>School Status</b>	<input type="checkbox"/> Attending school regularly <input type="checkbox"/> Attending school irregularly <input type="checkbox"/> Graduated from high school <input type="checkbox"/> Obtained GED <input type="checkbox"/> Dropped out	<input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>Current school enrollment and attendance</b>	<input type="checkbox"/> Not currently enrolled in any school or educational course* <input type="checkbox"/> Current school enrollment and attendance** <input type="checkbox"/> Currently enrolled but NOT attending regularly (when school or the course is in session)**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>*If <span style="background-color: yellow;">not</span> currently enrolled: Most Recent Educational Status</b>	<input type="checkbox"/> K12: Graduated from high school <input type="checkbox"/> K12: Obtained GED <input type="checkbox"/> K12: Dropped out <input type="checkbox"/> K12: Suspended <input type="checkbox"/> K12: Expelled <input type="checkbox"/> Higher education: Pursuing a credential but not currently attending	<input type="checkbox"/> Higher education: Obtained a credential/degree <input type="checkbox"/> Higher education: Dropped out <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<b>*If <span style="background-color: yellow;">currently</span> enrolled: Current Educational Status</b>	<input type="checkbox"/> Pursuing a high school diploma or GED <input type="checkbox"/> Pursuing Associate's Degree <input type="checkbox"/> Pursuing Bachelor's Degree <input type="checkbox"/> Pursuing Graduate Degree	<input type="checkbox"/> Pursuing other post-secondary credential <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected

<b>General Health Status</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>Dental Health Status</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>Mental Health Status</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

<b>Pregnancy/Parenthood:</b>		
<b>Pregnant?</b>	<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
<b>If Yes, Projected Birth Date</b>		

<b>Formerly a Ward of Child Welfare/Foster Care Agency</b>	<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
<b>Number of Years</b>	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 years	
<b>If Less than One Year, Number of Months</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 5 <input type="checkbox"/> 6
		<input type="checkbox"/> 9 <input type="checkbox"/> 10

	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11
	<input type="checkbox"/> 4	<input type="checkbox"/> 8	

<b>Formerly a Ward of Juvenile Justice System</b>	<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	
<b>Number of Years</b>	<input type="checkbox"/> Less than one year	
	<input type="checkbox"/> 1 to 2 years	
	<input type="checkbox"/> 3 to 5 years	
<b>If Less than One Year, Number of Months</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 5
	<input type="checkbox"/> 2	<input type="checkbox"/> 6
	<input type="checkbox"/> 3	<input type="checkbox"/> 7
	<input type="checkbox"/> 4	<input type="checkbox"/> 8
		<input type="checkbox"/> 9
		<input type="checkbox"/> 10
		<input type="checkbox"/> 11