

**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 Update (2026)

Interim Review Date:	
Interim Review Type:	

## UPDATE ASSESSMENT - HUD YHDP Update (2026)

***This is the date that a participant who is enrolled into a Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) project, moves into permanent living situation. There is only one Housing Move-in Date per enrollment.***

Housing Move-in Date:	
Client's current Housing Type/Location:	<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> </ul>

	<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  <b>PERMANENT HOUSING SITUATIONS:</b> <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
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<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
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<b>CURRENT LIVING SITUATION</b>	
<b>Start Date:</b>	
<b>End Date</b>	

<b>Information Date:</b>	
<b>Current Living Situation:</b>	<p><b>HOMELESS SITUATIONS:</b></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><b>INSTITUTIONAL SITUATIONS:</b></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><b>TEMPORARY HOUSING SITUATIONS:</b></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><b>PERMANENT HOUSING SITUATIONS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Staying or living with family, permanent tenure</li> <li><input type="checkbox"/> Staying or living with friends, permanent tenure</li> <li><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH</li> <li><input type="checkbox"/> Rental by client; no ongoing subsidy</li> <li><input type="checkbox"/> Rental by client; with ongoing subsidy*</li> </ul>

	<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</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Prefers Not to Answer

<b>networks to obtain other permanent housing?</b>	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know	<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>		

<b><i>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.</i></b>	
<b>Date of Engagement</b>	

<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>		<b>If yes, is condition going to be a long term?</b>	<b>Start Date</b>	<b>End 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"/> Client Prefers	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Prefers	

	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Not to Answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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>	<b>End 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>					

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	End 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			

<b>HEALTH INSURANCE</b>			
<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>	<b>End 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"/> 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 Adults	<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		
Indian Health Services 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		

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"/> 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	
<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>			