

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

Coordinated Entry Priority List Assessment

This assessment should only be completed when a participant has been added to the CE Priority List and does not need to be completed as part of the initial Coordinated Entry assessment.

Script:
I am going to ask you some questions that will help us understand more information about your housing needs, as well as your eligibility for certain housing programs.

Please answer these questions as honestly as possible, as they will help us refer you to a housing program that meets your needs. If you do not feel comfortable answering a question, please let me know.

<p>Priority List Engagement Status</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Client engaged - awaiting assessment <input type="checkbox"/> Client engaged - declined housing <input type="checkbox"/> Client engaged - not experiencing homelessness <input type="checkbox"/> Not able to contact client - Please describe steps taken to contact client <input type="checkbox"/> Assessment Completed
<p>If 'not able to contact' was selected, please include steps taken to contact client.</p>	
<p>Is the client interested in receiving a housing referral?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes
<p>If the client is not interested in receiving a housing referral, please explain why</p>	

DISABILITY						
Please confirm that the participant has a HUD-defined disability. Only include disabilities that can be verified by a licensed professional						
Does the client have a disabling 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			
Disability Type	Determination		If yes, is condition going to be a long term?		Start Date	End Date
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"/> Client Prefers Not	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Prefers Not to		

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

MONTHLY INCOME					
Please confirm the client's current monthly income					
Income 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 Income	Receiving Income Source?		Monthly amount	Start date	End Date
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			
Total Monthly income:					

Please confirm that the client is willing to live in an SRO efficiency unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Family Household)
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An SRO efficiency unit is a one-room apartment (with its own kitchen and bathroom facilities) in a housing project with other SRO efficiency units. This housing project will have services on-site, like community groups, food pantries, and health services.

There will be common spaces available for you to use, and laundry in the building. Please note that declining SRO efficiency units may

significantly limit the number of units that someone is eligible to receive a referral for.

Please confirm that the client is willing to live in a site-based unit.

- No
- Yes

A site-based unit is a pre-determined unit in a building that may house other people who previously experienced homelessness. Please note that declining site-based units may significantly limit the number of units that someone is eligible to receive a referral for.

Do you or does someone in your household need an apartment that is accessible for people with disabilities?

- No
- Yes

What accessibility features are needed?

- Accessible bathroom, including roll-in shower
- Elevator
- Wheelchair accessible building entrance (button to open door)
- All of the above
- No accessibility features are needed
- Other please specify

If selected Other in the above question, please specify in the following text box

Does the client have pets that will need to live with them?

- No
- Yes

Please communicate that pets may limit the available housing options and documentation will typically be required for service or emotional support animals.

If the client has pets that will need to live with them, please describe.
Please note the number of pets and

whether any are service animals or emotional support animals.	
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Are there any geographic areas of the city in which the client is unwilling and/or unable to live?

Please communicate that if the client is matched to a scattered site project, they will work with the housing provider to locate viable units that meet their accessibility needs.

However, the client is not guaranteed to live in a specific geographic area of the city. Housing opportunities are limited and declining opportunities in multiple areas of the city may significantly impact the referrals that a client can receive.

Copy and paste the link to this map into your web browser for a breakdown of each geographic area.

https://allchicago.org/wp-content/uploads/2025/08/Chicago_neighborhoods_map.png

Start Date			
West Side	<input type="checkbox"/> Willing to live in this area <input type="checkbox"/> Not willing to live in this area	Central Chicago	<input type="checkbox"/> Willing to live in this area <input type="checkbox"/> Not willing to live in this area
Far North Side	<input type="checkbox"/> Willing to live in this area <input type="checkbox"/> Not willing to live in this area	Southwest Side	<input type="checkbox"/> Willing to live in this area <input type="checkbox"/> Not willing to live in this area
Northwest Side	<input type="checkbox"/> Willing to live in this area <input type="checkbox"/> Not willing to live in this area	South Side	<input type="checkbox"/> Willing to live in this area <input type="checkbox"/> Not willing to live in this area
North Side	<input type="checkbox"/> Willing to live in this area <input type="checkbox"/> Not willing to live in this area	Far Southwest Side	<input type="checkbox"/> Willing to live in this area <input type="checkbox"/> Not willing to live in this area
Far Southeast Side	<input type="checkbox"/> Willing to live in this area <input type="checkbox"/> Not willing to live in this area		
End Date			

Is the client required to register on the sex offender registry?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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<p>Does the participant have anything in their legal background that could limit their ability to access housing? If yes, please describe.</p>	
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<p>Please select the response that best reflects the client's current status with obtaining the following documents: ID, Income verification, Homelessness Verification, Disability Verification.</p>	<p><input type="checkbox"/> Client has all documents on this list (please upload all documents to Client Profile)</p> <p><input type="checkbox"/> Client has some documents on this list and is in the process of gathering documents</p> <p><input type="checkbox"/> Client has no documents on this list and is in the process of gathering documents</p>
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Please confirm the client's current household size, including adults (age 18+) and minor children (age 0-17). Please communicate that this should include all household members who will live with the client upon move-in.

Should the household size change in the future, the client can request a transfer. Please ensure that the client's household in HMIS includes current household members.

<p>Number of adults in household:</p>	
<p>Number of minor children in household</p>	
<p>Is any member of the household currently pregnant?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Safe Havens are a form of supportive housing that serves hard-to-reach people with severe mental illness who primarily stay on the street and have been unable or unwilling to participate in housing or supportive services.

*Please indicate your **observation** of whether this participant would be a good fit for a Safe Haven model.*

<p>Would the participant be a good fit for a</p>	<p><input type="checkbox"/> Yes</p>
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Safe Haven program model (Observational Question - Do Not Ask)	<input type="checkbox"/> No <input type="checkbox"/> N/A
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Triage is a transitional housing model ideal for participants who are interested in a short-term housing option with stabilization services before enrolling in Rapid Rehousing or Permanent Supportive Housing.

Would you be interested in Triage Housing if it is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Does the client have any other needs we should know about?	
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