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

Homeless Prevention (2026)

Project Start Date:	

ENTRY ASSESSMENT - Homeless Prevention (2026)

CLIENT CONTACT INFORMATION	
Start Date	
Client Information	
Client's Phone Number:	
Client's Email address:	
Mailing address:	
Alternative Contact Information	
Is there a family member or friend we can contact if you get matched to housing and we can't reach you?	
Alternative Contact Name	
Alternative Contact Number	
Alternative Contact Relationship	
Would it be okay to tell them why we're calling or leave a voicemail?	
Please share ways to contact you if a housing offer is available and the phone number we have for you is not working. This can include eating dinner at a specific place, spending time at a library, attending any	

program, social media usernames, etc.	
End Date	

Type of Assistance Requested	☐ Mortgage ☐ Rent	☐ Security Deposit ☐ Utilities
Type of Assistance Requested	☐ Mortgage ☐ Rent	☐ Security Deposit ☐ Utilities
Zip Code of Last Permanent Address		
Enrollment CoC:	IL-510	
Relationship to Head of Household:	Self	
Date of Birth:		
Date of Birth Type:	☐ Full DOB Reported ☐ Partial DOB Reported	☐ Client Doesn't Know ☐ Client prefers not to answer
Race/Ethnicity	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/o	☐ Middle Eastern or North African ☐ White ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Additional Race and Ethnicity Detail		

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**	
Alcohol Abuse	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected	☐ Yes ☐ No ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected		
Both Alcohol and Drug	☐ Yes	☐ Client Prefers Not to	☐ Yes	☐ Client Prefers Not to		

Abuse	☐ No ☐ Client Doesn't Know ☐ Answer ☐ Data Not Collected		☐ No ☐ Client Doesn't Know ☐ Answer ☐ Data Not Collected	
Chronic Health Condition	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected		☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected	
Developmental	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected		☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected	
Drug Abuse	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected		☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected	
HIV/AIDS	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected		☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected	
Mental Health Problem	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected		☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected	
Physical	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected		☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected	

Household Information		
Household Type	☐ Couple w/ no child ☐ Couple w/ child ☐ Female w/ child	☐ Male w/ child ☐ Single Female ☐ Single Male

Additional Household Members Demographic Information	
Start Date:	
End Date	
Relationship to Head of Household	☐ Self (head of household)

	☐ Head of household's child ☐ Head of household's spouse or partner ☐ Head of household's other relation member ☐ Other: Non-relation member ☐ Data not collected
Age	
Race and Ethnicity	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/o ☐ Middle Eastern or North African ☐ White ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Head of Household Income
This set of questions are asking for the Head of Household's income only.

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**
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 Prefers Not to Answer ☐ Data Not Collected		

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

Other (Specify):	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected		
Total Monthly Income:			

Household Monthly Expenses	
Monthly rent	
Monthly mortgage	
Monthly transportation	
Monthly utilities	
Total Monthly Expenses	

Program Information	
Reason for Applying	☐ Displacement by a Government or Private Action ☐ Illegal Action by a Landlord Loss of Employment ☐ Loss or Delay of Some Form of Public Benefit ☐ Medical Disability or Emergency ☐ Natural Disaster ☐ Some Other Condition which Constitutes a Hardship Comparable to the Other Condition Enumerated Above ☐ Substantial Change in Household Composition ☐ Victimization by Criminal Activity
Explanation - applying	

Was geographic eligibility confirmed?	☐ Yes ☐ No; client ineligible ☐ NA; client experiencing homelessness	
Which risk indicators for homelessness/eviction did the client report experiencing?	☐ Change in household composition ☐ Delinquency on debt ☐ Experienced a previous eviction ☐ Head of household pursuing higher education ☐ Health-related factors	☐ Housing instability in the last year ☐ Lack of social network ☐ Loss of job or significant decrease in income ☐ Previous justice system involvement ☐ Significant jump in rent prices
Use the scripting guide in the program guide to determine how many indicators the caller experiences. Keep in mind that you have already collected data about the last 5 listed. If 2 or more are checked off, they may be eligible for a referral.		
How many months was the crisis period?		
What homeless prevention program are you recommending for this client?	☐ State Homeless Prevention ☐ Emergency Financial Assistance ☐ Both	
Source of Referral	☐ External ☐ HPCC ☐ Internal	
Have you received these funds in the last 12 months?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused	
Have you received these funds in the last 24 months?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused	

Housing Information	
Prior Living Situation:	
Prior Living Situation: *Where did the client sleep the night before entering this program?*	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	
Length of Stay in Previous Place:	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year	☐ One year or longer ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Are they currently facing eviction?	☐ Yes ☐ No	
If yes, where are they in the eviction process?	☐ Missed rent/Verbal threat ☐ Written notice (5-day/30-day notice) ☐ Court Summons/Case Filed ☐ Judgement/Sheriff's Notice	

Required Services	
Was the household screened for SNAP (food stamps) and referred for enrollment if eligible?	☐ Yes ☐ No

	☐ Not Applicable ☐ Client Refused
Was the household screened for LIHEAP (food stamps) and referred for enrollment if eligible?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused
Was the household screened for assistance with enrolling or maintaining other public benefits and referred for enrollment if eligible?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused
Was the household provided case management?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused
Was the household provided financial counseling?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused
Was the household informed about the post-exit 3 month follow up?	☐ Yes ☐ No ☐ Not Applicable ☐ Client Refused

Client Narrative:	
Please include any context that you think will be helpful if the household seeks services from a subsequent project. Narrative can be brief as more context will be entered in Form Assembly	
