

CoC/ESG Assessment Cheat Sheet

Field	Who?	How?
Date of Birth	All Clients	
Date of Birth Type	All Clients	
Primary Racial Identity	All Clients	
Secondary Racial Identity	Optional	If second race is self-reported
Ethnicity	All Clients	
Gender	All Clients	
If Other Gender, specify	Conditionally Required	If other is chosen for Gender
Pregnant?	All Adult Women	
If Pregnant, due date?	Conditionally Required	If the Pregnant is answered "yes"
Marital Status	HoH/All Adults	
Emergency Contacts	Optional	
Client Location (CoC Code)	All Clients	
Zip Code of Last Permanent Address	All Clients	
Zip Code Data Quality	All Clients	
Homelessness Primary Reason/Threat to Housing	All Clients	
Residence Prior to Project Entry	HoH/All Adults	
If other type of Residence, specify	Conditionally Required	
Length of Stay at Previous Place	HoH/All Adults	
Relationship to Head of Household	All Clients	
Length of Time on Streets, ES or SH		
Client entering from the streets, shelter or safe haven	All Clients	
(if yes) Approximate Date Started	Conditionally Required	If answered "yes" to previous question
Regardless of where they stayed last night, Number of times the client has been homeless on the streets, in ES, or SH in the past three years including today.	All Clients	
Total number of months homeless on the street, in ES, or SH in the past three years.	All Clients	
Income from Any Source	All Clients	Children should always be "no" because their income is generally reported on HoH's sub-assessment
Non-Cash Benefits from Any Source	All Clients	Children should always be "no" because their NCB are generally reported on HoH's sub-assessment
Covered by Health Insurance?	All Clients	
Does the client have a disabling condition?	All Clients	
Domestic Violence victim/survivor	HoH/All Adults	
(If yes for Domestic violence victim/survivor) when experience occurred	Conditionally Required	If answered yes to previous question
(if yes) Are you currently fleeing?	Conditionally Required	If answered yes to previous question