

ESG-CV Supplemental Assessment Form

Please print clearly

Entry ____ Exit ____ Date _____

Client Name _____

HMIS ID # _____

* Race	White	* Ethnicity	Hispanic
	African American		Not Hispanic
	Native American		
	All Other Races		

** *For the Client*

2a	___ Yes ___ No	Since 03/16/20 through today have you experienced any COVID-19 symptoms (fevers, coughs, difficulty breathing or other symptoms)?
2b	___ Yes ___ No	Have you been tested for COVID-19?
3a	___ Yes ___ No ___ N/A	If tested, did you test positive for COVID-19?
3b	___ Yes ___ No ___ N/A	If you tested positive, have you received treatment?

** *For the Case Manager*

4	___ Yes ___ No ___ N/A	Is/was this person being referred to isolation and quarantine "beds" within your system?
5	___ Yes ___ No ___ N/A	Is/was this client appeared symptomatic or tested positive for COVID-19 received permanent housing?

* Captured for use with Kansas Housing ESG CV Demographic Reporting Tool

** matching question number reference to Kansas Housing ESG CV Demographic Reporting Tool