**Contact Sheet: Guidelines**

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| **Definitions** |
| **Last Name** | When a person’s LAST NAME is unknown, and “DOE” is used, ADD THE LOCATION WHERE THE PERSON WAS SEEN. *Example: A DOE, Dexter (First name known) who was seen at 800 DeGray Street, is entered on the form as DOE800DEGRAY, Dexter.* |
| **First Name** | Try if possible to determine what a person’s LEGAL FIRST NAME is and enter this here. Use ALIAS for nicknames.When a person’s LAST NAME is known, but the FIRST NAME is not (it does happen) enter the name as in the following example: SANTOS, JohnDoe. |
| **Race / Ethnicity** | Please complete RACE.If known, complete ETHNICITY (Hispanic or non-Hispanic) |
| **Outreach Worker** | Please fill in only one name, even when you are working as a team of two. |
| **Outreach Worker Agency** | Agency that employs this particular outreach staff person.  |
| **Contact Location** | STREET NUMBERis for a block number or building/house number. A block number below 100 is 000 (for example is 000 / Dock; the first block of 11th St., South of Market is 000 / S. 11th).CARDINAL DIRECTION is for North, South, East, or West, **only when this applies.** Street Name is for the name of the street, including numbered streets*Example: If a contact occurred in the first block of 11th street, south of Market St., the contact location would be completed as follows:**Street number: 000**Cardinal Direction: South**Street Name: 11th Street* |
| **Contact Type** | You cannot report two **TYPES** of contact on one form. If you carry out **both** OUTREACH **and** VISIT, or RESPONSE **and** COLLATERAL effort with the same client in a single time-span, you can decide which was the overriding activity in terms of effort, rate of success, and time devoted to it and report that on one form in one category – OR you can report both activities on separate forms, splitting the time between the two (see above example) OUTREACH – Any effort to contact the client that is NOT VISIT, WALK-IN or RESPONSE is OUTREACH. If repeated efforts to contact the same person on the same day at different times of day, complete a contact sheet FOR EACH CONTACT with this individual. COLLATERAL – This is work on behalf of the client with a third party (such as shelter staff, probation officer, clinic, DPA). If you do COLLATERAL work in the course of a face-to-face contact with the client, you report them separately or decide which one was really significant, in terms of time spent.VISIT –A VISIT is 1:1 contact including:* a direct phone contact with the client
* a successful face-to-face with the client at the place where the client is currently residing, or
* a scheduled visit by the client to your office.

A visit or phone call to a facility where the individual resides when the client is not there, should be recorded as COLLATERAL. If an individual does not show up for a scheduled appointment, DO NOT complete a contact sheet for that individual.If a phone call was made to the client from the team’s own facility, the “CONTACT LOCATION” should reflect this. If the client who was contacted by phone resides in a safe haven, “FACE-TO-FACE AT” should reflect this location (i.e., “OTHER HOMELESS AGENCY”) RESPONSE – This is ONLY for recording FACE-TO-FACE responses to HOTLINE calls. If the individual is not found, complete all identifying information, if known, check both RESPONSE and COULD NOT FIND, and include the CONTACT LOCATION. WALK-IN- To record face-to-face contact with a client who shows up at your facility without an appointment, that is, unexpectedly. If he/she had an appointment and kept it, it is a VISIT. COULD NOT FIND– This can apply ONLY to RESPONSE calls. If you check “COULD NOT FIND”, stop there; do NOT check any FACE-TO-FACE location, since it did not happen, and do NOT complete page 2. |
| **Face – to – Face**  | This is checked ONLY when the worker has had one-to-one contact, either in person or via telephone, with the client. DO NOT check this if the contact type was COLLATERAL. Always make sure to include the CONTACT LOCATION;Check only one LOCATION.STREET: This applies to anyone on the sidewalk or street, under overpasses or bridges or any other outdoor location not included in other categoriesPARK: This applies to any community park or square TRAIN STATION: This applies to contacts in or around [your city’s] StationBUS STATION: This applies to contacts at commercial bus stations (e.g., Greyhound, Trail ways, Peter Pan, etc.)AIRPORT: This applies to any contact at [your city’s]] airport. PLACE OF BUSINESS: This applies only to contacts with individuals who are inside or blocking the entrance to a place of business; Contacts with individuals who are on the sidewalk near or in front of a place of business, would be listed as STREETHEALTH CLINIC: This applies to any medical/health care facility (NOT Mental/Behavioral Health Facility) that is NOT located within a hospital.HOSPITAL: This applies to medical hospitals, including out-patient clinics and waiting areas or in-patient floors. This is NOT for Mental/Behavioral Health Hospitals, Crisis Response Centers, or Emergency Rooms/waiting areas.MEDICAL EMERGENCY ROOM: This applies ONLY to emergency rooms located in medical hospitals. This is NOT for Psychiatric Hospitals or Emergency Departments.CRISIS CENTER OR PSYCHIATRIC EMERGENCY ROOM: This applies only to the following locations: [specify here]BEHAVIORAL HEALTH FACILITY: This applies to all in- and out-patient mental health and drug and alcohol clinics, intake centers, and health facilities. This is not for CRISIS CENTERS OR Psychiatric Emergency Rooms (see above.)SUBWAY STATIONS: This applies to anyone underground or in the entranceways of [specify here] subways.BOARD And CARE FACILITY: This applies only to contacts taking place within a Board and Care Facility. Record the name of the Boarding Home in DESCRIPTIONS/NOTES Section.TEAM’S OWN FACILITY: This applies to contacts occurring in a facility or location of the recording worker’s own agency.OTHER HOMELESS AGENCY: This applies to other team agency facilities, as well as any other homeless service program that is not included in any of the other categories including safe havens, overnight cafes, drop in centers, etc.GOVERNMENT OFFICE: This applies only to contacts that occur within public/government buildings, such as: city hall, offices of elected representatives, state, federal or city government buildingsPRIVATE RESIDENCE: This applies only to contacts in which the individual is inside or blocking the entrance to their own or someone else’s private place of residence.SPECIALIZED LOCATION- Often communities have high profile locations, such as encampments, or high priority areas in which outreach is a regular activity. This location will need to be clearly defined, but can offer decision makers helpful data on a high profile location.  |
| **Permanent Indicator** | Check the one that most closely reflects the individual’s presenting issues at the time of contact. |
| **Engagement** | Deliberate client assessment or beginning of a case plan |
| **Services Provided/ Enabled/ Obtained**  | If ENGAGEMENT ONLY is checked, do not check any other servicesFOOD: Where worker provides food, voucher for food, or transports consumer to a place where food is being served, expressly for that purpose. **Giving water counts as a food service** HOUSING: Any assistance with housing, including discussion of, transportation to, or placement in same. ANY PLACEMENTS MUST INCLUDE “HOUSING” AS A SERVICE PROVIDED; HOWEVER, “HOUSING” AS A SERVICE CAN BE CHECKED EVEN WHEN A PLACEMENT HAS NOT OCCURRED. E.g.: referring or taking someone to the coordinated entry center to apply for shelter does not necessarily constitute “placement” (unless it is confirmed that the individual was placed); however this would ALWAYS constitute “housing” as a service provided. TRANSPORTATION: Includes transportation by worker to any and all facilities, appointments, etc. It also includes tokens for individual to travel to same. If individual is being transported to a placement, (including a drop in center) both “HOUSING” and “TRANSPORTATION” should be checked.D&A SERVICE: Where worker enables individual to receive professional D&A services, including on-site assessment/treatment and/or transportation to same. This includes participating in or making a collateral effort to arrange treatment team meetings, personal goal planning, and medication or therapy appointments. It refers to the worker’s efforts to enable or arrange for these services, not to deliver it themselvesMH SERVICE: Where worker enables individual to receive professional mental health services, including on-site assessment/treatment and/or transportation to same. This includes participating in or making a collateral effort to arrange treatment team meetings, personal goal planning, and medication or therapy appointments. It refers to the worker’s efforts to enable or arrange for these services, not to deliver it themselves. MEDICAL SERVICE: Where worker enables individual to receive professional medical services, including on-site assessment/treatment and/or transportation to same. This includes participating in or making a collateral effort to arrange treatment team meetings, personal goal planning, and medication or therapy appointments. It refers to the worker’s efforts to enable or arrange for these services, not to deliver it themselvesPOLICE ASSISTANCE: Whenever police (but **not** security firms) are EITHER PRESENT OR ARE PARTICIPANTS in the reported event, even if they did not “assist” or directly involve themselves, this block should be checked. This includes Police transport of a person to an emergency room.LEGAL/COURT ISSUES: Assisting with or discussing legal issues; facilitating access to legal services, including any contact associated with Community Court.SELF CARE/ HYGIENE: Assistance with, or help accessing: washing, toileting, showering, laundry.SELF PRESERVATION: Any action or assistance by the worker to protect the individual from harm or destruction. E.g.: An involuntary psychiatric commitmentBENEFITS/ELIGIBILITY: This box is intended to include efforts on behalf of a person’s income, money management, employment efforts, and health care coverage. Include efforts to get ID.EMPLOYMENT/ VOCATIONAL: Assistance with, discussion of, or facilitation with accessing employment or vocational services, and/or budget counseling.OTHER SERVICE: Use this block **ONLY** if other choices will not fit. If you check “OTHER”, you must specify **clearly** what was done. DO NOT WRITE SERVICES HERE THAT SHOULD BE INCLUDED IN THE OTHER CHECKED BOXES (e.g., “transported” or “took to the drop in center” should be listed as TRANSPORTATION and TRANSPORTATION/HOUSING, respectively.ENGAGEMENT ONLY: Check if NOTHING else took place. This is not a contact, only an engagement, per HUD definitions. All other SERVICES PROVIDED/ENABLED/OBTAINED, by necessity, include some measure of engagement. A face-to-face encounter with a person who makes no reply or walks away is still engagement. |
| **New Placement** | This field has been re-labeled “NEW” to indicate the person has new shelter/housing as a result of this OUTREACH effort. It is not meant to capture services involving transportation of individuals back to the place where they have already been staying (including overnight cafes).  |
| **No Placement** | CLIENT REFUSED PLACEMENT: Check this ONLY if “Housing” (service) is also checked. DO NOT CHECK THIS IF “ENGAGEMENT ONLY” IS CHECKED.SHELTER REFUSED CLIENT: If checked, worker MUST indicate: WHICH SHELTER, AND THE REASON FOR THE REUSAL TO ADMIT CLIENT in the space provided.NOT HOMELESS **–** This field is defined as a person who has a place of their own or is paying their own way – even though with public support/subsidy - in permanent residence (e.g., PHA/Section 8 apt.; SRO, Group Home, Board and Care Home, Supportive Housing). In addition, People living in any group home facilities are NOT considered homeless. BUT: Persons living in funded housing, usually congregate, intended for persons who are homeless or otherwise would be, **ARE** homeless (e.g. any Shelter or Safe Haven etc.). NO BED AVAILABLE = If checked, worker MUST indicate: WHICH SHELTER(S) in the space provided. |
| **Source of Income / Benefits** | Check all that apply |
| **Emergency Contact** | The box is for relatives, friends, or other significant social services supports OUTSIDE of OUTREACH. |