**Homeless Outreach Data Form**

**Agency**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SSN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(123-45-6789)* **Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(mm/dd/yyyy)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Circle Gender, Race, Ethnicity, and Veteran Status* | | | | | |
| **Gender** | Male | **Race** | Black/African-American | **Ethnicity** | Hispanic |
| Female | White | Not Hispanic |
| Transgender (M to F) | Asian | Don’t Know/Unknown |
| Transgender (F to M) | American Indian or Alaska Native | **Veteran Status** | Yes |
| Other | Other |  | No |
| Don’t Know/Unknown | Don’t Know/Unknown | Don’t Know/Unknown |
|  | | | Pacific Islander or Native Hawaiian |  | |

**Outreach Worker Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Outreach Worker Agency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(mm/dd/yyyy)* **Contact Location** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Direction Street Name

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact Type:** *Circle the type of contact* | | | | | |
| Outreach | Response | Response, but could not find | Collateral with 3rd Party | Visit | Walk-in |

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| **Face to Face:** *For in person or phone contact. DO NOT USE IF CONTACT WAS COLLATERAL WITH 3RD PARTY. Circle the location.* | | | | | | |
| Street | Bus Station | Place of Business | Hospital | MH Facility | Other Homeless Agency | Shelter |
| Park | Airport | Police Station | Team’s Own Facility | D&A Facility | Govt Office | Subway |
| Train station | Health Facility | Psychiatric Emergency Center | Medical ER | Private Residence | Specialized Location | Other |

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| --- | --- | --- | --- | --- | --- |
| **Current Housing Status:** *Circle the Housing Status* | | | | | |
| Sleeping on Street | Shelter | Safe Haven | Permanent Supported Housing | Other MH Residential Program/Recovery House | Housed Other than PSH |

CONDITIONAL (Appears if “Sleeping on Street” & first time contact): Residence Prior to Homelessness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Text Entry)

**Encountered with Significant Other**: Yes No **Encountered with Children**: Yes No

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| --- |
| **Comments**: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Circle the answer that best describes the client.* | | | | | | | | |
| **Physical Disability**: *Impairment that is long-term, impedes ability to live independently and could be improved by suitable housing* | | | | Yes | | No | | Unable to determine | |
| **Developmental Disability**: *Severe chronic disability due to mental or physical impairment* | | | | Yes | | No | | Unable to determine | |
| **Chronic Health Issue**: *Diagnosed condition for more than 3 months and is not curable or has residual effects that limit functioning (Examples: heart disease, diabetes, cancer, etc.)* | | | | Yes | | No | | Unable to determine | |
| **Issues of Aging/Dementia** | | | | Yes | | No | | Unable to determine | |
| **Mental Health Issues** | | | | Yes | | No | | Unable to determine | |
| **Substance Abuse Issues** | | Alcohol | Drugs | Alcohol & Drugs | | No Substance Abuse | | Unable to determine | |
| **Life Skills**: *Such as hygiene, high risk behaviors, basic communication, anger management, etc.* | Unable to meet basic needs | Can meet few but not all basic needs without assistance | Can meet most but not all basic needs without assistance | Able to meet all basic needs without assistance | | Able to provide beyond basic needs | | Unable to determine | |
| **Engagement Only**   |  |  |  | | --- | --- | --- | | **Was this an engagement only?** | Yes | No |   **Contact:** *Check the services and/or placements provided* | | | | | | | | | |
|  | | | | | **Discussed** | | **Facilitated** | **Provided** | **Placement Made** |
| **Housing** *(Facilitated if connect client with Housing First or client/shelter refuses.)* | | | | |  | |  |  |  |
| **Water** | | | | |  | |  |  |  |
| **Food** *(Discussed if referred to food bank, soup kitchen, etc. Provided if gave food, WaWa card, etc)* | | | | |  | |  |  |  |
| **Clothing** *(Discussed if referred to distribution site. Provided if gave clothing, blanket, etc)* | | | | |  | |  |  |  |
| **Actual Transport** *(Took client from one location to another)* | | | | |  | |  |  |  |
| **Transportation** *(Gave tokens)* | | | | |  | |  |  |  |
| **Police Assistance** | | | | |  | |  |  |  |
| **Self-Care/Hygiene** *(including shower, laundry, etc)* | | | | |  | |  |  |  |
| **Benefits** *(including ID, govt entitlements)* | | | | |  | |  |  |  |
| **Employment/Voc** *(including jobs, budget, education, etc)* | | | | |  | |  |  |  |
| **D & A Service** *(Facilitated if arranges an appointment for D&A Service. Provided if bring a D&A professional to the contact location. Placed if take client to assessment center or recovery house.)* | | | | |  | |  |  |  |
| **Medical Service** *(Facilitated if arrange a medical appointment. Provided if health professional is brought by outreach to the outreach location. Placed if client is taken to hospital or ER.)* | | | | |  | |  |  |  |
| **MH Service**, including MH court *(Facilitated if arrange an appointment with MH services. Provided if MH professional if brought by outreach to location of contact. Placed if CRC.)* | | | | |  | |  |  |  |
| **Other Service***: must specify* | | | | | | | | | |

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| ***Circle Type of Housing Facilitated or Placement Made*** | | | | | | | | | |
| Shelter | Drop in Center | Safe Haven | Boarding and Care Facility | Family or Friend | Private Shelter | Other Social Service Agency | Psychiatric Facility | Hospital |

Name and Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***If Housing was facilitated and no placement made….*** | | | |
| Client Refused | No Bed Available | Shelter Refused | *Must give reason if shelter refused*: |

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| --- | --- |
| ***If Placed in a Recovery House, provide the name and location*** | Name and Location: |

|  |  |
| --- | --- |
| ***If placement made to other facility, provide the name and location*** |  |