

CARES REGIONAL HMIS Contact – STREET OUTREACH

CONTACT DATE	LOCATION	STAYING ON STREETS, ES OR SH
____/____/____		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker Unable to Determine

OUTREACH WORKER	REASON FOR ENCOUNTER	BEHAVIORAL INDICATORS
	<input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Follow Up <input type="checkbox"/> Hospital Referral <input type="checkbox"/> Outreach Activity <input type="checkbox"/> Police Referral <input type="checkbox"/> Soc Serv Referral <input type="checkbox"/> Phone Referral <input type="checkbox"/> Walk-in <input type="checkbox"/> Weather Intervention	<input type="checkbox"/> Alcohol Prob <input type="checkbox"/> Behavioral Prob <input type="checkbox"/> Bizarre Behavior <input type="checkbox"/> Depression <input type="checkbox"/> Drug Prob <input type="checkbox"/> Homicidal <input type="checkbox"/> Physically Ill <input type="checkbox"/> Prob with Aging <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:

ENGAGEMENT DATE	_____ / _____ / _____ <input type="checkbox"/> Not yet engaged
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REFERRALS MADE	SERVICES ACCEPTED BY CLIENT
<input type="checkbox"/> Alcohol Detox <input type="checkbox"/> Alcohol Treatment <input type="checkbox"/> Shelter <input type="checkbox"/> Drop-in Center <input type="checkbox"/> Drug Detox <input type="checkbox"/> Drug Treatment <input type="checkbox"/> Entitlements <input type="checkbox"/> Medical Attention <input type="checkbox"/> Private Shelter <input type="checkbox"/> Psych Eval <input type="checkbox"/> Showers <input type="checkbox"/> Food Pantry <input type="checkbox"/> Other: _____	Assessment <input type="checkbox"/> Not Offered <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Clothing <input type="checkbox"/> Not Offered <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Transportation <input type="checkbox"/> Not Offered <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Food/Showers <input type="checkbox"/> Not Offered <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Information/Counseling <input type="checkbox"/> Not Offered <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Other <input type="checkbox"/> Not Offered <input type="checkbox"/> Accepted <input type="checkbox"/> Refused

ENCOUNTER NOTES