

## CARES REGIONAL HMIS Contact – RHY 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<br><input type="checkbox"/> Hospital Referral <input type="checkbox"/> Outreach Activity<br><input type="checkbox"/> Police Referral <input type="checkbox"/> Soc Serv Referral<br><input type="checkbox"/> Phone Referral <input type="checkbox"/> Walk-in<br><input type="checkbox"/> Weather Intervention | <input type="checkbox"/> Alcohol Prob <input type="checkbox"/> Behavioral Prob <input type="checkbox"/> Bizarre Behavior<br><input type="checkbox"/> Depression <input type="checkbox"/> Drug Prob <input type="checkbox"/> Homicidal<br><input type="checkbox"/> Physically Ill <input type="checkbox"/> Prob with Aging <input type="checkbox"/> Suicidal<br><input type="checkbox"/> Other: |

| ENGAGEMENT DATE | ____/____/____ <input type="checkbox"/> Not yet engaged |
|-----------------|---|
|-----------------|---|

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

| ENCOUNTER NOTES |
|-----------------|
|                 |