



## 2018 HMIS UNIVERSAL FORM STREET OUTREACH CONTACT

<b>*CONTACT DATE</b>	<b>*LOCATION</b>
____/____/____	

**\*STAYING ON STREETS, ES, OR SH**

No     
  Yes     
  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"/> Social Services Referral <input type="checkbox"/> Phone Referral <input type="checkbox"/> Walk-in <input type="checkbox"/> Weather Intervention
<input type="checkbox"/> Alcohol Problem <input type="checkbox"/> Behavioral Problem <input type="checkbox"/> Bizarre Behavior <input type="checkbox"/> Depression <input type="checkbox"/> Drug Problem	<input type="checkbox"/> Homicidal <input type="checkbox"/> Physically Ill <input type="checkbox"/> Problem with Aging <input type="checkbox"/> Suicidal <input type="checkbox"/> Other

**REFERRALS MADE**

<input type="checkbox"/> Alcohol Detox <input type="checkbox"/> Alcohol Treatment <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"/> Shelter (DHS/Contracted) <input type="checkbox"/> Private Shelter (Non-DHS) <input type="checkbox"/> Psych. Consultation/Evaluation	<input type="checkbox"/> Showers <input type="checkbox"/> Soup Kitchen/Food Pantry <input type="checkbox"/> Other
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**SERVICES ACCEPTED BY CLIENT**

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**