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| Logo  Description automatically generated | **FY24 CARES COLLABORATIVE HMIS STREET OUTREACH Encounter** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Contact Date | | Location | | | | | \*Location Type | | | | | | | | | | | | |
| \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | |  | | | | | qAirport  qBus Station  qDrug& Alcohol Agency  qFerry Terminal Health Provider  qHospital Emergency Room | | | | | | | qMental Health Agency  qOutreach Office/Phone  qPark  qPolice Station | | | | | qShelter  qStreet  qTrain Station  qOther |
| \*Where are you currently living? **(Select the best match to the person’s response – does not need to be exact!)** | | | | | | | | | | | | | | | | | | | |
| HOMELESS SITUATIONS  qPlace not meant for habitation/’the streets’ (public or private places not intended for regular sleeping: e.g., a vehicle, abandoned building, bus/train station, airport, or anywhere outside)  qEmergency Shelter, including hotel or motel paid for with an emergency shelter voucher  qSafe Haven | | | | | | | | | | | INSTITUTIONAL SITUATIONS  qFoster care home or foster care group home  qHospital or other residential non-psychiatric medical facility  qJail, prison, or juvenile detention facility  qLong-term care facility or nursing home  qPsychiatric hospital or other psychiatric facility  qSubstance use treatment facility or detox center | | | | | | | | |
| TEMPORARY HOUSING SITUATIONS  qTransitional housing for homeless persons (including homeless youth)  qResidential project or halfway house with no homeless criteria  qHotel or motel paid for without emergency shelter voucher  qHost Home (non-crisis)  qMoved from one HOPWA funded project to HOPWA TH  qStaying or living in a friend’s room, apartment, or house  qStaying or living in a family member’s room, apartment, or house | | | | | | | | | | | PERMANENT HOUSING SITUATIONS  qStaying or living in a friend’s room, apartment, or house  qStaying or living in a family member’s room, apartment, or house  qMoved from one HOPWA funded project to HOPWA PH  qRental by client no ongoing housing subsidy  qRental by client with ongoing housing subsidy  qOwned by client no ongoing housing subsidy  qOwned by client with ongoing housing subsidy | | | | | | | | |
| **\*IF RENTAL OR OWNED WITH ONGOING SUBSIDY WAS SELECTED** **SELECT SUBSIDY SUBTYPE** | | | | | | | | | | | | | | | | | | | |
| qGPD TIP housing subsidy  qHCV voucher  qFamily Unification Program Voucher  qOther permanent housing dedicated to formerly homeless persons | | | | | | | | | | | qVASH housing subsidy  qPublic housing unit  qFoster Youth to Independence Initiative | | | | | | qRRH or equivalent subsidy  qEmergency Housing Voucher  qPermanent Supportive Housing | | |
| \*Are you going to leave in the next 14 days? | | | | | | | | | | | | | | | | | | | |
| qNo qYes | | | | | | | | | | | | | | | | | | | |
| \*If YES, Have you found new housing? | | | | | \* If YES, Do you or your family have resources or support networks to find other housing? | | | | | | | | | | | | | | |
| qNo qYes | | | | | qNo qYes | | | | | | | | | | | | | | |
| \* If YES, Have you rented or owned a place to live in the last 60 days? | | | | | | | | | | \* If YES, Have you moved 2 or more times in the last 60 days? | | | | | | | | | |
| qNo qYes | | | | | | | | | | qNo qYes | | | | | | | | | |
| Reason for encounter | | | | | | | | | | | | Behavioral Indictors | | | | | | | |
| qCrisis Intervention | | | qFollow Up | | | qHospital Referral | | | | | | qAlcohol Problem | | | qViolent Abuse | | | | qSuicidal |
| qOutreach Activity | | | qPolice Referral | | | qProblem w/ Aging | | | | | | qPhysical Illness | | | qDSS Referral | | | | qDepression |
| qTelephone Referral | | | qWalk-in | | | qWeather Intervention | | | | | | qDrug Problem | | | qBizarre Behavior | | | | qHomicidal |
|  | | |  | | |  | | | | | | qOther | | |  | | | |  |
| Referrals Made | | | | | | | | | | | | | | | | | | | |
| qAlcohol Detox | | qAlcohol Treatment | | | | | | | qContracted Shelter | | | | qDrop-in Center | | | | | qShowers | |
| qDrug Detox | | qDrug Treatment | | | | | | | qEntitlements | | | | qMedical Attention | | | | | qFood Pantry | |
| qPrivate Shelter | | qPsych Consultation/Eval | | | | | | | qOther\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Services Accepted By Client | | | | | | | | | | | | | | | | | | | |
| Assessment | Clothing | | | Transportation | | | | Food/Showers | | | | Information/Counseling | | | | Other­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| qNo qYes | qNo qYes | | | qNo qYes | | | | qNo qYes | | | | qNo qYes | | | | qNo qYes | | | |
| Encounter Note | | | | | | | | | | | | | | | | | | | |
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