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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 |
| \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |  | qAirportqBus StationqDrug& Alcohol AgencyqFerry Terminal Health ProviderqHospital Emergency Room | qMental Health AgencyqOutreach Office/PhoneqParkqPolice Station | qShelterqStreet qTrain StationqOther |
| \*Where are you currently living? **(Select the best match to the person’s response – does not need to be exact!)** |
| HOMELESS SITUATIONSqPlace 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 voucherqSafe Haven | INSTITUTIONAL SITUATIONSqFoster care home or foster care group homeqHospital or other residential non-psychiatric medical facilityqJail, prison, or juvenile detention facilityqLong-term care facility or nursing homeqPsychiatric hospital or other psychiatric facilityqSubstance use treatment facility or detox center |
| TEMPORARY HOUSING SITUATIONSqTransitional housing for homeless persons (including homeless youth)qResidential project or halfway house with no homeless criteriaqHotel or motel paid for without emergency shelter voucherqHost Home (non-crisis)qMoved from one HOPWA funded project to HOPWA THqStaying or living in a friend’s room, apartment, or houseqStaying or living in a family member’s room, apartment, or house  | PERMANENT HOUSING SITUATIONSqStaying 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 PHqRental by client no ongoing housing subsidyqRental by client with ongoing housing subsidy qOwned by client no ongoing housing subsidyqOwned 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 subsidyqPublic housing unitqFoster Youth to Independence Initiative | qRRH or equivalent subsidyqEmergency Housing VoucherqPermanent 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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