

Sample Homelessness Outreach Contact Form

Date: _____ **Name:** _____
Last First Middle

DOB: _____ **Age:** _____ **SS#:** _____

Gender: Male Female **Veteran:** Yes No Unknown

Race/Ethnicity (voluntary):

American Indian or Alaskan Native	Native Hawaiian/Other Pacific Islander
Asian or Pacific Islander	White
Black	Other: _____
Hispanic/Latino	Unknown

Entitlements:

SS Disability: SSI: \$ _____ SSR: \$ _____

VA Pension: \$ _____ VA Service Connected: \$ _____ SAGA Cash: \$ _____

SAGA Medical: Y N Title 19: Y N Medicare/Medicaid: Y N
A: YN B: YN D: YN

Employment:

Job Title: _____ Wage: _____

Employer: _____

Education: High School Graduate: Y N GED: Y N Highest Grade: _____
College: Some Associate Bachelor's Master's

Where has the person slept the past 2 weeks? How many nights in each place?

Own apartment: # _____ Someone else's apartment: # _____ Jail or prison: # _____

Shelter: # _____ Institution (hospital, nursing home): # _____ Outdoors: # _____

Public building: # _____ Abandoned building: # _____ Other: # _____

In your opinion, is the person served homeless? Yes No

Comments:

Length of time homeless this episode:

Fewer than 2 days: _____ 2–30 days: _____ 31–90 days: _____ 91 days to 1 year: _____
More than 1 year: _____ Unknown: _____

Number of episodes homeless and length of time: _____

Brief Description:

Eviction History: _____

Brief Description:

Where is person staying a majority of the time?

- | | |
|--|---|
| Outdoors | Jail or correctional facility |
| Short-term shelter | Halfway house, residential treatment program |
| Long-term shelter | Institution (psych, hospital, nursing home, etc.) |
| Own or another's apartment, room, or house | Unknown |
| Hotel, SRO, boarding house | Other: _____ |

Medical History: Does the person describe any significant medical problems? Yes No

Brief Description:

Psychiatric History: Does the person describe any significant current psychiatric symptoms or say he or she has received a psychiatric diagnosis in the past? Yes No

Brief Description:

Who was with the person at the time of contact?

- | | |
|-----------------------------------|--|
| 1. Person was alone | 4. Person was with spouse/partner & children |
| 2. Person was with children | 5. Person was part of nonfamily group |
| 3. Person was with spouse/partner | 6. Other: _____ |

How was contact initiated?

- | | | |
|------------------------|---|------------------|
| 1. Outreach | 3. Referral by mental health agency or provider | 4. Self-referral |
| 2. Referral by shelter | | 5. Other _____ |

How responsive was the person to contact?

- | | |
|--|---|
| 1. Talked briefly; did not want to talk further | 4. Interested in referral to non-PATH program |
| 2. Would talk but not interested in services | 5. Interested in outreach services |
| 3. Interested in basic services (food, clothing) | 6. Other: _____ |

GOAL: _____

Interviewer's Name: _____ **Date:** _____

Duration of Contact: 5 min 10 min 15 min 30 min 45 min 60 min 61+ min