

Bridging the Gap: PATH Street Outreach Encounter

Last Name* _____ First Name* _____

Client ID* _____ Encounter Date* _____

Project Name* _____

Case Worker _____

ENCOUNTER

Encounter Location Type*

- Place Not Meant for Habitation
- Service Setting: Non-Residential
- Service Setting: Residential

PIT Region Where Slept Last Night*

Maui County

- Maui R1: Central Maui
- Maui R2: Lower Waiehu
- Maui R3: Up Country
- Maui R4: Lahaina
- Maui R5: Kihei
- Maui R6: Hana

Kauai County

- Kauai R1: West
- Kauai R2: South
- Kauai R3: South Central
- Kauai R4: East
- Kauai R5: North

Hawaii County

- Hawaii R1: North Kohala
- Hawaii R2: Hamakua
- Hawaii R3: North Hilo
- Hawaii R4: South Hilo
- Hawaii R5: Puna
- Hawaii R6: Kau
- Hawaii R7: South Kona
- Hawaii R8: North Kona
- Hawaii R9: South Kohala

Where did you sleep last night? (Actual location. Please do not enter generic locations, e.g., park, beach, tent, car, street, etc.)*

Actual Location of Encounter* _____

PATH Services (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Housing minor renovation | <input type="checkbox"/> Residential supportive services |
| <input type="checkbox"/> Clinical assessment | <input type="checkbox"/> Housing moving assistance | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Community mental health service | <input type="checkbox"/> One time rent for eviction prevention | <input type="checkbox"/> Security deposits |
| <input type="checkbox"/> Habilitation/Rehabilitation | <input type="checkbox"/> Re-engagement | <input type="checkbox"/> Substance use treatment service |
| <input type="checkbox"/> Housing eligibility determination | | |

PATH Referrals (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Community mental health | <input type="checkbox"/> Housing services | <input type="checkbox"/> Permanent housing |
| <input type="checkbox"/> Dental health referral | <input type="checkbox"/> Income training | <input type="checkbox"/> Primary health services |
| <input type="checkbox"/> Educational services | <input type="checkbox"/> Job training | <input type="checkbox"/> Substance use treatment |
| <input type="checkbox"/> Employment assistance | <input type="checkbox"/> Medical insurance | <input type="checkbox"/> Temporary housing |

Please provide the exact GPS coordinates of where this encounter interview took place in decimal format to six decimal places: (e.g., Latitude: 21.993230, Longitude: -159.342046)

Latitude* _____

Longitude* _____

After manually entering the Latitude/Longitude data into the HMIS, DO NOT CLICK ON THE GEO TRACKING BUTTON. Please verify that this location accurately represents where the encounter interview took place and not the location of data entry.