

Bridging the Gap: 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* _____

Services Provided (select all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Benefits application assistance | <input type="checkbox"/> Health education/Lifestyle | <input type="checkbox"/> Mail pickup |
| <input type="checkbox"/> Budgeting/Money Management | <input type="checkbox"/> Housing/Shelter enrollment assistance | <input type="checkbox"/> Translation services |
| <input type="checkbox"/> Case management | <input type="checkbox"/> ID assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Food provision | | |

Referrals (select all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute/Urgent care | <input type="checkbox"/> Legal services | <input type="checkbox"/> Substance use treatment |
| <input type="checkbox"/> Dental/Vision services | <input type="checkbox"/> Mental health services | <input type="checkbox"/> TB screening |
| <input type="checkbox"/> Educational services | <input type="checkbox"/> Permanent housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Employment assistance | <input type="checkbox"/> Primary health services | <input type="checkbox"/> Veterans assistance |

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.