

Outreach Contact Supplemental

This form can be used for outreach to collect information at contacts. (additional interactions on page 2)

Client (name or other identifier)

Client Contact Information	
Recording multiple ways to contact clients is important to ensure clients receive services as they become available.	
Type	Details
Primary Phone Number	
Secondary Phone Number	
Email Address	
Ok to receive texts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Media Handle or Website	
Other contact method (frequent location, friend or family member, worksite)	

Date Of Contact (to confirm Current Living Situation)									
		/			/				
Month	Day		Year						

Type Of Current Living Situation - Where was the client living during this contact with the client?
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher, or RHY-funded Host Home shelter
<input type="checkbox"/> Institution (add institution details below)
<input type="checkbox"/> Temporarily Housed (add temporary location details below)
<input type="checkbox"/> Permanently Housed (add permanent location details below)
<input type="checkbox"/> Other (specify):
Living Situation confirmed by: Name the verifying agency and project

Current Living Situation - Location details (like type of agency or specifics on who might be helping fund current place)

Contact Notes (any changes, services provided, referrals made, follow-ups etc.):

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		/			/				
Month		Day			Year				

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Contact Notes (any changes, services provided, referrals made, follow-ups etc.):

Date Of Contact (to confirm Current Living Situation)									
		/			/				

Month Day Year

TYPE OF CURRENT LIVING SITUATION - Where was the client living during this contact with the client?
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
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<input type="checkbox"/> Permanently Housed (add permanent location details below)
<input type="checkbox"/> Other (specify):
Living Situation confirmed by: Name the confirming agency and project
CURRENT LIVING SITUATION - Location details (including type of institution and/or specifics on where and who might be helping fund i.e. voucher etc.)

Contact Notes (any changes, services provided, referrals made, follow-ups etc.):
