

NC BoS CoC – First Contact for Unsheltered Outreach

This form should be used for outreach at first contact for each person living unsheltered. Additional data elements can be collected at later interactions.

Client signed/verbally consented to HMIS Release of Information

- YES
 NO

Identify yourself and explain the purpose of your questions.

Hello, my name is _____, and I am helping connect persons experiencing homelessness to resources in the community. Would you like information on shelters in your area or how to get connected to a system in your area for permanent housing?

If the person gives consent:

- Has an agency/volunteer group recently asked you questions about experiencing homelessness? (If so, find out who and if they were they already counted for PIT).
- Where are you sleeping tonight? (**STOP** if client is staying at a sheltered location. Engage in conversation for resources as available/appropriate.)

Answer For All Household Members

Date Of Data Collection									
		/			/				
Month		Day				Year			

Name - (First, Middle, Last, Suffix)	
First Name	
Middle Name	
Last Name	
Suffix (e.g., Jr, Sr, III)	

Name Data Quality	
<input type="checkbox"/>	Full name reported
<input type="checkbox"/>	Partial, street name or code name
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Prefer not to answer
<input type="checkbox"/>	Data Not Collected

Current Living Situation										
Confirm the date of this contact?										
	0	1		2	9		2	0	2	5

Type Of Current Living Situation - Where were you living during this contact?	
If the response is Sheltered, Temporary, or Other situation, STOP the survey.	
Unsheltered	<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
Sheltered	<input type="checkbox"/> Emergency shelter (including hotel or motel paid for <i>with</i> emergency shelter voucher, by a government or non-profit, or RHY-funded Host Home shelter)
Temporary	<input type="checkbox"/> Hotel or motel paid for <i>without</i> emergency shelter voucher
	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
Other	<input type="checkbox"/> Other (specify):
Living Situation verified by:	
Name the name of group/agency collecting survey	

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	
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)	

Veteran Status				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Date Of Birth (e.g. 10/23/1978)	Data Quality Status				
	<input type="checkbox"/> Full Reported	<input type="checkbox"/> Approx. or Partial Reported	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Gender - Select one or more gender identities	
<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Questioning
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Different Identity (Please Specify)
<input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit)	<input type="checkbox"/> Don't know
<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Data not collected

Race and Ethnicity - Select one or more race and ethnic categories	
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> White
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Don't know
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Hispanic / Latina/e/o	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Middle Eastern or North African	Additional Race and Ethnicity Detail:
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

Relationship to Head of Household	
<input type="checkbox"/> Self (head of household)	<input type="checkbox"/> Head of household's other relation member (other relation to head of household)
<input type="checkbox"/> Head of household's child	
<input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Other: non-relation member

NC County Of Service	
In which NC county is this client experiencing homelessness?	

Answer These Questions For Head Of Household And Other Adults

Enrollment CoC – In which CoC is the Head of Household staying at the time of project entry?			
<input type="checkbox"/> NC 502-Durham City & County	<input checked="" type="checkbox"/> NC 503-NC Balance of State	<input type="checkbox"/> NC 513-Chapel Hill/Orange County	<input type="checkbox"/> Other:

Domestic Violence - Are you a fleeing domestic violence or human trafficking?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected