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.

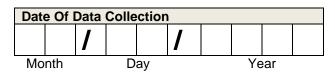
Identify yourself and explain the purpose of your questions.

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:

- A. 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).
- B. Where are you sleeping tonight? (<u>STOP</u> if client is staying at a sheltered location. Engage in conversation for resources as available/appropriate.)

Answer For All Household Members



Name - (First, Middle, Last, Suffix)	Name Data Quality
First Name	□ Full name reported
	Partial, street name or code name
Middle Name	Don't know
	Prefer not to answer
Last Name	Data Not Collected
Last name	
Suffix (e.g.,	
Jr, Sr, III)	

Current Living Situation Confirm the date of this contact?

Type Of Current Living Situation - Where were you living during this contact? If the response is Sheltered, Temporary, or Other situation, STOP the survey.							
ii tile respoi	136 1						
Unsheltered		Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)					
Sheltered	Sheltered 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)						
		Hotel or motel paid for without emergency shelter voucher					
Temporary		Staying or living in a friend's room, apartment, or house					
		Staying or living in a family member's room, apartment or house					
Other		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.				
Туре	Details			
Primary Phone Number				
Email Address				

Ok to receive texts?		🗆 Yes 🗌 No		
Social Media Handle or Website				
Other contact method (frequent location, friend or family me	mber, worksite)			
Veteran Status				
□ Yes □ No	Don't know	w Prefer not to answer Data not collected		
Date Of Birth (e.g. 10/23/1978)	Full Appro	Data Quality Status rox. or Don't know Prefer not Data not ial Reported on't know collected		
Gender - Select one or more gender	r identities			
□ Woman (Girl, if child)				
□ Man (Boy, if child)		Different Identity (Please Specify)		
□ Culturally Specific Identity (e.g	. Two-Spirit)	Don't know		
□ Transgender		Prefer not to answer		
Non-Binary		Data not collected		
Race and Ethnicity - Select one	or more race and ethnic cat	ategories		
American Indian, Alaska Native, or Indigenous		□ White		
□ Asian or Asian American		Don't know		
Black, African American, or African	rican	Prefer not to answer		
□ Hispanic / Latina/e/o		Data not collected		
Middle Eastern or North African		Additional Race		
Native Hawaiian or Pacific Isla	nder	and Ethnicity Detail:		
Relationship to Head of House	ehold			
□ Self (head of household)		Head of household's other relation member (other relation to		
Head of household's child				
Head of household's spouse	or partner	Other: non-relation member		
NC County Of Service In which NC county is this client exp	periencing 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?

 □ NC 502-Durham City & County
 ③ NC 503-NC Balance of State
 □ NC 513-Chapel Hill/Orange County
 □ Other:

Domestic Violence - Are you a fleeing domestic violence or human trafficking?							
□ Yes □ No	🗆 Dor	i't know Derefer answei					