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:

A. Has an agency/volunteer group recently asked you questions about experiencing homelessness?
   a. If so, what agency/organization? _____
   b. Did that group ask you questions for Point in Time count? (STOP if yes)

B. Where are you sleeping tonight? (STOP if client is staying at a sheltered location. Engage in conversation for resources as available/appropriate.)
   a. Examples of sheltered locations: temporary shelter, emergency shelter, transitional housing)

Answer For All Household Members

Date Of Data Collection									
		/			/				
Month			Day			Year			

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

Name Data Quality
☐ Full name reported
☐ Partial, street name or code name
☐ Don't know
☐ Prefer not to answer
☐ Data Not Collected

Current Living Situation Confirm the date of this contact?	0	1	/	2	8	/	2	0	2	6

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	☐	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
Sheltered	☐	Emergency shelter (including hotel or motel paid for *with* emergency shelter voucher, by a government or non-profit, or RHY-funded Host Home shelter)
Temporary	☐	Hotel or motel paid for *without* emergency shelter voucher
	☐	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

Relationship to Head of Household			
☐	Self (head of household)	☐	Head of household's other relation member (other relation to head of household)
☐	Head of household's child		
☐	Head of household's spouse or partner	☐	Other: non-relation member

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?	☐ Yes ☐ No
Social Media Handle or Website	
Other contact method (frequent location, friend or family member, worksite)	

Veteran Status				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Date Of Birth (e.g. 10/23/1978)	**Data Quality Status**				
	☐ Full Reported	☐ Approx. or Partial Reported	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Social Security Number – ####	**Data Quality Status**				
	☐ Full Reported	☐ Approx. or Partial Reported	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Gender - Select one or more gender identities	
☐ Woman (Girl, if child)	☐ Questioning
☐ 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

Sex – Select one of the following options for your Sex at birth, according to biological, chromosomes, or physical characteristics				
☐ Male	☐ Female	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

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

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?			
☐ NC 502-Durham City & County	⊗ **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	☐ Don't know	☐ Prefer not to answer	☐ Data not collected