

NC BoS CoC – First Contact for Unsheltered Outreach **Heads of Households**

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

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

Current Living Situation Confirm the date of this status?	0	1	/	2	7	/	2	0	2	7
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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 ☐ a vehicle, ☐ an abandoned building, ☐ bus/train/subway station/airport or anywhere outside) ☐ an encampment ☐ an individual campsite
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)
Temporary	☐ Hotel or motel paid for <i>without</i> 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	

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)	

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

Sex					Veteran Status				
☐ Male	☐ Female	☐ Don't know	☐ Prefer not to answer	☐ Data not collected	☐ 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

County In which NC county is this client experiencing homelessness?	
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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	

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

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