

PARTNERS IN CARE

Oahu's Continuum of Care

Adult Outreach Contact Encounter

Outreach Encounter

*First Name: _____ *Last Name: _____
 *Date of Birth: _____ *Last 4 digits of SSN #: _____
 *Encounter Date: _____ Case Worker: _____

Type of Encounter: Contact

Encounter Location Type: Place not meant for habitation Service Setting: Non-Residential Service Setting: Residential

*PIT Region where client slept last night:

- | | | |
|---|---|---|
| <input type="checkbox"/> R1: Downtown: Salt Lake to Piikoi St | <input type="checkbox"/> R3: Ewa: Aiea to Kapolei | <input type="checkbox"/> R6: Upper Windward |
| <input type="checkbox"/> R2: E. Honolulu: Piikoi St to Hawaii Kai | <input type="checkbox"/> R4: Kaneohe to Waimanalo | <input type="checkbox"/> R7: Waianae Cost |
| | <input type="checkbox"/> Wahiawa to North Shore | |

*Where did you sleep last night? _____

*Actual location of encounter: _____

*Encounter Zip Code: _____

Encounter Section A – General Services:

- | | | |
|--|--|---|
| <input type="checkbox"/> Benefits application assistance | <input type="checkbox"/> Food provision | <input type="checkbox"/> ID assistance |
| <input type="checkbox"/> Budgeting/Money Management | <input type="checkbox"/> Health education/lifestyle | <input type="checkbox"/> Mail pick-up |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Housing/shelter enrollment assistance | <input type="checkbox"/> Translation services |
| | | <input type="checkbox"/> Transportation |
- *Method of contact: Face-to-Face Internet Other Phone Third-party Provider

Encounter Section B – Health Referrals:

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute/Urgent care | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Substance use treatment |
| <input type="checkbox"/> Dental/Vision services | <input type="checkbox"/> Primary health services | <input type="checkbox"/> TB screening |

Encounter Section C – Social Service Referrals:

- | | | |
|--|--|--|
| <input type="checkbox"/> Educational services | <input type="checkbox"/> Legal services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Employment assistance | <input type="checkbox"/> Permanent housing | <input type="checkbox"/> Veterans assistance |

Notes:
