

PIT 2021 STREET OUTREACH FORM

Last revised: 01/01/2021

1) **Location Where Person is Found (describe/list any landmarks)** _____

2) **What is your name? (if hesitant, ask What are your initials?)**

First Name (or Initial): _____ Last Name (or Initial): _____ Person Refused

3) **What is your date of birth (mm/dd/yyyy) ___/___/_____** Person doesn't know Person Refused

If refused (or DV), please estimate the age grouping in which the person may be: Under 18 18-24
 25+

4) **Is there a number to contact you?** _____ Cell Work Other

_____ Cell Work Other

5) **How you do identify your gender?**

Male Female Transfemale (Male to Female) Transmale (Female to Male) Gender Non-Conforming (i.e. not exclusively M or F)

6) **Of the following options, what do you consider your ethnicity?**

Non-Hispanic/Non-Latino Hispanic/Latino Person doesn't know Person Refused

7) **What do you consider your primary race?**

White Black or African American Asian American Indian or Alaska native
 Native Hawaiian or other Pacific Islander

8) **Is this the first time you have been homeless?**

Yes No Person doesn't know Person Refused

9) **How long have you been homeless this time? Only include time spent staying in shelters and/or on the streets.**

Years: _____ Months: _____ Weeks: _____ Days: _____

10) **Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years?**

Fewer than 4 times 4 or more times Person doesn't know Refused

11) **In total, how long did you stay in shelters or on the streets those times?**

Years: _____ Months: _____ Weeks: _____ Days: _____

12) **How long have you been living in this community?**

Years: _____ Months: _____ Weeks: _____ Days: _____

Disabling Conditions:

13) **Do you have any Substance Abuse Issues?** No Alcohol Abuse Drug Abuse Both Alcohol and Drug

Person Doesn't Know Person Refused

13a. **If yes, is this a long-term disability that impairs your ability to hold a job or live independently?**

Yes No Person Doesn't Know Person refused

- 14) **Do you have a Chronic Health Condition?** Yes No Person Doesn't Know Person refused
 14a. **If yes, is this a long-term disability that impairs your ability to hold a job or live independently?**
 Yes No Person Doesn't Know Person refused
- 15) **Do you have a Mental Health Problem?** Yes No Person Doesn't Know Person refused
 15a. **If yes, is this a long-term disability that impairs your ability to hold a job or live independently?**
 Yes No Person Doesn't Know Person refused
- 16) **Do you have a Physical Disability?** Yes No Person Doesn't Know Person refused
 16a. **If yes, is this a long-term disability that impairs your ability to hold a job or live independently?**
 Yes No Person Doesn't Know Person refused
- 17) **Do you have a Developmental Disability?** Yes No Person Doesn't Know Person refused
- 18) **Do you have HIV/AIDS?** Yes No Person Doesn't Know Person refused
- 19) **Are you a Veteran?**
 Yes No Person doesn't know Person refused
- 20) **Are you currently experiencing homelessness because you are fleeing Domestic Violence?**
 Yes No Person doesn't know Person refused
- 21) **Are you homeless because of COVID?**
 Yes No Person doesn't know Person refused
- 22) If respondent has family currently with them, please provide the following (use additional form for more children):

Household Member	Date of Birth	Gender	Race	Ethnicity	Veteran (Y/N)	Disabling Condition (Y/N)
Partner/ Spouse						
Child 1						
Child 2						
Child 3						
Child 4						

23) Would you mind if I shared your information with the Connecticut Homeless Management Information system?
 This will allow agencies to help you and provide you with services. YES _____ NO _____

If YES, please read the Release of Information to the individual and indicate if they agree to the terms or not.

Release of Information

The Connecticut Homelessness Management Information System (CT HMIS) is a shared system. This means that authorized CT HMIS Participating Agencies will enter your information into the CT HMIS database. These participating agencies will have access to the information that is entered into HMIS. Sharing your data allows service providers to see if they have housing services that fit your needs. It does not guarantee that you will receive housing. The type of information collected in the system includes basic identifying information for you and each member of your household (including name, SSN, date of birth, gender, race, ethnicity, household information, phone number, military veteran

status, phone numbers, military veteran status, and disability status). The information entered into HMIS may include information regarding your physical and mental health, including history of substance abuse or HIV/AIDs; whether you are currently receiving services or treatment; and about referrals for services and housing by participating agencies.

Agreed _____ Refused _____ Date: _____