

Site Assessment Form for Street/Outreach Workers		Date of Assessment:
Location of Outreach Team (City, State):	Name of Observer:	
Number of Encampments Served by Team:	Average Number of Clients Served per Day: ____ Per week: ____	
Days Each Week Outreach Team in Field:	Hours of Operation:	
How many encampments are visited on a weekly basis?: _____	Funding Source: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non profit <input type="checkbox"/> Other: _____	
Site POC: _____ <div style="display: flex; justify-content: space-between;"> Name Position Phone # </div>		
Staff		
# Permanent Staff on Outreach Team:	Medical services provided during outreach visits: <input type="checkbox"/> Y <input type="checkbox"/> N	
# Volunteer/Temp Staff on Outreach Team:	If yes, clinician type:	
Clothing or bedding donated during outreach visits: <input type="checkbox"/> Y <input type="checkbox"/> N	Veterinary services provided during outreach visits: <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, type:	If yes, type:	
Facilities		
Do clients have regular access to laundry services? <input type="checkbox"/> Y <input type="checkbox"/> N If yes: Clothing laundered?: <input type="checkbox"/> Y <input type="checkbox"/> N Bedding/linens laundered? <input type="checkbox"/> Y <input type="checkbox"/> N		
Where do they clients access laundry services? _____		
Are clients able to launder items themselves? <input type="checkbox"/> Y <input type="checkbox"/> N	Are clients able to bring in items for laundry? <input type="checkbox"/> Y <input type="checkbox"/> N	
Is hot water always available for laundry? <input type="checkbox"/> Y <input type="checkbox"/> N	Are laundry baskets/bags provided? <input type="checkbox"/> Y <input type="checkbox"/> N If yes: Does each client have their own or are they shared? <input type="checkbox"/> Baskets are not provided <input type="checkbox"/> Individual <input type="checkbox"/> Shared <input type="checkbox"/> Unknown	
Do clients have regular access to showers? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes: Do showers have available hot water? <input type="checkbox"/> Y <input type="checkbox"/> N	
About what percentage of clients have pets or companion/service animals? ____%	Are flea control services/medications provided by the outreach team? <input type="checkbox"/> Y <input type="checkbox"/> N	
What type of pets or companion/service animals are in the encampments? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other: _____		

Name of Facility:

Additional Comments: please note contextual information that may be important to document related to preventative measures, practices taken regarding vectorborne diseases, (e.g., how are educational trainings for staff / clients typically done at this site), etc.