

| 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.