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| 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:  [ ]  Public [ ]  Private [ ]  Non profit [ ]  Other:\_\_\_\_\_\_\_\_\_  |
| Site POC: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Position Phone # |
| **Staff** |
| # Permanent Staff on Outreach Team: # Volunteer/Temp Staff on Outreach Team:  | Medical services provided during outreach visits: [ ]  Y [ ]  N If yes, clinician type:  |
| Clothing or bedding donated during outreach visits: [ ]  Y [ ]  N If yes, type: | Veterinary services provided during outreach visits: [ ]  Y [ ]  N If yes, type: |
| **Facilities** |
| Do clients have regular access to laundry services? [ ]  Y [ ]  N If yes: Clothing laundered?: [ ]  Y [ ]  N Bedding/linens laundered? [ ]  Y [ ]  N |
| Where do they clients access laundry services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are clients able to launder items themselves? [ ]  Y [ ]  N | Are clients able to bring in items for laundry? [ ]  Y [ ]  N |
| Is hot water always available for laundry? [ ]  Y [ ]  N | Are laundry baskets/bags provided? ☐ Y ☐ N If yes: Does each client have their own or are they shared? ☐ Baskets are not provided ☐ Individual ☐ Shared ☐ Unknown |
| Do clients have regular access to showers? [ ]  Y [ ]  N  | If yes: Do showers have available hot water? [ ]  Y [ ]  N |
| About what percentage of clients have pets or companion/service animals? \_\_\_\_\_% | Are flea control services/medications provided by the outreach team? [ ]  Y [ ]  N |
| What type of pets or companion/service animals are in the encampments? [ ]  Dogs [ ]  Cats [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Name of Facility:** |

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| **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.  |
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