

ESG – Street Outreach Reimbursement Form

Serves unsheltered homeless persons/families

Essential services to eligible participants provided on the street or parks, abandoned buildings, bus stations, campgrounds and in other such settings where unsheltered persons are staying.

Today's Date: ____/____/____

Staff Member: _____

Name: _____ Date of Birth: ____/____/____
(First) (Last)

Client's Program Entry Date: ____/____/____

Exit Date: ____/____/____

Engagement – Activities to locate, identify & build relationships with unsheltered homeless people for the purpose of providing immediate support, intervention & connections with homeless assistance program and/or mainstream social services and housing program.

- Initial Assessment Providing crisis counseling Address urgent physical needs
 Connecting & providing info & referrals Cell Phone costs for outreach worker(s)

Description of Service Provided: _____

Dates of Services Submitted: _____ to _____

Total Amount Requested: \$ _____

Staff Member: _____

** Provide all documentation necessary for review**

Case Management - Assessing housing and service need and arranging/coordinating/monitoring the delivery of individualized services.

- Eval/Verify Eligibility Counseling Develop/Secure/Coordinate Services Help Obtain Benefits
 Monitor/Evaluate Progress Provide Info/Referrals Develop Housing Plan

Description of Service(s) Provided: _____

Dates of Service(s) Submitted: _____ to _____

Total Amount Requested: \$ _____

Staff Member: _____

Provide all documentation necessary for review

Emergency Health Services – Outpatient treatment of urgent medical conditions by licensed medical professionals in community-based settings (e.g. streets, parks & campgrounds) to those eligible participants unwilling or unable to access emergency shelter or an appropriate healthcare facility.

- Assess & treatment plan Assist to understand health needs
 Obtain emergency medical treatment Provide medication & follow up services

Description of Service(s) Provided: _____

Dates of Service(s) Submitted: _____ to _____

Total Amount Requested: \$ _____

Staff Member: _____

Provide all documentation necessary for review

Emergency Mental Health Services - Outpatient treatment of urgent mental health conditions by licensed professionals in community-based settings (e.g. streets, parks & campgrounds) to those eligible participants unable or unwilling to access emergency shelter or an appropriate healthcare facility.

- Crisis intervention Prescription of psychotropic meds Explain use & mgt of meds
 Therapeutic approach to address multiple problems

Description of Service(s) Provided: _____

Dates of Service(s) Submitted: _____ to _____ Total Amount Requested: \$ _____

Staff Member: _____ **Provide all documentation necessary for review**

Transportation – Travel by outreach workers, social workers, medical professionals or other service providers during the provision of eligible street outreach services.

- Transport unsheltered people to emergency shelter or other service facility
 Cost of a participant's travel on public transit
 Mileage allowance for outreach workers to visit participants
 Costs of staff to accompany or assist participants to use public transportation

Description of Service(s) Provided: _____

Dates of Service(s) Submitted: _____ to _____ Total Amount Requested: \$ _____

Staff Member: _____ **Provide all documentation necessary for review**

Services to Special Populations – Otherwise eligible Essential Services that have been tailored to address the special needs of homeless youth, victims of domestic violence and related crimes/threats, and/or people living with HIV/AIDS who are literally homeless.

- Engagement Case Management Emergency Health Services
 Emergency Mental Health Services Transportation

Description of Service(s) Provided: _____

Dates of Service(s) Submitted: _____ to _____ Total Amount Requested: \$ _____

Staff Member: _____ **Provide all documentation necessary for review**