

OUTREACH WORKERS'S CONTACT LOG

Agency: _____ Date: _____

Name/Initials:	AKA:	DOB:
Location:	Service Barrier:	
Situation:		
Currently Living:	Income Source: _____ Amt/Mo: _____	
Distinguishing Features: Age: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran
Ethnicity:	Previous Contact: ? Yes ? No	
Appointment made: _____	<input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Mental Health <input type="checkbox"/> Other	
Home is in: ? City of Spokane ? Spokane County ? Other County ? Out of state		
Current Referrals: <input type="checkbox"/> Card <input type="checkbox"/> Brochure <input type="checkbox"/> Other		
<input type="checkbox"/> Possible Basic Essentials Needed	<input type="checkbox"/> Possible Medical Needs	
<input type="checkbox"/> Possible Chemical Dependency	<input type="checkbox"/> Possible Mental Health Needs	

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