

ESG-CV – Street Outreach Reimbursement Form

Serves unsheltered homeless persons/families to prevent, prepare for, and respond to coronavirus

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 Date of Engagement: ____/____/____ Location of Engagement: _____

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 needs 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****

Training – Training on infectious disease prevention and mitigation for staff working directly to prevent, prepare for and respond to coronavirus among persons who are homeless.

- Mileage allowance for outreach workers to provide training Costs of staff to provide training

Description of Training(s) Provided: _____

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

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

Hazard Pay – Funds may be used to pay hazard pay for staff working directly to prevent, prepare for and respond to coronavirus among persons who are homeless.

Staff receiving Hazard Pay & Amount of Hazard Pay: _____

Dates of Hazard Pay Provided: _____ to _____ Total Amount Requested: \$ _____

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

Volunteer Incentive – Cost of providing reasonable incentives to volunteers (e.g. cash or gift cards) who have been and are currently helping to provide necessary street outreach services during the coronavirus outbreak.

- Stipend/Cash Incentive Provided Gift Card Provided Other Incentive Provided

Description of Incentive(s) Provided: _____

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

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

Handwashing Stations/Portable Bathrooms – Cost of installing and maintaining handwashing stations and bathrooms (e.g. porta potties) in outdoor locations for people experiencing unsheltered homelessness to help prevent the spread of coronavirus.

- Handwashing Stations Portable Bathrooms

Location of handwashing station/bathroom: _____

Dates of Install: _____ 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**