Please answer these questions concerning the services that may be provided under the OUTREACH program.

Question 4 – – SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS – – –									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION – – –									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL – – –									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE – – –									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH – – –									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH – – –									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES – – –	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other – SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

4o. Do you operate another program at this location?	[] Yes – LOOK AT CHART ON PAGE 4, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No – SKIP TO QUESTION 20 ON PAGE 34