

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Project:** \_\_\_\_\_ **Case Worker:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_

**ENCOUNTER**

**Encounter Date\*** \_\_\_\_\_

**Encounter Location Type\***  Place Not Meant for Habitation  Service Setting: Non-Residential  Service Setting: Residential

**PIT Region Where Slept Last Night\***

**Maui County**

- Maui R1:** Central Maui
- Maui R2:** Lower Waiehu
- Maui R3:** Up Country
- Maui R4:** Lahaina
- Maui R5:** Kihei
- Maui R6:** Hana

**Kauai County**

- Kauai R1:** West
- Kauai R2:** South
- Kauai R3:** South Central
- Kauai R4:** East
- Kauai R5:** North

**Hawaii County**

- HI R1:** Kohala
- HI R2:** Honokaa
- HI R3:** Laupahoehoe
- HI R4:** Hilo
- HI R5:** Waiakea
- HI R6:** Keaau
- HI R7:** Paho
- HI R8:** Kau
- HI R9:** Konawaena
- HI R10:** Kealakehe

**Where did you sleep last night?\*** \_\_\_\_\_

**Actual Location of Encounter\*** \_\_\_\_\_

**Encounter Location Zip Code\*** \_\_\_\_\_

**Encounter Section B - Health Referrals:**

- Acute/Urgent care
- Dental/Vision services
- Mental health services
- Primary health services
- Substance use treatment
- TB screening

**Encounter Section C - Social Service Referrals:**

- Educational services
- Employment assistance
- Legal services
- Permanent housing
- Transportation
- Veterans assistance