

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: Kealahou

Where did you sleep last night?* _____

Actual Location of Encounter* _____

Encounter Location Zip Code* _____

Encounter Section A - General Services:

- Benefits application assistance
- Health education/lifestyle
- Translation services
- Budgeting/Money Management
- Housing/shelter enrollment assistance
- Transportation
- Case management
- ID assistance
- Food provision
- Mail pickup

Encounter Section B - Health Referrals:

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

Encounter Section C - Social Service Referrals:

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