PROJECT HOMELESS CONNECT

Check-In Form

Check-in form rev 09-08

Client Name _____ _____ _____

First *M.I.* *Last*

SSI# ☐☐☐ - ☐☐ - ☐☐☐☐

_____ / /

DOB *mm / dd / yyyy*

Please review the questions below with the client to determine service need. Check the space under "priority" to note services the client requests.

Question	Service	Priority(✔)
Do you have pain that may be relieved with acupuncture?	Acupuncture	
Do you have questions about probation, help to report-in for the month, or would like to discuss ways to complete probation successfully?	Adult Probation	
Would you like to open a bank account today?	Banking, Low/No Cost	
Do you need a haircut? (qty. limited)	Barber/Haircutting	
Do you want to talk with a counselor about services to help with emotional or substance abuse issues?	Behavioral Health	
Are you receiving any cash assistance or Food Stamps?	CAAP/Food Stamps	
Does your back hurt? Do you want to have a professional assess and adjust you?	Chiropractor	
Do you need dental treatment for a cavity, a tooth pull or cleaning? (must be eligible - qty. limited)	Dental Treatment	
Do you have a California ID (must be CA resident, on assistance, & haven't requested in year - qty. limited)	DMV I.D.	
Ready to work, interested in transitional work, talk to a job counselor, or sign up for a One-Stop swipe card?	Employment Services	
Do you have children? Family services can help.	Family Services	
Do you want to send a free card or letter to a family member or friend?	Mailings	
Would you like to get a flu shot today?	Flu Shots	
Do you have health insurance?	Healthy SF/MediCal	
Are you concerned about your hearing? Would you like to have it checked?	Hearing Services	
Would you like to get an HIV test?	HIV Rapid Test	
Do you have someone that you can contact and live with? We can help you relocate?	Homeward Bound	
Would you like to talk to a counselor about housing options and next steps? Are you dealing with an eviction?	Housing Information	
Would you like to receive legal assistance?	Legal	
Do you want a massage?	Massage	
Have you seen a doctor recently? Do you need medical attention today?	Medical	
Do you want help with heroin or other opiate use?	Methadone	
Would you like to safely dispose of syringes or needles?	Needle Exchange	
Would you like to make a free phone call?	Phone Calls	
Are you pregnant?	Prenatal Service	
If you are a senior, do you want to talk about senior services and related support?	Senior Services	
Do you want to make a shelter reservation for tonight?	Shelter Bed	
Do you get SSI/SSDI or MediCal? Do you have any disability that prevents working (you may be eligible)?	SSI/SSDI	
Have you ever served in the military (Army, Navy, Air Force, Marines, Coast Guard)?	Veteran	
Did you bring your pet today? Do they need to see a vet today?	Veterinary/Pet Sitting	
Are you in need of an eye exam and possibly glasses? (qty. limited)	Vision Care	
Do you want to sign up for a free voicemail account today?	Voicemail	
If you are in a wheelchair, does it need repair or maintenance?	Wheelchair Repair	
If you are 24 or under, do you want to talk about youth services and related support?	Youth Services	

FREE FOOD - cafe lunch

Personal Care Kit & Groceries

White Copy - PHC

Yellow Copy - Client