

Team \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Turn in Daily and make sure information is complete

# CORE Update Contact Sheet

*\*Indicate client exits to housing, family/friends,  
 or long-term institutions.*

*(If NO, please complete Supplemental Sheet)*

	Living in Streets or Shelter?	Client First and Last name (or Unknown/Refused)	D.O.B	PES Referral?	Jail Referral?	P.Hill/Concord Direct Call? (PH/C)	City of contact & City slept last night	Refused Services	Emergency Supplies	DMV coord & transport	Bus BART ticket	Care Center R/C (Central/West County/Monument/Trinity)	Warming Ctr R/P (Central/West County)	Shelter R/P & Transport. Write in which Shelter
1	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
2	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
3	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
4	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
5	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
6	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
7	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
8	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
9	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
10	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
11	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
12	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
13	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
14	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
15	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
16	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
17	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
18	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
19	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
20	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
21	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
22	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
23	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____
24	Y / N						City / Slept last night					R/C (C/W/M/T)	R/P (C/W)	R/P _____

*\*Use Supplemental Sheet for these living situations: • Hospital • Hotel/Motel • Friend's room/apt • Family members room/apt • Jail/Prison/Juvi • Psych facility • Substance abuse/detox • Nursing home or Board & Care • Rental w/ VASH • Rental w/ RRH subsidy • Rental w/ HCV • Rental w/ other subsidy • Rental no subsidy • Own home no subsidy • Own home w/ subsidy • Perm. Supportive Housing*

Team \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
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*\*Indicate client exits to housing, family/friends,  
 or long-term institutions.*



	Mental Health Clinic Coord & Transport	Outpatient Medical Coord & Transport	Linkage to HMIOT	Hospital Coord & Transport	AOD Detox or Program Placement & Transport	Med Drop off & Pick Up	Benefits Coord & Transport	VA Benefit Refrl	Housing Coord	HCH Dental Coord & Transport	HCH Mobile Clinic Coord & Transport	Public Works Garbage Bag Given (Enter Qty.)	Animal Services Food/ Service	*Exit Destination (Includes exits to housing, family/friends, or long-term program/shelter/institution)
1	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
2	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
3	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
4	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
5	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
6	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
7	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
8	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
9	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
10	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
11	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
12	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
13	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
14	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
15	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
16	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
17	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
18	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
19	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
20	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
21	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
22	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
23	location	location	<input type="checkbox"/>	location	location								Food / Srvc	
24	location	location	<input type="checkbox"/>	location	location								Food / Srvc	

**\*Exit Destinations**•Shelter•Hospital • Jail/prison •Safe Haven•Transitional Housing •Nursing home •Substance abuse/detox center•Halfway house •Pysch facility •Rental w/ VASH•Rental w/ RRH subsidy• Rental w/ HCV •Rental w/ other subsidy •Rental no subsidy •Own home no subsidy •Own home w/ subsidy•Permanent Supportive Housing•Staying with friends-temp•Staying with friends - perm. •Staying with family - temp •Staying with friends-perm• Other