



## Encampment Status Assessment

<b>Instructions:</b> Please use the checkboxes or text boxes to indicate responses when appropriate. The asterix indicates a requires question.	Encampment Status Date	<input type="text"/>
	Encampment Start Date	<input type="text"/>
	Encampment Name	<input type="text"/>

Location and Site Accessibility	
Number of Estimated Occupants*	<input type="text"/>
Please describe the best access point for Emergency Services in the event of an emergency.	<input type="text"/>
Type of Site Please describe the type of site (ex: sidewalk, roadway, wooded area, steep slope, park, private property, etc)*	<input type="text"/>
Please describe any structures such as tents or other temporary structures and include the number of structures observed.	<input type="text"/>

Is imminent work or an event scheduled at this site?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
Are there indications that children may be present?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
Are there indications that any occupants may need accommodation(s) for health or medical conditions?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know If <b>yes</b> , note their HMIS Unique ID's (UID) here: <div data-bbox="1102 456 1984 581" style="border: 1px solid black; height: 77px; width: 100%;"></div>
Are there indications that any occupant(s) is a potential health or safety risk to themselves or others?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know If <b>yes</b> , note their UID's here: <div data-bbox="1102 743 1984 868" style="border: 1px solid black; height: 77px; width: 100%;"></div>
Are there indications that there are pet or other animals present in the encampment.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know

### Health Risk Factors

Do you observe any health risk factors within the encampment or individual residents?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know If <b>yes</b> , please answer the section titled "Observed Health Risk Factors" If <b>no</b> , skip to <i>Safety Risk Factors</i> .
Observed Health Risk Factors	
Do you observe garbage or debris within the encampment?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know

	<p>If <b>yes</b>, please indicate the levels:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Low levels: No action required</li> <li><input type="checkbox"/> Moderate Levels: Mitigation Recommended</li> <li><input type="checkbox"/> High Levels: Risk to Residents</li> </ul>
Do you observe Human or Animal Waste within the encampment?	<ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> Don't Know</li> </ul> <p>If <b>yes</b>, please indicate the levels:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Low levels: No action required</li> <li><input type="checkbox"/> Moderate Levels: Mitigation Recommended</li> <li><input type="checkbox"/> High Levels: Risk to Residents</li> </ul>
Bio Hazards: Drug Paraphernalia	<ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> Don't Know</li> </ul> <p>If <b>yes</b>, please indicate the levels:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Low levels: No action required</li> <li><input type="checkbox"/> Moderate Levels: Mitigation Recommended</li> <li><input type="checkbox"/> High Levels: Risk to Residents</li> </ul>
Evidence of other environmental health risk (mice, rats, mosquitos, etc)?	<ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> Don't Know</li> </ul> <p>If <b>yes</b>, please indicate the levels:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Low levels: No action required</li> <li><input type="checkbox"/> Moderate Levels: Mitigation Recommended</li> <li><input type="checkbox"/> High Levels: Risk to Residents</li> </ul>
Do you have concerns about contagious disease being spread within the encampment?	<ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> Don't Know</li> </ul>
Is encampment associated with a reported disease outbreak?	<ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> Don't Know</li> </ul>
Number of bathrooms observed (makeshift or facility)	<input style="width: 100%; height: 40px;" type="text"/>
Number of hand washing facilities/sanitary stations present	<input style="width: 100%; height: 40px;" type="text"/>

## Safety Risk Factors

Do you observe any health risk factors within the encampment or individual residents? *	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
Do you observe evidence of fire hazards including open fire pit, excessive flammable debris, etc?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
Do you observe evidence of flooding such as close proximity to a waterway or standing water?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
Did you observe any criminal activity or violence or has criminal activity or violence been reported at this encampment?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know If yes, please indicate the levels: <input type="checkbox"/> Low levels: No action required <input type="checkbox"/> Moderate Levels: Mitigation Recommended <input type="checkbox"/> High Levels: Risk to Residents Please describe the criminal activity or violence that has been observed or reported. <div data-bbox="1150 881 1999 1008" style="border: 1px solid black; height: 78px; width: 100%;"></div>
Interference with pedestrian safety (e.g. sidewalk obstruction, blocking building access):	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
Did you observe the presence of any weapons or have weapons been reported at the encampment?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know If <b>yes</b> , note the weapons observed or reported here: <div data-bbox="1094 1284 1999 1411" style="border: 1px solid black; height: 78px; width: 100%;"></div>