

**Pilot Elevation Policy - Inability to Complete Assessment
Elevation Request and Outreach Tracking Form**

Directions: To initiate this request, please complete the top part of this form. The form will be sent via **encrypted** email to mjenckes@anchoragehomeless.org, amcbride@anchoragehomeless.org, FiataugaIuia.tami@anchoragehomeless.org, and BrelandMN@ci.anchorage.ak.us

Name of person making the request: _____

Agency: _____ Direct Phone Number: _____

Email address: _____

Client Name: _____ HMIS Number(s): _____

Client Guardian (if applicable): _____ Phone _____

Is your agency an established Access Point: Yes / No
*(If yes, please include dates and description of attempted engagement in the reason provided below.
If no, please include why you believe this household will not be able to complete an assessment once engaged with an assessor.)*

Reason for initiating request : _____

_____.

Staff Signature _____ Date _____

*****Stop here – below for CE Elevation Request Outreach Entities *****

Primary Outreach Tracking:

Please complete and send via encrypted email to mjenckes@anchoragehomeless.org, amcbride@anchoragehomeless.org, chalonl@choices-ak.org, and the entity who initiated the request.

Outreach Worker: _____ Date received: _____

Outcome (pick one): Paused (no contact) Assessment completed with client Client refused
 Unable to complete assessment (progress to next stage of outreach).

Please list dates and location of contact. If no contact was made, please list the date and location of all outreach attempts. If household refused assessment, please include all additional attempts for engagement: _____

Notes: _____

Secondary Outreach

Please complete and send via encrypted email to mjenckes@anchoragehomeless.org and amcbride@anchoragehomeless.org, chalonl@choices-ak.org and the entity who initiated the request.

Outreach Worker: _____ Date received: _____

Outcome (pick one): Paused (no contact) Assessment completed with client Client refused
 Unable to complete assessment (progress to next stage of outreach).

Please list dates and location of contact. If no contact was made, please list the date and location of all outreach attempts. If household refused assessment, please include all additional attempts for engagement: _____

Notes: _____

Tertiary Outreach

Please complete and send via encrypted email to mjenckes@anchoragehomeless.org, amcbride@anchoragehomeless.org, and the person who initiated the request.

Outreach Worker: _____ Date received: _____

Outcome (pick one): Paused (no contact) Assessment completed with client No contact
 Unable to complete assessment (progress to next stage of outreach).

Please list dates and location of contact. If no contact was made, please list the date and location of all outreach attempts. If household refused assessment, please include all additional attempts for engagement: _____

Notes: _____

