Tier I COVID Response Assessment
(Unsheltered Encampments)

* Required

1. Email address *

2. Name of person collecting assessment information

3. Facility Name (exactly as it was provided to you)

4. Contact Name

5. Contact Phone Number

6. Where is the encampment?
7. How many people live in the encampment?

8. How many sleep structures are in the encampment?

Provide the estimated percentage of individuals living in the encampment in each age group

9. Ages 18-60 (estimate %)

10. Ages 60+ (estimated %)

11. Under Age 17

12. Have residents been informed of COVID-19?
   
   *Mark only one oval.*

   - [ ] Yes
   - [ ] No
13. Comment


14. Is there information about COVID posted at the encampment?

Mark only one oval.

☐ Yes

☐ No

15. Comment


16. Is anyone at the encampment experiencing symptoms of Coronavirus?

Mark only one oval.

☐ Yes

☐ No
17. Comment

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

18. How much distance is there between sleeping structures?

____________________________________________________________________________________

19. Is there a current process to separate people that are sick from the rest of the camp?

*Mark only one oval.*

☐ Yes

☐ No

20. If "Yes" explain

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
21. Is there a current process to clean communal space?

22. Does this encampment receive regular outreach and engagement?

   *Mark only one oval.*
   
   ☐ Yes
   ☐ No

23. If 'Yes,' from which agency/agencies?

24. Does this encampment receive regular outreach from medical providers and harm reduction supplies?

   *Mark only one oval.*
   
   ☐ Yes
   ☐ No
25. If 'Yes,' from which agency/agencies?


26. What type of hand sanitation is available onsite?

Mark only one oval.

☐ Hand washing station
☐ None
☐ Other

27. Comment


28. Where is the closest public restroom located?


29. Are there waste/garbage receptacles?

*Mark only one oval.*

☐ Yes
☐ No

30. Comment

_____________________________________________________________________________________________________________________________________________

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_____________________________________________________________________________________________________________________________________________

31. How do people dispose of sharps or other bio-medical paraphernalia?

_____________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________

32. Are there sanitation supplies available to residents (bleach, wipes, sanitizer, etc)?

*Mark only one oval.*

☐ Yes
☐ No
33. Comment


34. Is there access to food?

*Mark only one oval.*

☐ Yes
☐ No

35. If 'Yes,' how much and from where?


36. Do you have any other comments about COVID-19 you'd like to share?


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