

### Summary

Use the Community Outreach Cover Form and Paper Survey Guide to record daily engagements.



### Record Engagement: On Community Outreach Survey Form

- Complete the **Community Outreach Paper Survey Guide**
- Complete **Engagement** demographics by selecting an option from each category
  - Age
  - Race/Ethnicity
  - Gender
  - Borough
  - Zip Code
  - Community
  - Individual Barriers
  - Barries to Vaccination

Engagement					
Age	<input type="checkbox"/> 0-17	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-44	<input type="checkbox"/> 45-64	<input type="checkbox"/> 65+
Race/Ethnicity	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Latino	<input type="checkbox"/> White	<input type="checkbox"/> Other
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		
Borough	<input type="checkbox"/> Bronx	<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Queens	<input type="checkbox"/> Staten Island
Zip Code	<input type="checkbox"/> 10456	<input type="checkbox"/> 10459	<input type="checkbox"/> 10460	<input type="checkbox"/> Out of Area	<input type="checkbox"/> Not provided
Community	<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> Black	<input type="checkbox"/> Latino	<input type="checkbox"/> LGBTQI+TGNCNB	<input type="checkbox"/> Undocumented
Individual Barriers	<input type="checkbox"/> Sex Workers	<input type="checkbox"/> Homeless	<input type="checkbox"/> Immigrant	<input type="checkbox"/> Undocumented	<input type="checkbox"/> Mental Health
Barriers to Vaccination	<input type="checkbox"/> Preexisting Conditions	<input type="checkbox"/> Access to Vaccine	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Effectiveness	<input type="checkbox"/> Myths
	<input type="checkbox"/> Other <input type="text"/>				

- Complete **Needs and Referrals** demographics by selecting an option from each category
  - Vaccination
  - Food
  - Shelter
  - Financial Assistance
  - Primary Care
  - Employment
  - Behavior Health

Needs & Referrals					
Vaccination	<input type="checkbox"/> Fully Vaccinated	<input type="checkbox"/> One Dose	<input type="checkbox"/> Unvaccinated	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment
Food	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
Shelter	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
Financial Assistance	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
Primary Care	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
Employment	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
Behavioral Health	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
Legal Assistance	<input type="checkbox"/> Provided	<input type="checkbox"/> Referred	<input type="checkbox"/> Appointment		
Additional persons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
Transportation needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Interpreter needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

- Legal Assistance
- Additional Persons
- Transportation Needed
- Interpreter Needed
- Complete an **Appointment** by recording contact information
  - First Name
  - Last Name
  - Phone
  - E-mail

**Appointment**

<b>First Name</b>	<b>Last Name</b>
<b>Phone</b>	<b>E-mail</b>

## Submit Engagement: On Community Outreach Cover Form

- Complete the **Community Outreach Cover Form**
  - Advocate First Name
  - Advocate Last Name
  - Location
  - Check-In Time: Include Date & Time
  - Check-Out Time: Include Date & Time
  - Count: Total Number of Surveys
- After counting total of surveys, gather into a pile and attach the **Community Outreach Cover Form**
- Submit Community Outreach packet to your Faith Based Organization/Community Based Organization

### OUTREACH COVER FORM



<b>Advocate First Name</b>	
<b>Advocate Last Name</b>	
<b>Location</b>	
<b>Check-in Time</b>	
<b>Check-out Time</b>	
<b>Count</b>	