COVID Call Center Data Form *Required
Date  Date  mm/dd/yyyy



Most Frequented Branch - Closest Branch to Customer *	
Central	
O Athmar	
Ross-Barnum	
O Bear Valley	
O Blair Caldwell	
Broadway	
Byers	
Cherry Creek	
O Decker	
○ Field	
Ford Warren	
Green Valley Ranch	
Hadley	
O Hampden	
Montbello	
O Park Hill	
O Pauline Robinson	
Gonzales	
Sam Gary	
Schlessman	
Smiley	
University Hills	
○ Valdez-Perry	



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Virginia Village
Woodbury
Westwood
You are:
Matt
Sonia
Elissa
☐ Karim
Jaime
Alycia
Carla
Asmeret
Reed
Maggie Maggie
Aaron
Gordon
They are:
Individual
Couple
Family



Housing/Living Situation
Choose
Have you been displaced because of Covid?
O Yes
O No
I might be
Needs Identified by Customer
COVID Testing and Medical Services
Shelter Information/Homeless Resources
Employment
Food Resources
LEAP/Energy Assistance/Utility Assistance
Unemployment Claims/Application
Domestic Violence
Health Care - Primary Care- Non COVID related
Mental Health Support/Resources
Substance Use Support/Resources
Moving/Rent Assistance
Pet Resources
Senior Resources/Services
Emotional Support

Referred To:
CCH MHCD WICC (Walk In Crisis Center) Bayaud DHS Veteran's Services Urban Peak Comitis
Denver Health Denver Indian Center Gathering Place Harm Reduction Action Center or LifePoint Syringe Access St Francis
Referred to (if not listed above):  Your answer
Were you a library customer before COVID?  Yes  No



New Customer to CR
O Yes
○ No
Is this person service connected? *
O Yes
○ No
Unknown
If so where?
Your answer
Length of Time Spent with Customer
5 minutes or less
5-15 minutes
15-30 minutes
Over 30 minutes





For Mental Health Crisis Only
911 Called
Referred to WICC
Called Colorado Crisis Services or Mobile Crisis
Referred to ED
For Substance Use Crisis Only
911 Called
Referred to Detox
Called Colorado Crisis Services
Referred to other treatment option

Submit

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