**COLORADO BALANCE OF STATE CONTINUUM OF CARE**

**January 2019 Sheltered Point-in-Time (PIT) Count**

**COVER SHEET**

(Please attach completed surveys to this form)

|  |  |
| --- | --- |
| Name of program surveyed:  |  |
| Program is located in what city:  |  |
| Program is located in what county:  |  |

Program type (Mark **X** next to program type and use a separate cover sheet for each program type):

\_\_\_\_ Emergency Shelter \_\_\_\_ Transitional Housing

\_\_\_\_ Permanent Supportive Housing \_\_\_\_ Rapid Rehousing

Contact person (for questions about the attached survey forms):

|  |  |
| --- | --- |
| Contact Name:  |  |
| Contact E-mail: |  |

|  |  |
| --- | --- |
| Number of Sheltered Survey Forms Attached:  |  |

Please use a separate cover sheet for each housing program and return all the original survey forms to your local Point-in-Time Coordinator.