**COLORADO BALANCE OF STATE CONTINUUM OF CARE**

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

**COVER SHEET**

(Please attach completed surveys to this form)

|  |  |
| --- | --- |
| Name of BoS Region:  |  |
| County:  |  |
| City:  |  |
| Other Important Information:  |  |

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

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

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