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**January 28th, 2020 Sheltered Point-in-Time (PIT) Count**

**COVER SHEET**

(Please attach completed surveys to this form)

|  |  |
| --- | --- |
| Name of Program Surveyed:  |  |
| City & County of Program:  |  |

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 (Per Program):  |  |

**Please use a separate cover sheet for each housing program** and return all the survey forms to your local PIT Coordinator.