



Colorado Balance of State Continuum of Care

January 26th, 2021 Sheltered Point-in-Time (PIT) Count

COVER SHEET

(Please attach completed surveys to this form)

<u>Name of Program Surveyed:</u>	
<u>City & County of Program:</u>	

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 (One Cover Sheet Per Program):	
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Please use a separate cover sheet for each housing program and return all the survey forms to your local PIT Coordinator.