



# Colorado Balance of State Continuum of Care

January 24<sup>th</sup>, 2023 Sheltered Point-in-Time (PIT) Count

## COVER SHEET

(Please attach completed surveys to this form)

|                                      |  |
|--------------------------------------|--|
| <u>Name of Program Surveyed:</u>     |  |
| <u>City &amp; County of Program:</u> |  |

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

- ☐ Emergency Shelter (ES) ☐ Transitional Housing (TH)  
☐ Permanent Supportive Housing (PSH) ☐ Rapid Rehousing (RRH)

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

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

|   |  |
|---|--|
| Number of Sheltered Survey Forms Attached<br>(One Cover Sheet Per Program): |  |
|---|--|

*Important! Do not separate the BoS PIT Surveys from the Youth Supplemental Surveys! It's difficult to match them together later, so keep the surveys together!*

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