

Colorado Balance of State Continuum of Care

January 2023 Unsheltered Point-in-Time (PIT) Count

COVER SHEET

(Please attach completed surveys with this form)

County:			
City:			
Other Important			
Information (cross			
streets, geo local,			
agency, etc.):			
Contact Name:	ions about the attached sur	rvey forms):	
Contact E-mail:			
			-
Number of Unsheltere	d Survey Forms Attached:		
Important! Do not seperate the BoS PIT Surveys from the Youth Supplemental Surveys! It's difficult to match them together			

her later, so keep the surveys together!

Notes (for surveyor/lead/coordinator):