



STATEWIDE SURVEY TRACKING FORM

INSTRUCTIONS

- **PLEASE ATTACH ALL RETURNED SURVEYS TO THIS FORM!**
- **THE INFORMATION IN THE BOX BELOW MUST BE COMPLETED!**
- *If you are with an agency, please fill in agency, and fill in program information if applicable. If you are a volunteer not associated with an agency, please fill in "Other Group" information. Be sure to specify the location where surveys were conducted.*
- *If you did a count of unsheltered homeless, fill in the agency/group that did the count and the specific location where the count was done. Be sure to complete the information in the box (number counted, count or estimate, and date).*

NUMBER OF ATTACHED SURVEYS: _____

IF UNSHELTERED HOMELESS COUNT, NUMBER OF HOMELESS COUNTED: _____
Did you actually count or is this an estimate? (Check one) Count Estimate

DATE SURVEYS OR COUNT CONDUCTED: _____

Every agency or other group should complete the following information

Agency: _____ Program (if applicable): _____

Other Group (not an agency): _____

Location where surveys were distributed:

City/town: _____ County: _____

OR specific geographic location if rural (e.g. woods near Montrose): _____

Method used to complete surveys:

Surveys were completed by: (Check **all that apply**)

- Interview
- Respondents completed surveys on their own (with or without staff assistance)
- Staff completed surveys on their own

IF YOU ARE WITH AN AGENCY, PLEASE ANSWER:

How many **unduplicated** HOMELESS clients do you serve **at this location** in a typical **week** in August, 2006? Please give your best estimate. _____

What proportion of your agency's clients are homeless?

- All
- About half
- Most
- Less than half

IF YOU DID A COUNT OF THE UNSHELTERED HOMELESS, PLEASE ANSWER:

How many **unduplicated** HOMELESS clients stay **at this location** in a typical week in August, 2006? Please give your best estimate. _____

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