

2019 POINT-IN-TIME COUNT HOMELESS SHELTERS Agency Lead Information & Training Registration Form



Complete one form per individual program to be COUNTED

Agency Name:			
Project Name:			
Project Address:			
HMIS Project ID:			
Chicago Program Model Type: Please select only one. <ul style="list-style-type: none"> <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Youth Low Threshold Overnight Shelter <input type="checkbox"/> Interim Housing <input type="checkbox"/> Permanent Housing with Short-term Supports <input type="checkbox"/> Youth Transitional Housing – Scattered Site <input type="checkbox"/> Youth Transitional Housing – Project Based <input type="checkbox"/> Youth Transitional Housing – Interim Housing <p>*Note that Permanent Housing (PH), Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH) do not participate in the Point in Time Count. They will be contacted separately to complete Housing Inventory Count (HIC) data.</p>	HMIS ID Number:		
	Number of Beds funded:		
	Program Capacity:		
Below are the training sessions you may select from, select ONLY ONE (1) session : All sessions will be held at 1615 West Chicago Avenue. <ul style="list-style-type: none"> <input type="checkbox"/> Monday, January 14, 2019 --- 1:00 PM to 3:00 PM --- Room 155 across from Library <input type="checkbox"/> Tuesday, January 15, 2019 --- 2:00 PM to 4:00 PM--- Room 155 across from Library <input type="checkbox"/> Wednesday, January 16, 2019 --- 10:00 AM to 12:00 PM --- Room 155 across from Library <input type="checkbox"/> Friday, January 18, 2019 --- 2:00 PM to 4:00 PM --- Room 155 across from Library <input type="checkbox"/> Tuesday, January 22, 2019 --- 2:00 PM to 4:00 PM --- Room 155 across from Library 			
Please list the names of the person(s) that will be attending the training: <ol style="list-style-type: none"> 1. 2. 3. 			

2019 Homeless Count Agency Lead Information Sheet

LEAD CONTACT PERSON FOR THE HOMELESS SHELTER COUNT

	<u>Primary Coordinator of Count</u>
Name:	
Title:	
Address/zip code:	
Phone Number:	
E-Mail:	

	<u>Alternate, if applicable:</u>
Name:	
Title:	
Address/zip code:	
Phone Number	
E-Mail:	

	<u>Agency Official (i.e. Executive Director, CEO, etc.)</u>
Name:	
Title:	
Address/zip code:	
Phone Number:	
E-Mail:	

PIT Sheltered Count – ShelterPoint Training	
<p>The All Chicago HMIS team is providing HMIS trainings regarding the process to enter information into ShelterPoint. Please send your appropriate staff member to a PIT Sheltered Count – ShelterPoint Training to ensure that your ShelterPoint unit lists accurately reflect the number of participants that are currently enrolled in your project for the night of the count.</p> <p>https://docs.google.com/forms/d/e/1FAIpQLSfnS_dO2x2SNnaiV13Ns6kEvpoMIIOBDs0CN9m6xSIScJbPlg/viewform</p>	

END OF FORM