Homeless Services Activity Slip Homeless Services Activity Slip Individuals Name: Individuals Name: Date of last Meeting: Date of last Meeting: Name of Organization: Name of Organization: Name of Case Worker: Name of Case Worker: Contact Information: Contact Information: Currently working on/with: Currently working on/with: Gathering Documents (ID, SSC, Income, etc.) Gathering Documents (ID, SSC, Income, etc.) Waiting on Acceptance to Waiting on Acceptance to Shelter/Transitional/Recuperative Care/Treatment Shelter/Transitional/Recuperative Care/Treatment Bed, or Housing Program Bed, or Housing Program Housing Search and Placement Program Housing Search and Placement Program Other: Other: Next Appointment Date, time, and location: Next Appointment Date, time, and location: Additional Notes: Additional Notes: **Homeless Services Activity Slip Homeless Services Activity Slip** Individuals Name: Individuals Name: Date of last Meeting: Date of last Meeting: Name of Organization: Name of Organization: Name of Case Worker: Name of Case Worker: Contact Information: Contact Information: Currently working on/with: Currently working on/with: Gathering Documents (ID, SSC, Income, etc.) Gathering Documents (ID, SSC, Income, etc.) Waiting on Acceptance to Waiting on Acceptance to Shelter/Transitional/Recuperative Care/Treatment Shelter/Transitional/Recuperative Care/Treatment Bed, or Housing Program Bed, or Housing Program Housing Search and Placement Program Housing Search and Placement Program Other: Other: Next Appointment Date, time, and location: Next Appointment Date, time, and location:

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