

Homeless Services Activity Slip

Individuals Name: _____

Date of last Meeting: _____

Name of Organization: _____

Name of Case Worker: _____

Contact Information: _____

Currently working on/with:

☐

Gathering Documents (ID, SSC, Income, etc.)

☐

Waiting on Acceptance to
Shelter/Transitional/Recuperative Care/Treatment
Bed, or Housing Program

☐

Housing Search and Placement Program

☐

Other: _____

Next Appointment Date, time, and location: _____

Additional Notes: _____

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