

Arizona Balance of State Continuum of Care
Supported by
Arizona Department of Housing
2019 Point In Time Unsheltered Count
Cover/Transmittal Sheet for Surveys

Please return the following to Candee Stanton by 2/13/19:

1. Completed Cover Sheet
2. Signed (Volunteer) Confidentiality Statements
3. Completed Surveys
4. Receipts for VISA if you received one.

Provide the following information

Name _____ Organization _____

Date Sent _____ Phone Number _____

County/Local Community (if less than the county was covered) _____

1. _____ Number of Signed Confidentiality Statements – (How many volunteers participated)
2. _____ Number of completed surveys included in this packet.
3. Receipts are included ___yes.
or
We did not request a VISA. _____

**Return all documents to
Candee Stanton, Independent Contractor
5342 N. 3rd Ave.
Phoenix, AZ 85013**