

Exhibit S
Reporting Forms

1. Daily Attendance Log Sheet
2. Hourly Shelter Log
3. Transportation Reporting Form

**LAHSA 2015-2016 Winter Shelter Program
Daily Attendance Log Sheet**

Date: ____ / ____ / ____

Page ____ of ____

Contractor: _____

Shelter Address: _____

| # | CLIENT NAME (please print) | CLIENT SIGNATURE | NEW | RETURNING | Did you use our transportation to get here tonight? |
|---------------|-------------------------------|------------------|-----|-----------|--|
| 1. | | | | | YES NO |
| 2. | | | | | YES NO |
| 3. | | | | | YES NO |
| 4. | | | | | YES NO |
| 5. | | | | | YES NO |
| 6. | | | | | YES NO |
| 7. | | | | | YES NO |
| 8. | | | | | YES NO |
| 9. | | | | | YES NO |
| 10. | | | | | YES NO |
| 11. | | | | | YES NO |
| 12. | | | | | YES NO |
| 13. | | | | | YES NO |
| 14. | | | | | YES NO |
| 15. | | | | | YES NO |
| 16. | | | | | YES NO |
| 17. | | | | | YES NO |
| 18. | | | | | YES NO |
| 19. | | | | | YES NO |
| 20. | | | | | YES NO |
| TOTALS | | | | | |

I hereby certify that the above information is true and correct: Shelter Manager Signature: _____
(must be signed by an authorized agency representative)

2015-2016 Winter Shelter Program

Date: ___ / ___ / ___

Page ___ of ___

HOURLY SHELTER LOG

Contractor: _____

Shelter Address: _____

| TIME | STAFF PERSON | NOTES |
|------|--------------|-------|
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NOTES TO NEXT SHIFT:

