

LAHSA 2015-2016 Winter Shelter Program

DAILY ATTENDANCE LOG SHEET

Date: ___ / ___ / ___

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Agency Name:

Shelter Address:

Client #	CLIENT NAME (please print)	H. CLIENT SIGNATURE	NEW	RETURN-ING	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)