



**Please submit to BC Housing at homeless@bchousing.org
or by fax at 604 529-2263 by 11:00 am each morning.**

Shelter Name: _____
As indicated on Nightly Budget

Shelter Operator Name: _____ Time Shelter Opened: _____ AM PM
As indicated on Nightly Budget

Community: _____ Date: _____
Date clients entered the shelter

Description	✓✓✓✓	Nightly Total #
Males 19 and over		
Females 19 and over		
Males under 19		
Females under 19		
Total in Shelter		
Number of Families <i>(included in above numbers)</i>		
Turn-aways / No space		
Turn-aways / Other		
Total Turn-aways		

Please briefly describe any critical incidents that occurred last night:

Shelter statistics for Extreme Weather Response must be submitted for payment to be processed

Signature of Shelter Operator *Printed Name* *Daytime Phone with Area Code*