

Please submit to BC Housing at HomelessnessServices@bchousing.org, by fax at 604-439-4722 or via the Agreement Tracking System by 11:00 am the following business day.

EWR Shelter Name:			
Service Provider Name:			
Community:		Date:	

(Date clients entered shelter)

Description		Nightly Total #
Males 19 and over	√ √ √ √ √	
Females 19 and over		
Transgender 19 and over		
Males under 19		
Females under 19		
Transgender under 19		
Unknown		
Total in Shelter		0

Number of Families*		
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*Families are defined as a minimum of two people, including one dependent child. (included in above numbers)

**Please do not include couples with no dependent children as a family.

Please briefly describe any critical incidents that occurred last night:

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

<i>Signature of Service Provider</i>	<i>Printed Name</i>	<i>Daytime Phone with Area Code</i>