

# State of Georgia

## BALANCE OF STATE POINT IN TIME COUNT Sheltered Homeless

**Noon, January 24<sup>th</sup> – Noon January 25<sup>th</sup>**

Name Of Facility	Name of person filling out form	Time and Date

### How many actual beds does your facility have?

	Total # of Beds for Singles	Total # of Beds for Families
Emergency Beds		
Transitional Beds		
Permanent Supportive Housing		
Seasonal Beds		
<b>TOTAL</b>		

### How many people did you serve during January 24<sup>th</sup>-January 25<sup>th</sup>?

Homeless Population	Emergency	Transitional	Seasonal
1. Homeless Individuals			
2. Homeless Families with children			
2a. Persons in Homeless Families with Children			
<b>Total (lines 1 + 2a)</b>			
<b>Homeless Subpopulations</b>	<b>Emergency</b>	<b>Transitional</b>	<b>Seasonal</b>
1. Chronically Homeless**			
2. Severely Mentally Ill			
3. Chronic Substance Abuse			
4. Veterans			
5. Persons with HIV/AIDS			
6. Victims of Domestic Violence			
7. Youth (-18 years of age)			

### How many turnaways (i.e., people you could not shelter/house) did you have in this 24-hour period?

\_\_\_\_\_ # singles  
 \_\_\_\_\_ # families  
 \_\_\_\_\_ # persons in families

**Please make any notations on the back of this form or use additional paper if needed. Your comments are very valuable to us.**

**If you have any questions please call our support staff at 770-575-5785 or toll free 1-877-243-1576  
 Please return by February 5, 2007 to Georgia Coalition to End Homelessness Fax # 770-575-5786**

\*\* a “chronically homeless person is defined as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years”.