

**HOMELESS SERVICES INFORMATION
CITY OF AKRON AND SUMMIT COUNTY
HOMELESS SHELTERED COUNT TOOL
POINT IN TIME COUNT 2010**

Date: January 26, 2010

Section A

Agency/Program Name: _____

Address: _____

Agency Director: _____ Contact Person: _____

Telephone: _____ Fax: _____ e-mail: _____

Section B

Total Persons in Shelter _____	<u>Total Numbers of:</u>	<u>Occupied</u>
No of Families in Shelter _____	Units _____	Units _____
Persons in Families _____	Beds _____	Beds _____
Single Persons _____		

Section C

Age/Gender Breakdown

	<u>0-5</u>	<u>6-17</u>	<u>18-35</u>	<u>36-65</u>	<u>65+</u>
Males	_____	_____	_____	_____	_____
Females	_____	_____	_____	_____	_____

Section D

Race Breakdown

% of Population Served on Average Day

(does not have to equal 100%)

White _____	Chronic Substance Abusers _____
African American _____	Seriously Mentally Ill _____
Hispanic _____	Dually Diagnosed _____
Asian _____	Veterans _____
Native American Indian _____	Persons with HIV/AIDS _____
Bi-racial _____	Victims of Domestic Violence _____
Other _____	Youth _____

Section E

Unable to Assist

Indicate the number of families/individuals who requested but were not given shelter:

No. of Families _____	Ineligible _____	Lack of Space _____
Persons in Families _____	Ineligible _____	Lack of Space _____
Individuals _____	Ineligible _____	Lack of Space _____

Average Length of Stay _____	No. of families on waiting list _____
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Maximum Length of Stay _____	Persons in families on waiting list _____
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Individuals on waiting list _____
