



Housing Emergency Solutions Program
STREET OUTREACH ENGAGEMENT TRACKING

MHDC-113

Instructions: This form is intended to be used in instances when a Street Outreach program is billing for engagement activities, but no client intakes were completed into the HMIS system.

Agency Name: _____ **Grant Number:** _____

Date	Number of Individuals Served	Service(s) Provided (No more than two sentences)

Staff Signature: _____ **Date:** _____

[illegible]

[illegible]