EMERGENCY SOLUTIONS GRANT PROGRAM **MHDC-113**

STREET OUTREACH ENGAGMENT TRACKING

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: _____

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

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