

Tina - I got this memo from Cheryl but not
the reports - Can you pass me
copies of the reports & return
memo? *Cheryl*
u

DATE: APRIL 7, 1994

MEMO TO: Jodie Jones

MEMO FROM: Cheryl Hilbert, Director of Client Services *Cheryl*
Washington County Community Action Organization

SUBJECT: Reports

Enclosed is WCCAO'S "Shelter Night Count" total for Washington County for March 16, 1994. Agency backup materials are also enclosed. Please let me know if you have any questions or need additional information.

In completing the county total my staff person noticed an inconsistency. Please see enclosed note for more details.

Also enclosed are WCCAO'S Homeless Reports for the 1st and 2nd quarters of this fiscal year. These reports were previously transmitted to you on February 21, 1994. The other reports you indicate are missing from your files will be forwarded to you with the 3rd quarter report on April 15, 1994.

TOTAL

SHELTER NIGHT COUNT
HCS/OSN
March 16, 1994

AGENCY NAME: WASHINGTON CO. COMMUNITY ACTION
 ADDRESS: 451 S. 1ST SUITE 600 HILLSBORO PHONE: 648-6646
 CONTACT PERSON: TINA PESENTI BED CAPACITY: _____ VOUCHER CAPACITY: _____
 LEAD AGENCY: _____

PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
 IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility	31	30
2. Singles provided hotel/motel/campsite vouchers	1	
3. Singles provided preventative shelter	2	1
4. Singles provided transitional housing	17	4
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL 12	*DO NOT ADD IN TOTAL 5
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	51	35

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility	13	6	13	14	6	2	1	9	42
8. Families provided hotel/motel/campsite vouchers	1		1	2	3			3	6
9. Families provided preventative shelter	20	13	20	18	15	14		36	80
10. Families provided transitional housing	6	2	6	6	8	2	1	10	25
11. Families turned away from shelter services *	*DO NOT 9	5	9	8	8	4		13	34
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL	40	21	40	40	32	18	2	58	153

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	242	66	63	113

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	57	28	18
Childless couple	2	2	////////////////////////////////////
Female single parent family	////////////////////////////////////	23	52
Male single parent family		////////////////////////////////////	
Two parent family	24	24	51

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	43	20	23
6-17	67	27	42
18-30	55	28	27
31-44	64	34	29
45-55	9	3	6
56-61			
62+	2	2	

16.	TOTAL	MALE	FEMALE
VETERANS	14	13	1
DISABLED: PHYSICAL	8	4	4
MENTAL	58	29	29
FARMWORKER	4	3	1

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian	3		
Black/African American	3	8	27
Hispanic	4	5	19
Native American			
White	56	48	68
Mixed			1
Other			

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

SHELTER NIGHT COUNT
HCS/OSN
 March 16, 1994

RECEIVED MAR 21 1994

AGENCY NAME: Shelter/DVRC
 ADDRESS: P.O. Box 494 PHONE: 640-1171
 CONTACT PERSON: Julia 640-1171 BED CAPACITY: 21 VOUCHER CAPACITY: _____
 LEAD AGENCY: Washington County Community Action Org., 451 S. First, Ste 600
Hillsboro, OR 97123

PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility	0	3
2. Singles provided hotel/motel/campsite vouchers	0	0
3. Singles provided preventative shelter	0	0
4. Singles provided transitional housing	0	0
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL 0	*DO NOT ADD IN TOTAL 2
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	0	3

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility	3	0	3	3	4	2	0	6	12
8. Families provided hotel/motel/campsite vouchers	1	0	1	2	3	0	0	3	6
9. Families provided preventative shelter									
10. Families provided transitional housing									
11. Families turned away from shelter services *	*DO NOT	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL	
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL	4		4	5	7	2		9	18

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	21	0	7	14

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	0	5 2 1 1	0
Childless couple	0	0	////////////////////
Female single parent family	////////////////////	4	14
Male single parent family	0	////////////////////	
Two parent family	0	0	0

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	5	3	-2
6-17	9	6	3
18-30	2	0	2 1 1
31-44	4	0	4
45-55	1	0	1
56-61	0	0	0
62+	0	0	0

16.	TOTAL	MALE	FEMALE
VETERANS			
DISABLED: PHYSICAL	1		1
MENTAL			
FARMWORKER			

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian	0	0	
Black/African American	0	2	11
Hispanic	0	0	
Native American	0	0	
White	0	5	3
Mixed	0	0	
Other	0	0	

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

FEMA
RENT
ASSISTANCE

SHELTER NIGHT COUNT
HCS/OSN
March 16, 1994

AGENCY NAME: WCCAO
 ADDRESS: 451 S. 1ST AVE. SUITE 600 HILLSBORO PHONE: 648-6646
 CONTACT PERSON: TINA PARENTI BED CAPACITY: _____ VOUCHER CAPACITY: _____
 LEAD AGENCY: WCCAO

**PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
 IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.**

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility		
2. Singles provided hotel/motel/campsite vouchers		
3. Singles provided preventative shelter	2	1
4. Singles provided transitional housing		
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL	*DO NOT ADD IN TOTAL
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	2	1

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility									
8. Families provided hotel/motel/campsite vouchers									
9. Families provided preventative shelter	16	11	16	14	13	13		30	67
10. Families provided transitional housing									
11. Families turned away from shelter services *	1 <small>*DO NOT</small>	1 <small>ADD</small>	1 <small>IN</small>	1 <small>TOTAL</small>	2 <small>*DO</small>	<small>NOT</small>	<small>ADD IN</small>	2 <small>TOTAL</small>	5
12. Total number families or individuals SHELTERED (add lines 7-10) <small>*DO NOT INCLUDE #11 IN TOTAL</small>	16	11	16	14	13	13		30	67

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	67	11	16	40

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	2	1	
Childless couple			////////////////////////////////////
Female single parent family	////////////////////////////////////	5	8
Male single parent family		////////////////////////////////////	
Two parent family	11	11	29

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	15	8	- 7
6-17	22	10	12
18-30	12	4	8
31-44	17	8	9
45-55			
56-61			
62+	1	1	

16.	TOTAL	MALE	FEMALE
VETERANS			
DISABLED: PHYSICAL	4	2	2
MENTAL	1	1	
FARMWORKER	3	2	1

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian			
Black/African American	1	2	3
Hispanic	3	4	17
Native American			
White	8	9	20
Mixed			
Other			

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

02.17

SHELTER NIGHT COUNT

HCS/OSN

March 16, 1994

AGENCY NAME: WASH CO MENTAL HEALTH

ADDRESS: 155 N. 1ST AVE

PHONE: 693-4754

CONTACT PERSON: MARYANN AUTO BED CAPACITY: N/A

VOUCHER CAPACITY: 1520

LEAD AGENCY: WCCAO

**PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.**

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility		1
2. Singles provided hotel/motel/campsite vouchers		
3. Singles provided preventative shelter		
4. Singles provided transitional housing		
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL	* DO NOT ADD IN TOTAL
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL		1

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility									
8. Families provided hotel/motel/campsite vouchers									
9. Families provided preventative shelter									
10. Families provided transitional housing									
11. Families turned away from shelter services *	*DO NOT	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL	
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL									

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	1		1	

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18		1	
Childless couple			////////////////////////////////////
Female single parent family	////////////////////////////////////		
Male single parent family		////////////////////////////////////	
Two parent family			

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5			-
6-17			
18-30			
31-44	1		1
45-55			
56-61			
62+			

16.	TOTAL	MALE	FEMALE
VETERANS			
DISABLED: PHYSICAL			
MENTAL	1		1
FARMWORKER			

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian			
Black/African American			
Hispanic			
Native American			
White		1	
Mixed			
Other			

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SHELTER NIGHT COUNT

HCS/OSN

March 16, 1994

AGENCY NAME: WCCAO Family Shelter

ADDRESS: 210 S.E 12th Street Hillsboro OR 97123 PHONE: 640 3263

CONTACT PERSON: Michael Vigil BED CAPACITY: 20 VOUCHER CAPACITY: 1 Family

LEAD AGENCY: Washington County Community Action

**PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.**

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility	0	0
2. Singles provided hotel/motel/campsite vouchers	1	0
3. Singles provided preventative shelter	0	0
4. Singles provided transitional housing	0	0
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL	* DO NOT ADD IN TOTAL
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	1	0

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility	4	2	4	5	2	0	0	2	13
8. Families provided hotel/motel/campsite vouchers	0	0	0	0	0	0	0	0	0
9. Families provided preventative shelter	0	0	0	0	0	0	0	0	0
10. Families provided transitional housing	6	2	6	6	8	2	1	10	25
11. Families turned away from shelter services *	*DO NOT	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL	
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL	10	4	10	11	10	2	1	12	38

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	39	5	10	24

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	1 0	0	0
Childless couple	0	0	////////////////////
Female single parent family	////////////////////	6	12
Male single parent family	0	////////////////////	0
Two parent family	4	4	12

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	12	5	7
6-17	12	4	8
18-30	10	3	7
31-44	0 4	0 1	0 3
45-55	0	0	0
56-61	0	0	0
62+	1	1	0

16.

	TOTAL	MALE	FEMALE
VETERANS	0	0	0
DISABLED: PHYSICAL	1	1	0
MENTAL	0	0	0
FARMWORKER	0	0	0

17. ETHNICITY:

	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian	0	0	0
Black/African American	1	3	6
Hispanic	0	1	2
Native American	0	0	0
White	4	6	16
Mixed	0	0	0
Other	0	0	0

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

SHELTER NIGHT COUNT

HCS/OSN

March 16, 1994

AGENCY NAME: TUALATIN VALLEY MENTAL HEALTH

ADDRESS: 14600 NW CORNELL RD PORTLAND ⁵⁷²²⁹ PHONE: 645-3581

CONTACT PERSON: LESLIE STORM BED CAPACITY: _____ VOUCHER CAPACITY: _____

LEAD AGENCY: WCCAD

**PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.**

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility		
2. Singles provided hotel/motel/campsite vouchers		
3. Singles provided preventative shelter		
4. Singles provided transitional housing		
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL	* DO NOT ADD IN TOTAL
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL		

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility	2		2	4					6
8. Families provided hotel/motel/campsite vouchers									
9. Families provided preventative shelter									
10. Families provided transitional housing									
11. Families turned away from shelter services *	*DO NOT	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL	
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL	2		2	4					6

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	2		2	4

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18			
Childless couple			////////////////////////////////////
Female single parent family	////////////////////////////////////	2	4
Male single parent family		////////////////////////////////////	
Two parent family			

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	4	3	1
6-17			
18-30	1		1
31-44	1		1
45-55			
56-61			
62+			

16.	TOTAL	MALE	FEMALE
VETERANS			
DISABLED: PHYSICAL			
MENTAL			
FARMWORKER			

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian			
Black/African American		1	2
Hispanic			
Native American			
White		1	2
Mixed			
Other			

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

SHELTER NIGHT COUNT
HCS/OSN
March 16, 1994

RECEIVED MAR 18 1994

AGENCY NAME: HARMONY HOUSE
 ADDRESS: 10362 SW McDONALD TIGARD OR 97224 PHONE: 6240312
 CONTACT PERSON: VAN HAIGHT BED CAPACITY: 16 VOUCHER CAPACITY: 0
 LEAD AGENCY: _____

**PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
 IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.**

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility	0	
2. Singles provided hotel/motel/campsite vouchers	0	
3. Singles provided preventative shelter	0	
4. Singles provided transitional housing	14	
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL 3	* DO NOT ADD IN TOTAL
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	14	

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility	0								
8. Families provided hotel/motel/campsite vouchers	0			N/A					
9. Families provided preventative shelter	0								
10. Families provided transitional housing	0								
11. Families turned away from shelter services *	*DO NOT	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL	
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL	0								

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	14	14		

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	14		
Childless couple	0		////////////////////////////////////
Female single parent family	////////////////////////////////////		
Male single parent family	0	////////////////////////////////////	
Two parent family	0		

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	0	0	
6-17	0	0	
18-30	6 Six	6	
31-44	8	8	
45-55	0	0	
56-61	0	0	
62+	0	0	

16.

	TOTAL	MALE	FEMALE
VETERANS	8	8	
DISABLED: PHYSICAL	0	0	
MENTAL	0	0	
FARMWORKER	0	0	

17. ETHNICITY:

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian	0		
Black/African American	0		
Hispanic	0		
Native American	0		
White	14		
Mixed	0		
Other	0		

Please return survey to your local Lead Agencies.

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SHELTER NIGHT COUNT
HCS/OSN
 March 16, 1994

RECEIVED MAR 22 1994

AGENCY NAME: HOMESTREET inc
 ADDRESS: 144 SE WALNUT PHONE: 640-9892
 CONTACT PERSON: BILL FARICY BED CAPACITY: 5 VOUCHER CAPACITY: 0
 LEAD AGENCY: WCCAO

PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility		
2. Singles provided hotel/motel/campsite vouchers		
3. Singles provided preventative shelter		
4. Singles provided transitional housing	2	3
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL	*DO NOT ADD IN TOTAL
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	2	3

	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
	TOTAL # FAMILIES	M	F	0-5	K-6	7-9		
7. Families provided emergency shelter in shelter facility								
8. Families provided hotel/motel/campsite vouchers								
9. Families provided preventative shelter								
10. Families provided transitional housing								
11. Families turned away from shelter services *	*DO NOT	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL								

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	5	2	3	

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	2	3	
Childless couple			////////////////////////////////////
Female single parent family	////////////////////////////////////		
Male single parent family		////////////////////////////////////	
Two parent family			

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5			-
6-17			
18-30			
31-44	4	2	2
45-55	1		1
56-61			
62+			

16.	TOTAL	MALE	FEMALE
VETERANS			
DISABLED: PHYSICAL			
MENTAL	5	2	3
FARMWORKER			

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian			
Black/African American			
Hispanic			
Native American			
White	2	3	
Mixed			
Other			

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

CHRY

SHELTER NIGHT COUNT

HCS/OSN

March 16, 1994

AGENCY NAME: Straight Ahead Shelter
 ADDRESS: P.O. Box 699 1610 N. Adair, Suite F. Cornelius (503) PHONE: 357-7543
 CONTACT PERSON: Bernie L. Wilson BED CAPACITY: 24 VOUCHER CAPACITY: _____
 LEAD AGENCY: Washington County Community Action Organization

**PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
 IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.**

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility	8	15
2. Singles provided hotel/motel/campsite vouchers	N/A	N/A
3. Singles provided preventative shelter	N/A	N/A
4. Singles provided transitional housing	N/A	N/A
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL	*DO NOT ADD IN TOTAL
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	8	15

	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
	M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility								
8. Families provided hotel/motel/campsite vouchers								
9. Families provided preventative shelter								
10. Families provided transitional housing								
11. Families turned away from shelter services *	*DO NOT	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL								

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	23	2	3	18

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	2	3	18
Childless couple	0	0	////////////////////
Female single parent family	////////////////////	0	0
Male single parent family	0	////////////////////	0
Two parent family	0	0	0

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	0	0	0
6-17	18	6	12
18-30	5	2	3
31-44	0	0	0
45-55	0	0	0
56-61	0	0	0
62+	0	0	0

16.	TOTAL	MALE	FEMALE
VETERANS	0	N/A	N/A
DISABLED: PHYSICAL	0	N/A	N/A
MENTAL	23	8	15
FARMWORKER	0	N/A	N/A

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian	0	0	0
Black/African American	0	0	0
Hispanic	0	0	0
Native American	0	0	0
White	2	0	1
Mixed	0	0	1
Other			

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

SHELTER NIGHT COUNT

HCS/OSN

March 16, 1994

AGENCY NAME: LUKE-DORF

ADDRESS: 10313 SW 69th AVE TIGARD 97223 PHONE: 246-5493

CONTACT PERSON: SABRINA MURRAY BED CAPACITY: _____ VOUCHER CAPACITY: _____

LEAD AGENCY: WCCAO

**PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.**

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility	7	6
2. Singles provided hotel/motel/campsite vouchers		
3. Singles provided preventative shelter		
4. Singles provided transitional housing		
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL	* DO NOT ADD IN TOTAL
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	7	6

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility									
8. Families provided hotel/motel/campsite vouchers									
9. Families provided preventative shelter									
10. Families provided transitional housing									
11. Families turned away from shelter services *	*DO NOT	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL	
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL									

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	13	7	6	

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	7	6	
Childless couple			////////////////////////////////////
Female single parent family	////////////////////////////////////		
Male single parent family		////////////////////////////////////	
Two parent family			

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5			-
6-17			
18-30	5	3	2
31-44	6	4	2
45-55	2		2
56-61			
62+			

16.	TOTAL	MALE	FEMALE
VETERANS	1	1	
DISABLED: PHYSICAL			
MENTAL	13	7	6
FARMWORKER			

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian	1		
Black/African American			
Hispanic			
Native American			
White	6	6	
Mixed			
Other			

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

SHELTER NIGHT COUNT

HCS/OSN

March 16, 1994

AGENCY NAME: BANYAN TREE

ADDRESS: 17900 SW SHAW ALOHA OR 97007 PHONE: 649-4925

CONTACT PERSON: BRAD LEAGUE BED CAPACITY: _____ VOUCHER CAPACITY: _____

LEAD AGENCY: WCCAD

PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility	9	4
2. Singles provided hotel/motel/campsite vouchers		
3. Singles provided preventative shelter		
4. Singles provided transitional housing		
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL	* DO NOT ADD IN TOTAL
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	9	4

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility									
8. Families provided hotel/motel/campsite vouchers									
9. Families provided preventative shelter									
10. Families provided transitional housing									
11. Families turned away from shelter services *	*DO NOT	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL	
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL									

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	13	9	4	

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	9	4	
Childless couple			////////////////////////////////////
Female single parent family	////////////////////////////////////		
Male single parent family		////////////////////////////////////	
Two parent family			

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5			-
6-17			
18-30	5	4	1
31-44	4	2	2
45-55	4	3	1
56-61			
62+			

16.	TOTAL	MALE	FEMALE
VETERANS	2	1	1
DISABLED: PHYSICAL			
MENTAL	13	9	4
FARMWORKER			

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian	1		
Black/African American			
Hispanic			
Native American			
White	8	4	
Mixed			
Other			

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

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SHELTER NIGHT COUNT
HCS/OSN
March 16, 1994

AGENCY NAME: Interfaith Outreach Services (FKA TCM Shelter)
ADDRESS: P.O. Box 230821 Tigard OR 97281 PHONE: 598-0359
CONTACT PERSON: Kim Brown BED CAPACITY: 14/1 infant VOUCHER CAPACITY:
LEAD AGENCY: WCCAO

PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility	7	0
2. Singles provided hotel/motel/campsite vouchers		
3. Singles provided preventative shelter		
4. Singles provided transitional housing		
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL 1	*DO NOT ADD IN TOTAL 2
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	7	0

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility	3	3	3	2					8
8. Families provided hotel/motel/campsite vouchers									
9. Families provided preventative shelter									
10. Families provided transitional housing									
11. Families turned away from shelter services *	4 *DO NOT	1 ADD	4 IN	3 TOTAL	2 *DO	1 NOT		4 TOTAL	11
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL	3	3	3	2					8

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	15	10	3	2

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	7	0	0
Childless couple	2	2	////////////////////////////////////
Female single parent family	////////////////////////////////////	0	0
Male single parent family	0	////////////////////////////////////	0
Two parent family	1	1	2

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	2	1	-1
6-17			
18-30	3	3	
31-44	10	7	3
45-55			
56-61			
62+			

16.	TOTAL	MALE	FEMALE
VETERANS	2	2	
DISABLED: PHYSICAL	1	1	
MENTAL	2	2	
FARMWORKER			

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian	1		
Black/African American	1		
Hispanic			
Native American			
White	8	3	2
Mixed			
Other			

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

SHELTER NIGHT COUNT

HCS/OSN

March 16, 1994

AGENCY NAME: WCCAO I & R
 ADDRESS: 451 S. 1ST SUITE 600 HILLSBORO 97123 PHONE: 648-0829
 CONTACT PERSON: DAN JAMSA BED CAPACITY: _____ VOUCHER CAPACITY: _____
 LEAD AGENCY: WCCAO

**PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
 IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.**

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility		
2. Singles provided hotel/motel/campsite vouchers		
3. Singles provided preventative shelter		
4. Singles provided transitional housing		
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL 8	* DO NOT ADD IN TOTAL 1
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL		

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility									
8. Families provided hotel/motel/campsite vouchers									
9. Families provided preventative shelter									
10. Families provided transitional housing									
11. Families turned away from shelter services *	4 <small>*DO NOT</small>	3 <small>ADD</small>	4 <small>IN</small>	4 <small>TOTAL</small>	4 <small>*DO</small>	3 <small>NOT</small>	7 <small>ADD IN</small>	7 <small>TOTAL</small>	18
12. Total number families or individuals SHELTERED (add lines 7-10) <small>* DO NOT INCLUDE #11 IN TOTAL</small>									

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)				

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	8	1	
Childless couple			////////////////////
Female single parent family	////////////////////	1	
Male single parent family		////////////////////	
Two parent family	3	3	11

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	4	1	3
6-17	7	3	4
18-30	8	7	1
31-44	7	4	3
45-55	1		1
56-61			
62+			

16.	TOTAL	MALE	FEMALE
VETERANS			
DISABLED: PHYSICAL			
MENTAL			
FARMWORKER			

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian			
Black/African American	2	2	3
Hispanic	1	1	3
Native American			
White	8	2	5
Mixed			
Other			

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

SHELTER NIGHT COUNT

HCS/OSN

March 16, 1994

AGENCY NAME: NEIGHBORSHARE

ADDRESS: 12750 SW PACIFIC HWY #118 TIGARD PHONE: 598-0505

CONTACT PERSON: CADLA TUNEWENUK BED CAPACITY: _____ VOUCHER CAPACITY: _____

LEAD AGENCY: WCCAO

**PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.**

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility		
2. Singles provided hotel/motel/campsite vouchers		
3. Singles provided preventative shelter		
4. Singles provided transitional housing		
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL	* DO NOT ADD IN TOTAL
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL		

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility									
8. Families provided hotel/motel/campsite vouchers									
9. Families provided preventative shelter	4	2	4	4	5	1		6	16
10. Families provided transitional housing									
11. Families turned away from shelter services *	*DO NOT	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL	
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL	4	2	4	4	5	1		6	16

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	16	2	4	10

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18			
Childless couple			////////////////////
Female single parent family	////////////////////	2	6
Male single parent family		////////////////////	
Two parent family	2	2	4

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	4		4
6-17	6	1	5
18-30	3	1	2
31-44	3	2	1
45-55			
56-61			
62+			

16.	TOTAL	MALE	FEMALE
VETERANS			
DISABLED: PHYSICAL	1		1
MENTAL			
FARMWORKER			

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian			
Black/African American			
Hispanic			
Native American			
White	2	4	10
Mixed			
Other			

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.

SHELTER NIGHT COUNT

HCS/OSN

March 16, 1994

AGENCY NAME: HOUSING SERVICES OF OREGON

ADDRESS: 34420 SW TUALATIN VALLEY HIGHWAY, HILLSBORO, OR 97123

PHONE: (503) 640-6689

CONTACT PERSON: Scott L. Rice

BED CAPACITY: 1

VOUCHER CAPACITY: _____

LEAD AGENCY: WASHINGTON COUNTY COMMUNITY ACTION ORGANIZATION

**PLEASE REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING FORM.
IF YOU HAVE A UNIQUE SITUATION PLEASE EXPLAIN ON BOTTOM OF FORM.**

	MALE	FEMALE
1. Singles provided emergency shelter in Shelter Facility	0	1
2. Singles provided hotel/motel/campsite vouchers	0	0
3. Singles provided preventative shelter	0	0
4. Singles provided transitional housing	1	1
5. Singles turned away from shelter services *	*DO NOT ADD IN TOTAL 0	* DO NOT ADD IN TOTAL 0
6. Total number individuals SHELTERED (add lines 1-4) *DO NOT INCLUDE #5 IN TOTAL	1	2

	TOTAL # FAMILIES	ADULTS		CHILDREN				K-12 ATTEND SCHOOL	TOTAL # INDIV REP
		M	F	0-5	K-6	7-9	10-12		
7. Families provided emergency shelter in shelter facility	0								
8. Families provided hotel/motel/campsite vouchers	0								
9. Families provided preventative shelter	0								
10. Families provided transitional housing	1	1	1				1	1	3
11. Families turned away from shelter services *	*DO NOT 0	ADD	IN	TOTAL	*DO	NOT	ADD IN	TOTAL	
12. Total number families or individuals SHELTERED (add lines 7-10) *DO NOT INCLUDE #11 IN TOTAL	1	1	1				1	1	3

	PERSONS	ADULT MALE	ADULT FEMALE	CHILDREN
13. TOTAL PERSONS SHELTERED (add lines 6 & 12)	6	2	3	1

14. HOUSEHOLD COMPOSITION	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Single Adults and Unaccompanied Youth under 18	1	2	
Childless couple	0	0	////////////////////
Female single parent family	////////////////////	0	0
Male single parent family	0	////////////////////	0
Two parent family	1	1	1

15. CHARACTERISTICS OF THE TOTAL NUMBER OF PERSONS REPORTED IN LINE 13.

AGE RANGE	TOTAL	MALE	FEMALE
0-5	0	0	0
6-17	0	0	0
18-30	3	2	1
31-44	21	10	1
45-55	1	0	1
56-61	0	0	0
62+	0	0	0

16.	TOTAL	MALE	FEMALE
VETERANS	1	1	0
DISABLED: PHYSICAL	0	0	0
MENTAL	0	0	0
FARMWORKER	1	1	0

17. ETHNICITY:	ADULTS		CHILDREN
	MALE	FEMALE	0-17
Asian	0	0	0
Black/African American	0	0	0
Hispanic	1	0	0
Native American	0	0	0
White	1	3	1
Mixed	0	0	0
Other	0	0	0

Please return survey to your local Lead Agencies.

If you have any questions, please call your local Lead Agency or Jodie Jones at 986-2096.