

2007 Santa Clara County Homeless Count
Survey and Funds Receipt

Important: Please complete this form.

I certify that I have **RECEIVED:**

_____ surveys, _____ phone cards, and \$_____ from ASR.

Printed Name: _____ Date: _____

Signature: _____ Organization: _____

I certify that I have **DISTRIBUTED:**

_____ surveys, _____ phone cards, and \$_____ to _____.

Printed Name: _____ Date: _____

Signature: _____ Organization: _____

I certify that I have **RECEIVED:**

_____ surveys, _____ phone cards, and \$_____ from ASR.

Printed Name: _____ Date: _____

Signature: _____ Organization: _____

I certify that I have **DISTRIBUTED:**

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