## **2024 Maine Point-in-Time Agency Information**

Organization Name:				
Mailing Address:				
Physical Address:				
Primary Contact:				
<b>Primary Contact Phone:</b>				
Primary Contact Email:				
What type of shelter/housir	ng do you provide?			
□Emergency Shelter	☐ Transitional Housing		☐Permanent Supportive Housing	
Is this shelter/housing for o	<b>nly:</b> □ Veterans	□Youth	□N/A	
# of Family Beds				
# of Single Beds				
# of Total Beds:				
<u> </u>				
Notes:				