## **Emergency Shelter Voucher**

As Part of Large-Scale Events Protocols and Procedures

Name of Event

Date and Time

Referring Agency

Please check one.

**Instructions:** This voucher must be completed in its entirety and presented to [insert name] in order to drop off individuals for shelter. The top and bottom portions should be identical. Once completed, present the top portion to organization representative, and keep the bottom portion to submit to the City of Houston.

Name of Staff/Volunteer Dropping off		
Phone Number of Staff/Volunteer		
Shelter Location		
Please check one.		
Client's First Name and Last Initial Please do not write name in entirety.		
Client Demographic		Single Male
Please check one.		Single Female
		Single Transgender
		Family
Fold and Cut Here		
Fold and Cut Here		
Name of Event		
Date and Time		
Referring Agency		
Please check one.		
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Phone Number of Staff/Volunteer		
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