

State and Regional Medical Needs Shelter Plan

Form 9 - State Medical Needs Shelter Weekly Census Report

	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	TOTAL
DATE:								
YEAR:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Shift A Total								
Residents								
Caregivers								
Family Members								
Staff/Volunteer								
Shift B Total								
Residents								
Caregivers								
Family Members								
Staff/Volunteer								
Facility Total								