Greater Nashua
Project Homeless Connect

Tuesday, December 4, 2012
from 11:30pm to 3:00pm

Harbor Homes, Inc.
45 High Street
Nashua, NH 03060

Agency Name: _____

Contact for Project: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #:_____ Email: _____

Please indicate service category (please check one):

____ Health Care ____ Housing

____ Employment/Education ____ Social Services

Please indicate your participation level (please check all that may apply):

_____ **Yes**, we are willing to participate and have a representative at the Project Homeless Connect on December 4, 2012.

- _____We will be providing an interactive segment (i.e. blood pressure screenings, haircuts, examinations, etc.) Please list activity_____
- _____We will provide an appropriate give-away to clients (i.e. food item, manual can openers, hygiene products, etc.)
  Please List giveaway: _____
- _____We will have volunteers assist at the event.

_____ No, unfortunately we cannot participate; however we would like to make our agency materials available.

_____ No, we are not interested in participating.

Lunch will be provided for ***clients only***.

For more information, please contact Bob Mack**, 589-4555 ext. 4528.**

<u>Please return this form via fax or e-mail by Friday, November 16th to:</u>
City of Nashua, Welfare Dept.
ATTN: Bob Mack
FAX: 594-3643