



130 East Apple Avenue, Muskegon, MI 49442 ♦ 231-728-2138 ♦ www.wmttlc.com
2333 Jarman Street, Muskegon Heights, MI 49444 ♦ 231-739-6840

Cost Analysis Survey 2009

Tenant Name: _____ Current Housing Program: _____

Date first housed by CHI/TBRA or HARP: _____ Disability: _____

Table with 3 columns: Please ask the following questions for clarification of the tenant; The full year prior to being housed; During first year you were housed through CHI/TBRA or HARP. Rows include questions about ER visits, hospital stays, jail bookings, county jail days, emergency shelters, annual income, car nights, Brinks admissions, health insurance, and barriers to income.

Please list any other successes you feel you have had since entering the WMT housing program: _____

All forms must be completed and turned in by on 3/12 at our housing meeting.

Date Completed: _____ Staff Completing Update: _____





West Michigan Therapy, Inc.



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Data Entered By: _____ Date: _____

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