



Housing Meeting Attendance

Agency Name: _____

MHTF Number(s): _____

Agency Representative Name: _____

Date Attended: _____

Please check the meeting that was attended:

Joplin

Kansas City

Springfield

St. Charles

St. Joseph

St. Louis City

St. Louis County

Meeting Leader Signature: _____

Please return completed form to Alissa Smet by mail, fax, or e-mail.

Mail –
3435 Broadway
Kansas City, MO 64111

E-mail -
asmet@mhdc.com

Fax -
816-759-6638