

Agency Survey Addendum: RESIDENTIAL PROGRAMS (shelters, transitional housing, substance abuse treatment facility)

Is the housing facility at a different location than the office? If yes, please indicate address:

So that we are able to get a clear picture of the services that you provide and the populations that you serve, please complete this form in addition to the Agency Survey form. Read through all of the categories and indicate all that apply to your organization on a regular basis. **Copy this form for each housing location.**

Please indicate type of program:

- Cold Weather Shelter/Warming Centers
- Community Shelter
- Day Shelter
- Domestic Violence Shelter
- Homeless Drop In Centers
- Elder Abuse Shelter
- Residential Alcoholism Treatment Facilities
- Residential Drug Abuse Treatment Facilities
- Runaway/Youth Shelter
- Alcoholism Related Recovery Homes/Halfway House
- Drug Related Recovery Homes/Halfway House
- Transitional Housing/Shelter
- Special Needs Shelter

Eligibility - Do you accept:

- Single women without children
- Single men without children
- Couples without children
- Couples with children
- Pregnant women
- Pregnant teens
- Single women with children (Max age of male child _____)
- Single men with children (Max age of male child _____)
- Females under age 18, who are without guardian
- Males under age 18, who are without guardian
- Homosexual couples
- Ex-offenders
- Sex-offenders
- Transgender
- Individuals/families with pets

Please indicate if you accept people with disabilities:

- Physical
- Emotional/Mental

Please indicate any requirements upon entry to the program:

- Proof of completion of a substance abuse program
- TB and/or RPR test results
- Proof of employment/income
- Picture I.D.
- Social Security Card
- Background check
- Drug screening
- Other; please specify:

Please indicate any ongoing requirements of residents:

- Random drug testing
- Must be employed
- Participation in religious activities
- Must attend counseling
- Must save a certain amount of money; specify:
- Must pay rent; specify:
- Program fees; specify:
- Other; please specify:

What are the living arrangements of your facility?

- Individual bedrooms
- 2 or 3 residents/families share a bedroom
- Large floor space with many beds/cots
- Community kitchen
- Individual kitchens
- Community bathroom
- Individual bathrooms

Time that residents are expected to stay or are restricted to:

- Minimum stay:
- Maximum stay: