

**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:

To get a clear picture of the services you provide and the populations that you serve, please complete this form in addition to the Agency Survey form. Please read all the categories, and indicate all that apply to your organization regularly? This completed form will help us to make only the most proper referrals to your organization. **Copy this form for each housing location.**

**Please indicate type of program:**

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

**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
- Individuals with AIDS/HIV
- 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:**