



Agency Survey Addendum: Residential Programs—shelters, transitional housing, substance abuse facilities

Agency Name: _____

Please complete this form to give us a clear and complete picture of the services you provide and populations you serve. Read through all of the categories and indicate all that apply to your organization on a regular basis. This completed form will help us to make only the most appropriate referrals to your organization. Copy this form for each housing location.

Is the housing facility at a different location than the office? Yes No

If yes, please indicate address:

Please indicate the type of program:

- Cold weather shelter/warming centers
Community shelter
Day shelter
Domestic violence shelter
Homeless drop-in shelter
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

Please indicate any requirements upon entry to the program:

- Proof of completion of a substance abuse program
TB and/or RPR test results
Prof of employment/income
Picture ID
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
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: