



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: