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: