

## DROP-IN CENTER

<b>5 a</b> On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
<b>5 b</b> Of these ADULTS, approximately what percent are regulars or repeaters using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
<b>5 c</b> Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
<b>5 d</b> On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
<b>5 e</b> Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
<b>5 f</b> Among all persons using the services of this program, please enter the approximate percentage of ---	<i>The percents below should add up to 100 percent</i>
- Unaccompanied adult men 18 years or older .....	_____ Percent
- Unaccompanied adult women 18 years or older .....	_____ Percent
- People in single-parent families with children .....	_____ Percent
- People in two-parent families with children .....	_____ Percent
- Adult couples without children .....	_____ Percent
- Unaccompanied male youth under 18 years .....	_____ Percent
- Unaccompanied female youth under 18 years .....	_____ Percent
<b>5 g</b> Is this program a ---	<b>MARK (X) ONLY ONE BOX</b>
- Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	<input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
<b>5 h</b> Approximately what percent of your funding for this program do you get from ---	
- Private funding: donations, foundation grants, United Way, individuals contributions .....	_____ Percent
- Government funding - federal, state or local .....	_____ Percent
- Other - SPECIFY SOURCE _____	_____ Percent
<b>5 i</b> Is this program primarily for ---	<b>j. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.</b>
(1) Victims of domestic violence, battered women?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(2) Runaway or homeless youth?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(3) People with mental health problems?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(4) People with drug or alcohol problems?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(5) People with HIV/AIDS?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(6) Veterans?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(7) Other - SPECIFY _____	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No