

VOUCHER ARRANGEMENT – DISTRIBUTES VOUCHERS

10 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
10 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
10 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
10 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
10 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
10 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
10 g Which one of the following is this program --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <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
10 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding – federal, state or local - Other – SPECIFY SOURCE _____ ..	_____ Percent _____ Percent _____ Percent
10 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other – SPECIFY _____	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. <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
10 k Under THIS program, does your facility distribute contracts/vouchers for shelter?	<input type="checkbox"/> Yes – ANSWER! <input type="checkbox"/> No – SKIP to m
10 l How many shelters, hotels/motels, boarding or lodging houses or other facilities accept your vouchers/are under contract to you?	_____ Number of places accepting vouchers _____ Number of places under contract