

SOUP KITCHEN or MEAL DISTRIBUTION	
11 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
11 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
11 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
11 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
11 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
11 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
11 g Is this program a --- - 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
11 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
11 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 <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No