

2009 SURVEY OF HOUSING PROGRAMS FOR HOMELESS FAMILIES

Facility Information:

Organization Name: _____

Facility Name: _____

Facility Address: _____

Geographical Area Served by Facility: _____

Website: _____

Phone: _____ Fax: _____

Respondent Information:

Name: _____ Title: _____

Phone: _____ E-mail: _____

Thank you for taking part in the Institute for Children and Poverty's (ICP) 2009 Survey of Housing Programs for Homeless Families. The data collected in this survey will be presented in the *National Survey of Programs and Services for Homeless Families: The Red, White, and Blue Book*, an online resource guide detailing state-by-state approaches to ending family homelessness. You may visit the site at www.icprwb.org. The purpose of this survey is to collect basic facility, funding, and budgetary information, as well as to record your observations about the homeless families that you serve.

INSTRUCTIONS: Please complete the attached survey based upon the population served during your facility's last complete fiscal year. This survey is comprised of two sections: **Part One** seeks general facility information based on your homeless population's needs, facility programs and services offered, and the type of funding that is available. **Part Two** asks you to answer questions, based on your observation and experience, about the homeless families in your facility.

If your organization manages multiple facilities that operate under individual budgets (such as a parent organization that operates transitional shelters in various locations), **please complete one survey for each facility.**

If you have any further questions, please contact Matthew Adams, RWB National Survey Project Manager at the Institute for Children and Poverty, at 212-358-8086. You can return the survey by fax at 212-358-8090, by email to icprwb@gmail.com, or by mail to the address below. Thank you for your participation.

THE INSTITUTE FOR CHILDREN AND POVERTY
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PART ONE: FACILITY INFORMATION

1. Which of the following housing programs do you provide for homeless families with children? Please indicate the maximum length of stay and facility capacity in each of these program(s). **(Check all that apply)**

Emergency Housing: *Number of family units:* _____
Number of beds: _____ *Max stay (in days):* _____

Transitional Housing: *Number of family units:* _____
Number of beds: _____ *Max stay (in days):* _____

If you do not offer either of these housing programs, or if your facility is a scattered-site model, please do not complete the rest of the survey. Thank you.

2. Which type of homeless families do you serve in your program(s)? **(Check all that apply)**

- Two-parent families with children, or expecting
- Single mothers with children, or pregnant
- Single fathers with children
- Victims of domestic violence with children
- Other *(Please specify):* _____

If you exclusively serve victims of domestic violence, please do not complete the rest of the survey. Thank you.

3. During your last complete fiscal year, approximately how many **families** were housed in your facility? How many **adults** (age 18 and over) and how many **children** (under age 18)?

Number of *families*: _____ b) Number of *adults*: _____ c) Number of *children*: _____

4. Does your facility charge families any fee/percent of their income for shelter services?

Yes If yes, please specify how much: _____ No

5. Please indicate the dates (month and year) for your facility's last completed fiscal year? *(i.e. January 2007 to December 2007):* _____

6. What was your **TOTAL BUDGET** (inclusive of funding allocated for supportive services, administrative, and operational costs) for your last complete fiscal year?: \$ _____

7. For the budget amount noted above, please indicate what percent comes from the following sources:

a) Federal: _____% b) State: _____% c) County: _____%
d) City/Municipality: _____% e) Private: _____%

8. Please list the funding dedicated to **SUPPORTIVE SERVICES** (exclusive of operational and administrative costs) offered by your facility, differentiating between **direct facility funding** (i.e. services provided on-site) and **indirect funding** (i.e. services provided by referral) for the last complete fiscal year:

**If you are unable to provide the funding dedicated to each or any of these services, please check (in the appropriate boxes) whether or not your facility provides the service on-site or by referral. If you are able, please list the organization(s) that you refer families to.*

Type of Supportive Service	On-Site Services		Services by Referral	
	Check if provide	Funding Amount	Check if provide	Funding Amount
Case Management				
On-Site Case Management		\$		\$
Housing				
Housing Search Services – including housing specialists, referrals to brokers, assistance with applications, etc.		\$		\$
Child Care				
On-Site Child Care Services		\$		\$
Education				
Education programs for children (i.e. before or after-school programs)		\$		\$
Education programs for adults (i.e. Adult Basic Education, ESL, GED)		\$		\$
Employment/Financial Skills				
Vocational training		\$		\$
Employment counseling or job placement		\$		\$
Financial skills (i.e. money management, financial counseling, budgeting)		\$		\$
Health Services				
Mental Health Services		\$		\$
Domestic Violence Counseling		\$		\$
Alcohol or substance abuse counseling or treatment		\$		\$
Medical care (prescriptions, check-ups, dental care, immunizations, HIV/AIDS services)		\$		\$
Other – Please Specify				
		\$		\$
		\$		\$
		\$		\$
Total Budget for Supportive Services:		\$		\$

PART TWO: OBSERVATIONAL QUESTIONS: *Please answer all questions. For data not collected by your facility, please provide an approximation based on your experiences with the families that you serve.*

1. Approximately what percent of the families served by your facility are homeless solely due to a housing crisis (require only one-time placement and financial assistance with no need for on-going case management in order to live independently and maintain self-sufficiency)? _____ %
2. Approximately what percent of the adults served by your facility have **never** been the primary leaseholders of an apartment or house? _____ %
3. Approximately what percent of the families served by your facility have experienced domestic violence immediately prior to entering your shelter? _____ %
4. Approximately what percent of the children served by your facility are of mandatory school age? _____ %
4b. Of these school-aged children, approximately, what percent are enrolled (*the sum for answers "a" through "d" below should equal 100%*):
 - a. Above grade level: _____ %
 - b. At grade level: _____ %
 - c. Below grade level: _____ %
 - d. Do not attend school: _____ %
5. Of the total number of adults that you serve, approximately what percent are (*the sum for answers "a" through "d" below should equal 100%*):
 - a. Currently employed, full-time: _____ %
 - b. Currently employed, part-time: _____ %
 - c. Currently unemployed, with previous work experience (full- or part-time): _____ %
 - d. Currently unemployed, without previous work experience (full- or part-time): _____ %
6. Please list any other additional factors that you have encountered that impact the ability of your adult population to seek employment. Please rank the barriers to employment for your population of unemployed adults, with 1 being the strongest barrier to employment.
 - a. Lack of education: _____
 - b. Lack of appropriate trade/job skills: _____
 - c. Lack of appropriate child care: _____
 - d. Fear of losing or reducing public assistance benefits: _____
 - e. Mental or physical disability: _____
 - f. Other (Please specify and rank): _____

This concludes the Institute for Children and Poverty's survey. Thank you for your participation.