

1. Which Chapter completed a project for you?

- HomeAid Atlanta
- HomeAid Colorado
- HomeAid Houston
- HomeAid Inland Empire
- HomeAid Los Angeles/Ventura
- HomeAid Northern California
- HomeAid Northern Virginia
- HomeAid Orange County
- HomeAid Portland
- HomeAid Sacramento
- HomeAid Seattle
- HomeAid Southern Nevada
- HomeAid Southeastern Michigan
- HomeAid Washington DC

2. Which of the following is the primary type of shelter service you provide?

- Emergency Shelter (Temporary shelter provided one night at a time for people who are homeless)
- Transitional housing (Housing with support services provided for 2 months to 2 years)
- Permanent supportive housing (Housing with no limit on the length of time a client may stay. Includes support services for people with disabilities such as mental health, substance use, and employment services)

Other (please specify)

3. Please check the primary populations that your program serves. (Choose up to five)

- People that are homeless as a result of job loss
- People that are homeless as a result of catastrophic illness
- Women in crisis pregnancy
- Abused children
- Homeless youth
- Victims of domestic violence and/or spousal desertion
- Veterans
- People living with HIV/AIDS
- People battling substance abuse
- Foster youth
- Emancipated youth
- Pregnant minors and their children
- Fragile infants
- People who are mentally ill
- People exiting from correctional facility
- Elderly
- Chronic homeless

4. Please check all supportive services you provide for your clients.

- Outreach
- Case Management
- Life Skills (outside of case management)
- Alcohol or drug abuse services
- Mental health services
- HIV/AIDS-related services
- Other health care services
- Education
- Housing placement
- Employment assistance
- Child care
- Transportation assistance
- Legal
- Personal Finance Education
- Other (please specify)

5. What is the average length of time a client stays in your program? (Check one)

- Less than month
- 1-6 Months
- 7-12 Months
- 13-24 Months
- Longer than 2 years

6. How many people annually, do you serve in the facilities built by HomeAid?

7. What percentage of all clients admitted into the program gained permanent housing upon leaving your program in 2012?

- Less than 20%
- 20-39%
- 40-59%
- 60-79%
- 80-100%

8. Please explain the methodology of how you obtained the numbers in question 7.

9. What percentage of your total population is represented by clients in these ethnic categories? (Please estimate if you are not sure, rather than leave blank. Answer must total 100)

American Indian	<input type="text"/>
Asian	<input type="text"/>
Pacific Islander	<input type="text"/>
African American	<input type="text"/>
Hispanic	<input type="text"/>
White, not of Hispanic origin	<input type="text"/>
Other	<input type="text"/>
Mixed Race	<input type="text"/>

10. What percentage of your total population is:

Male	<input type="text"/>
Female	<input type="text"/>

11. Please provide the age breakdown of your total population (Answer must total 100):

0-12	<input type="text"/>
13-18	<input type="text"/>
19-30	<input type="text"/>
31-40	<input type="text"/>
41-60	<input type="text"/>
61 and over	<input type="text"/>

12. What percentage of your clients are military veterans?

Less than 20%	<input type="text"/>
20-39%	<input type="text"/>
40-59%	<input type="text"/>
60-79%	<input type="text"/>
80-100%	<input type="text"/>

13. Please rate your experience with your HomeAid Chapter on the following?

	Extremely Positive	Positive	Neutral	Negative	Extremely Negative	N/A
Application Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-Development Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Actual Build/Renovation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donations to the Project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Press and Public Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groundbreaking and Dedication Ceremonies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close Out Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance Process and Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Do you assess the long-term impact resulting from the HomeAid Project? That is to say, do you follow-up on those you served in the project to understand the effect your services have had in addressing their homelessness?

- Yes
- No

15. If you answered yes, please site an example

16. Would you be willing to be contact about the survey and the answers provided if any questions arise?

- Yes
- No

17. If yes, please provide your contact information: