

Maricopa Association of Governments
2009 Emergency Domestic Violence and Homeless Shelter Capacity Study
Daily Data Collection Tool

Date: _____ Shift: _____
 Contact Phone #: _____
 Agency Name: _____
 Program Name: _____

Reason for Denial of Request	Number of Denials	Notes:
Capacity of Program:		
No vacancy		
Wait listed		
Need to keep portion of beds reserved		
Criminal History:		
Criminal record		
Drug conviction		
Sex offender		
Violent crime conviction		
Demographics:		
Citizenship/immigration status		
Gender: male		
female		
transgender		
Male children over the age of x		
Teen parent/guardian		
Eligibility:		
Former client		
Not victim of domestic violence		
Not homeless		
Health:		
Behavioral health issues (includes mental health)		
Bunk requirement (inability to stay on top bunk)		
Communicable disease		
Emergency medical/ life-threatening condition		
Lack resources to accommodate guest's physical limitations or medical condition		
Special diet		
Substance abuse/use		
Program Compliance:		
Failed urine analysis		
Pets (excluding documented service/companion animals)		
Refusal to follow shelter rules		
Other:		
Language barrier		
No valid ID (specify)		
Unsafe to stay at shelter due to proximity to abuser		
Other		

1. At the conclusion of the screening process, please indicate the following:

- a. Number screened: _____
- b. Number denied: _____
- c. Number accepted: _____
- d. Number placed on wait list: _____

2. How many beds for individuals remain available to be filled at the end of the screening process? _____

3. How many family units remain available to be filled at the end of the screening process?

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2009 Emergency Domestic Violence and Homeless Shelter Capacity Paper
Daily Data Collection Survey Instructions**

The Maricopa Association of Governments is collecting **aggregate** data concerning denied requests at emergency homeless and domestic violence shelters each day, for **14 days**. Please use one sheet per program, per day that a screening process is conducted. If there are multiple shifts involving the screening process, the staff or volunteer will continue on the same sheet the staff or volunteer used on the previous shift for that day.

INSTRUCTIONS: If you have any questions, contact Christine Glass at (602) 452-5021 or cglass@mag.maricopa.gov.

1. At the beginning of each day that a screening process is conducted, start a new survey sheet. If there is a day your shelter does not screen for guests, do not fill out a survey sheet on that day.
2. If a request is denied during the screening process, mark one tick mark in the corresponding reason(s) for denial. Please indicate all reasons a request has been denied. For example:

“Individual A calls your shelter, requesting a bed. During the screening process you discover Individual A is not homeless. Individual A’s request is denied for this reason. You mark “1” in the category “Not Homeless” as illustrated below. The screening also reveals the person has a communicable disease and, per agency policy, may not enter shelter. This screening would be documented as follows:

Not Homeless	1
Communicable Disease	1

3. At the end of the day/shift, your survey sheet may have multiple marks in some category boxes, and no marks in others to reflect the actual requests that were denied during that screening process.

Not Homeless	IIII
Not Victim of Domestic Violence	
Teen Parent/Guardian	II