

Maricopa Association of Governments
2009 Emergency Domestic Violence and Homeless Shelter Capacity Study
Draft Survey Questions

Section One: Contact Information

Contact Phone #: _____

Agency Name: _____

Program Name: _____

Section Two: Instructions

Please answer the following questions regarding the screening policies and processes of your shelter program. Once you have completed this survey, please return to the MAG offices by TBD to fax (602) 254-6490 or email to cglass@mag.maricopa.gov. If applicable, please attach additional information regarding certain questions. If you are unsure of the meaning of a word, phrase or question, refer to the “Definitions” to follow. Please contact Christine Glass with any questions at (602) 452-5021 or cglass@mag.maricopa.gov.

Definitions:

Homeless: an individual who lacks a fixed, regular, and adequate nighttime residence; and an individual who has a primary nighttime residence that is —

- A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
- C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (Federal HUD definition)

Domestic Violence: A pattern of behavior that includes the use or threat of violence and intimidation for the purpose of gaining power and control over another person. Violence is characterized by: physical abuse, sexual abuse, economic abuse, isolation, emotional abuse, control, or verbal abuse.

Accepted: When a request for shelter has been approved by a specific program.

Denial: When a request for shelter is declined based on certain variables or criteria pertaining to the shelter policies or capacity at the time of screening.

Wait List: If the shelter has no vacancy, or for another reason, cannot provide immediate shelter to an approved request for shelter, the individual or family are placed on a list to wait for the next available bed or unit at the shelter.

Youth on their own: Any individual under the age of 18 years of age who is not accompanied by a guardian.

Maximum Capacity: The total number of individuals or families that the shelter can serve at any given point in a 24 hour period. ie. Bed/cots/cribs/temporary beds or family units.

Screening process: any procedure involved with the process of determining which requests for shelter will be accepted or denied based on a set of variables.

Section Three: Overall Program Questions

1. Please indicate which of the following best describes your shelter program:
 - a. Emergency Homeless Shelter
 - b. Emergency Domestic Violence Shelter

1. Please indicate the populations eligible to stay at your shelter (circle all that apply)
 - a. Single adults
 - Male
 - Female
 - Transgender
 - b. Adult couples without children
 - c. Families with children
 - Single female parent/guardian with children
 - Single male parent/guardian with children
 - Two parents/guardians with children
 - d. Youth on their own

2. What is the maximum capacity at your shelter?

3. When can your shelter conduct screenings?
 - a. Monday-Friday (five days)
 - b. Sunday-Saturday (seven days)
 - c. Other _____

4. What data does your agency regularly collect regarding requests for shelter denied?
 - a. No data
 - b. Number of denials
 - c. Number of denials **and** primary reason for denial
 - d. Completed screening form

5. Please describe the standard screening process of your shelter. (circle all that apply)
 - a. Phone interview

- b. Walk-ins
 - c. On-site interview
 - d. Other _____
6. How long can guests stay at your shelter?
- a. one night
 - b. two to six nights
 - c. one week
 - d. 30 days
 - e. 60 days
 - f. 90 days
 - g. 120 days
 - h. Other (please describe)

Section Four: Daily Data Collection

1. At the conclusion of the screening process, please indicate the following:
- Number screened _____
 - Number denied _____
 - Number accepted _____
 - Number placed on wait list _____
2. Indicate the reason(s) requests for shelter were denied. Please circle all that apply.
- Capacity of Program:**
- a. No vacancy
 - b. Wait listed
 - c. Need to keep a portion of beds reserved: If yes, please attach a copy of the bed reservation policy
- Criminal History:**
- d. Criminal record
 - e. Drug conviction
 - f. Sex offender
 - g. Violent crime conviction
- Demographics:**
- h. Citizenship/immigration status
 - i. Gender
 - 1. Male
 - 2. Female
 - 3. Transgender
 - j. Male children over the age of (please specify) _____
 - k. Teen parent/guardian

Eligibility:

- l. Former client
- m. Not a victim of domestic violence
- n. Not homeless

Health:

- o. Behavioral health issues (includes mental health issues)-please specify
- p. Bunk requirement
- q. Communicable disease
- r. Emergency medical/life-threatening condition
- s. Lack of resources to accommodate guest's physical limitations or medical condition
- t. Special diet
- u. Substance abuse/use
 - 1. Current use/under the influence
 - 2. History of use: please indicate the required length of sobriety to be eligible for shelter_____

Program Compliance:

- v. Failed urine analysis
- w. Pets (excluding documented service/companion animals)
- x. Refusal to follow shelter rules/regulations

Other:

- y. Language barrier
- z. Do not have valid ID- please indicate acceptable forms of ID
 - 1. Driver's License
 - 2. State-agency issued ID Card
 - 3. Passport
 - 4. Social Security Card
 - 5. Other _____
- aa. Unsafe to stay at shelter due to proximity to abuser
- bb. Other_____