

# Shelter Capacity Study: Making the Most of What We Have



**Maricopa Association of Governments  
Continuum of Care Regional Committee on Homelessness  
Regional Domestic Violence Council  
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### ***Executive Summary***

The inability to access domestic violence or homeless shelter has serious ramifications for the people needing assistance and the communities in which they live. Maximizing shelter space will result in more people being served, more money being saved, and fewer needs going unmet. For this reason, the Maricopa Association of Governments (MAG) Regional Domestic Violence Council and the MAG Continuum of Care Regional Committee on Homelessness are partnering on the 2010 Shelter Capacity Study. This collaboration will offer a better understanding of the frequency and reasons why requests for homeless and domestic violence shelter are denied. The result will be that shelters are better informed and prepared to maximize their capacity to increase the number and diversity of the people they serve.

The FY 2010 MAG Shelter Capacity Study invited all local emergency homeless and domestic violence shelters to be involved. The 18 participating shelters tracked the reasons why requests for shelter were denied over a two-week time period. In total, 924 requests for shelter were denied. The analysis of these reasons provides the basis for the strategies proposed by this report. The strategies focus on helping to increase the number of people served or to increase the diversity of the people being served in order to maximize space.

Strategies to increase the number of people being served include the following:

1. Rapidly re-house people through a triage system that places people with the most significant needs in shelter and placing higher functioning people directly into permanent housing with services.
2. Increase access to and the supply of permanent supportive housing. This will assist individuals to maintain housing outside the shelter system with supportive services.

Strategies to increase the diversity of people being served include the following:

1. Fill top bunks first. In an effort to maximize physical space within shelters and to accommodate more people, many shelters utilize bunk beds. When filling these beds, shelters may fill the bottom bunks first. Assigning the top bunks first to occupants who are physically able to use them will maximize shelter space.
2. Provide cross training for shelter staff. Cross-training between homeless and domestic violence shelters can help the shelters to address shifting needs as requests for shelter increase or decrease.
3. Screen on demand. Shelters that screened on demand filled available beds more quickly. Beds can be better utilized if requests for shelter are considered as they come in.
4. Consider revising policies that restrict eligibility. Homeless shelters reported 14 different reasons why requests for shelter were denied. Domestic violence shelters reported 21 reasons. A number of these reasons might be resolved with a change in shelter policy and structure.

Additional information may be found on the MAG Web site at the following link: <http://www.mag.maricopa.gov/division.cms?item=65> or by calling (602) 254-6300.

## ***Introduction***

Every day, requests for shelter are denied. For homeless people, this may mean another night on the streets facing unknown dangers. For domestic violence victims, it could be the last night of their life. Whether people are fleeing abuse or the streets, access to shelter represents a life-saving resource. The availability of shelter has implications beyond the person needing the bed. For example, prevalent homelessness in business districts can make economic development more difficult, an unwanted challenge in a recession. Unabated domestic violence dramatically affects business's bottom line as employee's attendance and performance suffer. This study seeks to identify opportunities for homeless and domestic violence shelters to effectively serve more people with the same or fewer resources.



Today's recession is putting the region's 2,571 shelter beds in jeopardy at a time when they are needed the most. In some communities, the foreclosure rate has skyrocketed to affect one out of every 12 homes. Many jobs have been lost since the housing peak in 2006, including more than 100,000 jobs in the construction industry alone. More people are turning to public assistance as a result. For example, food stamp enrollment increased 41 percent in the last year. The recession directly impacts the number of people who become homeless. While economic stress does not cause domestic violence, it may intensify the severity if it is already occurring. At the same time, state Legislators face a billion dollar budget deficit and are making difficult decisions to eliminate funding for programs. The region is at a critical juncture when it needs to do more for more people with less support.

The ability to maximize shelter space will result in more people being served, more money being saved, and fewer needs going unmet. The inability to access shelter has serious ramifications for the people needing assistance and the communities in which they live. For this reason, the Maricopa Association of Governments (MAG) Regional Domestic Violence Council and the MAG Continuum of Care Regional Committee on Homelessness are partnering on the Shelter Capacity Study.

This study addresses the screening and eligibility process for people seeking emergency homeless and domestic violence shelter. Considerations that impact a person remaining in shelter such as the program's cultural competency, while important, are beyond the scope of this study. This collaboration will offer a better understanding of the frequency and reasons why requests for homeless and domestic violence shelter are denied. The result will be that shelters are better informed and prepared to maximize their capacity to increase the number and diversity of the people they serve.

In 2005, MAG released the report, “The Need for Increased Domestic Violence Shelter”. This study is modeled on that report with the addition of homeless shelters. The 2005 report engaged all nine domestic violence shelters at the time in tracking and un-duplicating the number of calls requesting shelter. Analysis of the data determined that at least 325 more beds were needed in the region for domestic violence victims and their children.

In 2008, the Governor’s Office, the Arizona Department of Economic Security, and the Arizona Coalition Against Domestic Violence hosted a Community Conversation focused on building a comprehensive service delivery system that would be responsive to the diverse needs of survivors throughout the State. Participants identified the following top five priorities as elements needed to develop such a system: community collaboration, multi-service models, training/education, funding, and offender treatment and accountability. A copy of the full report may be accessed at the following link on the DES Web site: [https://egov.azdes.gov/CMS400Min/InternetFiles/Reports/pdf/ACY-1210A\\_2008.pdf](https://egov.azdes.gov/CMS400Min/InternetFiles/Reports/pdf/ACY-1210A_2008.pdf).

Currently, funding for the 319 beds added since the first MAG Shelter Capacity Report is at risk. The FY 2010 MAG Shelter Capacity Study invited all local emergency homeless and domestic violence shelters to be involved. The participating shelters tracked the reasons why requests for shelter were denied over a two-week time period. The analysis of these reasons provides the basis for the recommendations proposed by this report. The next section describes the methodology used to conduct the study.



### ***Methodology***

The study design consists of a shelter profile survey (Appendix A) and data collection tool. The shelter participants completed a two week study period in which they tracked the frequency and reasons for denying requests for shelter (please refer to Appendix B).

Participants for the study were recruited broadly. All emergency homeless and domestic violence shelters throughout the MAG region were emailed a letter of invitation to participate in the study. Seven out of 16 emergency homeless shelters participated, reflecting 44 percent of shelters and 42 percent of emergency homeless beds. Eleven out of 14 domestic violence emergency shelters participated, representing 78 percent of shelters and 68 percent of beds.

The survey instruments were developed on the basis of stakeholder feedback and analysis of the shelters’ screening policies and procedures. Reasons for denial were used to

develop the data gathering instrument entitled the Daily Data Collection Tool (see Appendix B). Review of the screening protocols raised questions about how shelters define “capacity”, e.g., how many days a week does a shelter conduct a screening. These and other questions became the Shelter Profile Survey (Appendix A).

The last two weeks of the month were chosen for the study because individuals and families receiving financial or government assistance typically receive payments at the beginning of the month. Therefore, at the end of the month, more individuals and families are likely to find themselves in need of shelter.

The survey instruments were tested during a pilot with four shelters prior to full implementation. In addition, CONTACS Shelter Hotline provided data on the shelter capacity of participating shelters. The Shelter Hotline is a referral service for individuals and families seeking shelter. Hotline callers are asked a series of questions to determine their eligibility for entering shelter programs. Further revisions were made to the study documents based on information gathered during the pilot.

Data collection was conducted in (two) 14-day sessions. Round one of the study period occurred from Sunday, June 21, 2009, to Saturday July 4, 2009. The second round of data collection took place from Monday, July 20, 2009 through Sunday, August 2, 2009. Shelter staff was asked to track the number of unduplicated requests for shelter, how many of those requests were accepted or denied, and the reason(s) a request for shelter was denied. Shelter staff checked reasons for each denial on the Daily Data Collection Tool. Shelter staff was also asked to complete the Shelter Profile Survey (see Appendix A).

Seven homeless shelters completed the profile and three completed the Daily Data Collection tool. Eleven domestic violence shelters completed the profile and nine completed the Daily Data Collection Tool. The better response rate from the domestic violence shelters makes the data more broadly applicable. The relatively low response rate from the homeless shelter providers, particularly with the Daily Data Collection Tool, means the data cannot be extrapolated to reflect the other shelters that didn’t participate.



### ***Findings***

The study offers compelling data about the capacity of the current shelter system used to address the emergency housing needs of people experiencing homelessness and domestic violence. While the survey results do not necessarily reflect all homeless and domestic violence shelters in the region, all shelters may maximize their capacity by applying the recommendations provided in the

next section. The recession has made the addition of shelter beds more difficult to obtain, making the need to fully utilize every bed even more critical.

The data indicates both emergency homeless and domestic violence shelters are working to capacity. The participating shelters reported a total of 924 denied shelter requests with a daily average of 66 denials. During the study periods, domestic violence shelters declined more than two thirds (68 percent) of shelter requests and accepted 31 percent of requests for shelter. Emergency homeless shelters reported very similar results. During the same time period, they declined nearly two thirds (64 percent) of requests for shelter and accepted just more than a third (35 percent). This figure includes requests that have been placed on a wait list. While the request for shelter has not been permanently denied, the person is still without shelter for that night. While two of the 11 domestic violence shelters reported keeping wait lists, no requests for shelter were placed on a wait list during the study period.

In addition to reporting how many requests were denied, accepted, or placed on a wait list, shelters also reported how many beds remained empty at the end of each screening period. This figure is important because it reveals how closely the eligibility criteria of the shelter reflect the demographics of the people seeking shelter. If people are not eligible for existing shelter beds, this creates underutilized capacity and leaves people in crisis. If this is dramatically out of alignment, then decisions need to be made to adjust the eligibility criteria so existing providers can diversify the people they serve or additional shelter beds are created. In this funding environment, the former would seem more plausible.

Homeless shelters did not report vacancy rate data consistently enough to provide an accurate figure. Domestic violence shelters reported an average of two vacant beds and one vacant family unit each night. On average, they had denied shelter requests despite having the vacancy three out of 14 nights. Some providers reported as many as eight beds open in one night despite requests for shelter while others had no beds available.

Bed availability is not always as clear cut as it may seem. Family units or apartments can complicate the issue. For example, if a family of five enters a shelter and is assigned to an apartment that has six beds, one vacant bed will be reported. This is done in compliance with funding requirements, even though a stranger would not be placed in the remaining bed. Shelters report this as a common barrier to obtaining an accurate and realistic vacancy rate.

Community Information and Referral reported from the CONTACS Shelter Hotline a total of 2,489 duplicated requests for shelter were denied over the study period. Similar to the results from the shelters, the most common reason for denial was “no vacancy” at 50 percent, as compared to 60 percent of the requests for shelter reported as denied by this study.

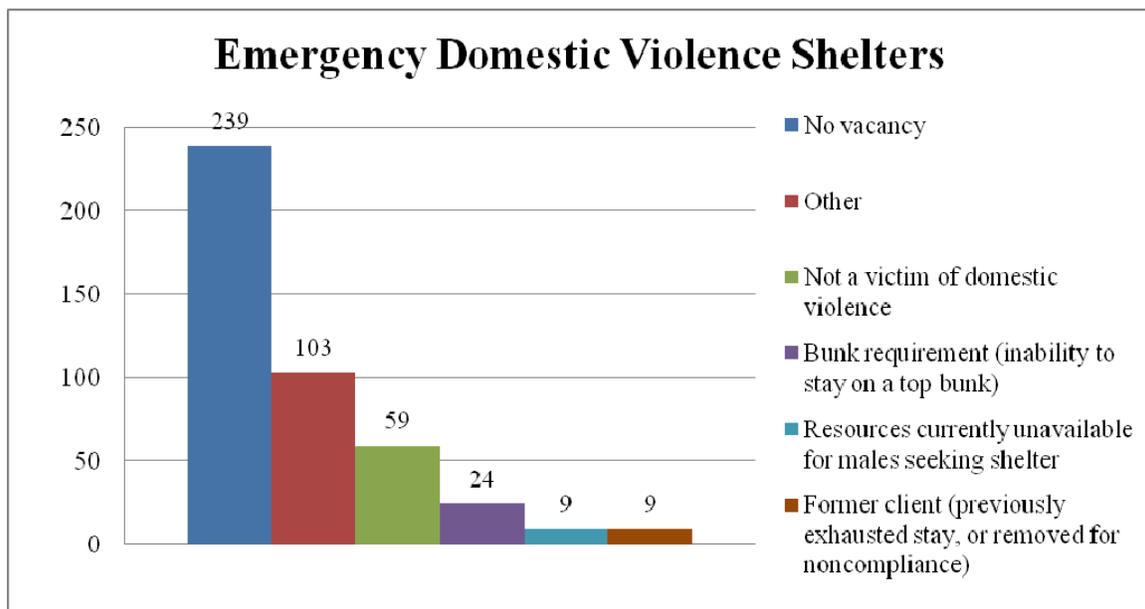
Noting the reasons why requests for shelter were denied yields important insights as well. The following charts indicate the top five reasons requests for shelter were denied.

### *Emergency Domestic Violence Shelters*

Eleven emergency domestic violence shelters reported a total of 483 denied shelter requests during the 14-day study periods with a daily average of 35 denials. The most frequently reported reasons for denial of shelter requests at domestic violence shelters were:

1. No vacancy: 239
2. Other: 103\*
3. Not a victim of domestic violence: 59
4. Bunk requirement (inability to stay on a top bunk): 24
5. Resources currently unavailable for males seeking shelter: 9
6. Former client (has previously exhausted stay, or was removed from shelter for noncompliance to shelter rules): 9

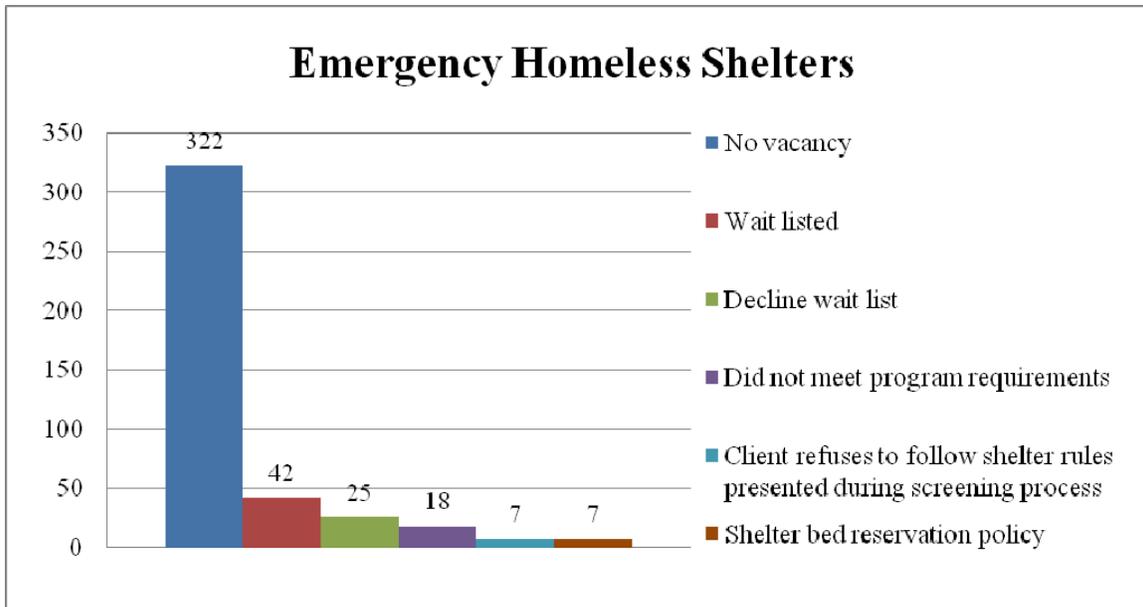
\* The majority (84 percent) of “Other” denials were produced by one agency. Follow-up is being conducted with that agency to determine the reasons.



### *Emergency Homeless Shelters*

Seven emergency homeless shelters reported a total of 441 denied shelter requests. On average, there were 31 denials for homeless shelter each day for the study period. The most frequently reported reasons for denial of emergency homeless shelters were as follows:

1. No vacancy: 322
2. Wait listed: 42
3. Decline wait list: 25
4. Did not meet program requirements: 18
5. Client refuses to follow shelter rules presented during screening process: 7
6. Shelter bed reservation policy: 7



Domestic violence shelters declined approximately half (49 percent) of requests because they had no vacancy. This means that half of the requests for shelter were denied for reasons related to eligibility and shelter policy. Sixteen percent of these reasons were related to issues related to domestic violence, such as the abuser living in close proximity to the shelter (4 requests) or the call being disconnected prior to completion of the screening (7 requests).

The reason most often given when denying a request other than no vacancy was that the caller was not a domestic violence victim (59 requests). No homeless shelter reported denying a request for shelter because the person was not homeless. Per contracts with the Arizona Department of Economic Security, once domestic violence shelters maintain a 10 percent vacancy rate, they are required to serve people experiencing homelessness. Some shelters have reached this vacancy rate and are serving homeless people in addition to domestic violence victims. Two requests for domestic violence shelter were denied because the callers had not experienced homelessness or domestic violence. Homeless shelters have historically served domestic violence victims on a frequent basis. Cross-training will ensure that shelters can respond quickly when the need shifts so capacity is maximized at all times.

Emergency homeless shelters reported denying requests for shelters on the basis of no vacancy three out of four times (73 percent). The figure increases to nearly nine out of ten times (88 percent) when totaling the requests denied for lack of vacancy, the requests placed on the wait list, and the requests that declined being placed on the wait list. Homeless shelters place a request on a wait list when they have determined the request represents a person eligible for services but they do not have room for that person that night. This leaves a range between 27 to 12 percent of requests that were denied for reasons not related to vacancy, depending on if wait list data are included. Homeless shelters did report denying 18 requests for shelter (four percent) because the caller did not meet the program requirements. No domestic violence shelter cited this reason.

Special needs such as substance abuse, behavioral health and physical disability are rarely cited when denying a request for shelter. This was reported by the homeless shelters with one percent of requests denied for these reasons. Domestic violence shelters declined 36 requests, or seven percent, on the basis of special needs. The majority, or 24 of these requests, pertained to the inability of the caller to use a top bunk. If the bunk issue was resolved, then the percent of requests declined on account of special needs would decrease to two percent.

### ***Recommendations***

The data from this study indicate the need for increased capacity at both emergency homeless and domestic violence shelters. Shelter providers can achieve this goal by focusing on how to serve more people with the same number of beds or by examining their policies and eligibility criteria for opportunities to diversify their clientele. Based on the reasons for denying shelter requests, homeless shelter providers may find more benefit in the former strategy while domestic violence shelter providers would benefit from both options.

Issues related to domestic violence may necessitate some of the policies that result in shelter requests being denied. Other policies previously thought to be needed have shifted over time. For example, it was very common years ago for domestic violence shelters not to accept boys over the age of 12 years. Three of the 11 domestic violence shelters report that their policy has remained the same. During this study period, only one request for shelter was denied for this reason. The Arizona Coalition Against Domestic Violence Residential Program Committee is currently addressing this issue by offering technical assistance to shelters wanting to change their policy. There may be other opportunities to reconsider policies that would result in more people being sheltered safely and appropriately.



### ***Strategies to increase the number of people sheltered***

#### **1. Rapidly re-house people through a triage system.**

The crisis nature of domestic violence and the trauma endured by victims often necessitate a longer-term placement to provide the safety and support victims need to stabilize. As a result, this goal may more appropriate for homeless shelters. Moving people through the shelter system more quickly will result in more people being served without increasing the number of beds available. Rapid re-housing is a national initiative that achieves this goal. Requests for shelter are assessed through a triage that places people most in need in the shelter while placing people with minimal needs in permanent housing. All participants receive supportive services that help them to maintain stability and housing. Locally, UMOM New Day Center and Save the Family Foundation are

implementing a rapid re-housing program with a grant from the U.S. Department of Housing and Urban Development.

## 2. Increase access to and the supply of permanent supportive housing.

The availability of permanent housing units is a critical element to the success of rapid re-housing projects. People capable of supporting themselves may thrive in the mainstream market while others will need subsidized housing for the medium to long-



term. Many successful permanent housing models exist such as *Beyond Shelter*, a housing first program for families in Los Angeles. From 1989 to 2008, *Beyond Shelter* helped more than 4,500 homeless families with more than 12,000 adults and children rebuild their lives in permanent housing. Approximately 40 percent of participating *Beyond Shelter* families became homeless as a result of domestic violence.

*Project H.O.M.E.* is a successful permanent supportive housing model in Philadelphia that combines housing and supportive services to those with special needs. The Project H.O.M.E. model is a national best practice in providing permanent housing stability and critical services to single individuals and families who are homeless and exiting the shelter system. Second Chance Homes are group homes or clusters of apartments in Massachusetts that offer access to child care, education, job training and advice on parenting and life skills, while providing a stable environment in which young women can stay until they are 22 years old.

### *Strategies to increase the diversity of people sheltered*

#### 1. Fill top bunks first

In an effort to maximize physical space within shelters and to accommodate more people, many shelters utilize bunk beds. While this accommodation saves space, it often adds safety requirements and becomes a barrier for those with mobility limitations. If a person has limited mobility, they may not be able to occupy a top bunk and their request would be denied. This denial could leave the person without shelter and possibly the shelter bed vacant for the night. Assigning the top bunks first to occupants who are physically able to use them will maximize shelter space. The other option is to move people as needed. This is often met with resistance by people who do not want to move to the top bunk after sleeping in the bottom bunk. One shelter that recently renovated their sleeping area completely eliminated bunk beds in favor of regular beds in order to more effectively serve people of all levels of mobility functioning more safely.

#### 2. Provide cross training for shelter staff

Cross-training between homeless and domestic violence shelters can help the shelters to address shifting needs as requests for shelter increase or decrease. This will enable all shelter providers to be more responsive to the needs of people outside their traditional

clientele. Since the completion of the shelter survey, several domestic violence shelters have opened vacant beds to homeless persons not fleeing abuse. This has decreased the number of people being turned away from shelter. Shelter providers note the disconnect between policy and practice that can occur with staff turnover. New staff, especially those working second, third, or weekend shifts, may not be as clear with policy and may not know how to respond appropriately to requests. Training can clarify policy and assist staff with being as responsive as possible to people in need of shelter.

### 3. Screen on demand

Shelters that screened on demand filled available beds more quickly. Due to the crisis nature of the calls, all domestic violence shelters report consistently screening on demand. Shelters that restricted screening requests for shelter to assigned days and times took longer to fill the beds and had a higher vacancy rate. Beds can be better utilized if requests for shelter are considered as they come in. Critical time is especially lost over weekends and holidays if providers have not scheduled time to screen new shelter requests.

### 4. Consider revising policies that restrict eligibility

Homeless shelters reported 14 different reasons why requests for shelter were denied. Domestic violence shelters reported 21 reasons. Some of the reasons might need to be maintained, such as those relating to the safety of people fleeing abuse. Others should be resolved per federal law, such as lacking resources to accommodate a person's physical limitations.

Other issues might be resolved with a change in shelter policy and structure, such as accommodating people's need to care for their pets. Outreach workers report this as a significant barrier. One option for addressing this barrier is for shelters to create a designated "pet area" where pets could be housed while their owners are receiving shelter. The pet owner remains responsible



for the pet. Some shelters currently partner with the local humane society and other non-profits to care for the pets offsite from the shelter property. Such collaborations can defray the additional costs incurred. In addition, the American Humane Society offers a "Startup Guide" on their Web site at the following link: [www.americanhumane.org](http://www.americanhumane.org).

Shelters may collectively evaluate this and other policies through forums such as the Residential Program Committee through the Arizona Coalition Against Domestic Violence.

### *Conclusion*

In the midst of decreasing funding and increasing need for homeless and domestic violence shelter, the importance of maximizing the current inventory of beds cannot be overstated. Shelters may serve more people either by moving people more quickly from shelter to permanent housing. Shelters may also expand the diversity of the needs they address. If more people are eligible for a program, the vacancy rate will decrease and more people will be served.

The shelter providers in the region make an incredible difference to the thousands of people experiencing domestic violence and homelessness. Their dedication to serving those most vulnerable strengthens the community as a whole. This study strives to honor their effort by offering tools to enhance their work. Additional information about domestic violence and homeless planning may be found on the MAG Web site at <http://www.mag.maricopa.gov/division.cms?item=65> or by calling (602) 254-6300.

### *Acknowledgements*

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#### MAG Regional Domestic Violence Council

Celeste Adams, Save the Family  
Christina Avila, City of Avondale  
Lt. Robert Bates, Phoenix Police Dept.  
Kathy Berzins, City of Tempe  
John A. Blackburn, Jr., AZ Criminal  
Justice Commission  
Allie Bones, Arizona Coalition Against  
Domestic Violence  
Chris Christy, Salt River Pima-  
Maricopa Indian Community  
Councilmember William Conner, City  
of El Mirage  
JoAnn Del-Colle, Phoenix Family  
Advocacy Center  
President Diane Enos, Salt River Pima-  
Maricopa Indian Community  
Will Gonzalez, City of Phoenix  
Prosecutor's Office  
Laura Guild, Arizona Dept. of  
Economic Security  
Cindy Hallman, Marley House  
Chief Dan Hughes, City of Surprise

Cmdr. Kim Humphrey, City of Phoenix  
Police Dept., Chair  
Lynette Jelinek, Glendale Fire Dept.  
Mary Lynn Kasunic, Area Agency on  
Aging  
Patricia Klahr, Chrysalis Shelter Inc.  
Councilmember Phil Lieberman, City of  
Glendale  
Jodi Beckley Liggett, Arizona  
Foundation for Women  
Barbara Marshall, Maricopa County  
Attorney's Office, Vice Chair  
Maria-Elena Ochoa, Governor's Office  
for Children, Youth, and Families  
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Causa  
Stephanie Olohan, City of Goodyear  
Connie Phillips, Sojourner Center  
John Pombier, City of Mesa  
Kerry Ramella, City of Phoenix Fire  
Dept.  
Sarah Youngblood, Community Legal  
Services

#### MAG Continuum of Care Regional Committee on Homelessness

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Chair  
Robert Duvall for Roberto Armijo,  
Community Information & Referral  
Services  
David Barnhouse, Governor's Office  
Brad Bridwell, U.S. Vets  
Kathryn Brown, AZ Dept of Corrections  
Kendra Cea, APS  
Steve Frate, City of Glendale,  
Councilmember  
Victor Hudenko, Catholic Charities

Darlene Newsom, UMOM New Day Centers  
Joanne Osborne, City of Goodyear,  
Councilmember, Vice Chair  
Gina Ramos Montes, City of Avondale  
Brenda Robbins, Arizona Dept of Health  
Services  
Amy Schwabenlender, Valley of the Sun  
United Way  
Laura Skotnicki, Save the Family  
Jacki Taylor, Arizona Coalition to End  
Homelessness  
Margaret Trujillo, MG Trujillo Associates

Theresa James, City of Tempe  
Michael Johnson, City of Phoenix,  
Councilmember  
Deanna Jonovich, City of Phoenix  
Don Keuth, Phoenix Community Alliance  
Stephanie Knox, Magellan Health Services  
of Arizona  
Mattie Lord, Arizona Department of  
Economic Security/CPIP  
Mark Ludwig, Arizona Department of  
Housing  
Nick Margiotta, Phoenix Police Department

Mary Rose Wilcox, Maricopa County,  
Supervisor  
Michael McQuaid, Human Services Campus  
Linda Mushkatel, Maricopa County  
Ted Williams, Arizona Behavioral Health  
Corporation  
Diana Yazzie Devine, Native American  
Connections

Study participants:

Autumn House  
Chrysalis-Phoenix  
Chrysalis-Scottsdale  
DeColores  
Elim House  
Faith House  
Hands of Hope  
My Sister's Place  
New Life Center  
Sojourner Center  
UMOM Domestic Violence Shelter  
CASS  
Homebase Youth Services  
La Mesita Family Shelter  
Phoenix Rescue Mission  
Spirit of God Ministries  
Tumbleweed Open Hands  
UMOM Homeless Shelter

## *Appendix A: Shelter Profile Survey*

### Overall Program Questions

1. Please indicate which of the following best describes your shelter program:
  - a. Emergency Homeless Shelter
  - b. Emergency Domestic Violence Shelter
  
2. 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
  
3. What is the maximum capacity at your shelter? (please specify)  
\_\_\_\_\_
  
4. When does your agency process requests for shelter?
  - a. Monday-Friday (five days)
  - b. Sunday-Saturday (seven days)
  - c. Other \_\_\_\_\_
  
5. 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
  
6. 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 \_\_\_\_\_
  
7. What is the **maximum** length of stay for guests 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)
8. How long does someone retain their spot on the wait list?
- a. 24 hours
  - b. 48 hours
  - c. One week
  - d. Indefinitely-until they are placed and/or lose contact with the shelter
  - e. Other (please describe)
9. Indicate the reason(s) requests for shelter may be 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 (inability to stay on top bunk)
- q. Contagious 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. Religious affiliation/commitment
- y. Declined wait list
- z. Refusal to follow shelter rules/regulations

**Other:**

- aa. Language barrier
- bb. 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 \_\_\_\_\_
- cc. Unsafe to stay at shelter due to proximity to abuser
- dd. Call disconnected before completion of screening
- ee. Accepted: no show
- ff. Other\_\_\_\_\_

*Appendix B: Daily Data Collection Tool*

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

Date: \_\_\_\_\_

Shifts: \_\_\_\_\_

<b>Unduplicated Requests for Shelter</b>		
<b>Reason for Denial of Request</b>	<b>Number of Denials</b>	<b>Notes:</b>
<b>Capacity of Program:</b>		
No vacancy		
Wait listed		
Need to keep portion of beds reserved		
<b>Criminal History:</b>		
Criminal record		
Drug conviction		
Sex offender		
Violent crime conviction		
<b>Demographics:</b>		
Citizenship/immigration status		
Gender: male		
female		
transgender		
Male children over the age of x		
Teen parent/guardian		
<b>Eligibility:</b>		
Former client		
Not victim of domestic violence		
Did not meet program requirements		
Not homeless		
<b>Health:</b>		
Behavioral/mental health issues		
Bunk requirement (inability to stay on top bunk)		
Contagious disease		
Emergency medical/ life-threatening condition		
Lack resources to accommodate guest's physical limitations or medical condition		
Special diet		
Substance abuse/use		
<b>Program Compliance:</b>		
Failed urine analysis		
Pets (excluding documented service/companion animals)		
Religious affiliation/commitment		
Declined Wait List		
Refusal to follow shelter rules		

<b>Other:</b>		
Language barrier		
No valid ID (specify)		
Duplicate callers		
Unsafe to stay at shelter due to proximity to abuser		
Call disconnected before completion of screening		
Accepted: No show		
Other		

1. How many **beds/cribs for individuals** were available at the beginning of this screening process? \_\_\_\_\_
2. How many **family units** were available at the beginning of this screening process?  
\_\_\_\_\_
3. At what specific point in time did this screening process begin? (i.e. 6:00 am, etc.)  
\_\_\_\_\_
4. At the conclusion of the daily screening process, please indicate the following:
  - a. Number of **unduplicated requests** for shelter: \_\_\_\_\_
  - b. Number denied: \_\_\_\_\_
  - c. Number accepted: \_\_\_\_\_
  - d. Number placed on wait list: \_\_\_\_\_
    - i. Number who declined wait list option: \_\_\_\_\_
  - e. Number referred to another shelter: \_\_\_\_\_
5. How many **beds/cribs for individuals** remain available to be filled at the end of this screening process? \_\_\_\_\_
6. How many **family units** remain available to be filled at the end of this screening process? \_\_\_\_\_
7. At what specific point in time did this screening process end? (i.e. 6:00 pm, etc.)  
\_\_\_\_\_

*Appendix C: Number of Denials*

**Reasons Requests Denied By Domestic Violence Shelters**

<b>Reasons for Denied Requests</b>	<b>Number of Denials</b>
No vacancy	239
Other	103
Not DV victim	59
Bunk requirement (inability to stay on top bunk)	24
Former client	9
Gender: male	9
Call disconnected before completion of screening	7
Behavioral/mental health issues	6
Substance abuse/use	5
Duplicate callers	4
Unsafe to stay at shelter due to proximity to abuser	4
Not homeless	2
Wait listed	2
Reserve beds	2
Immigration/Citizenship status	2
Boys over age 12	1
Don't meet program requirements	1
Lack resources to accommodate guest's physical limitations	1
Pets (excluding documented service/companion animals)	1
Refusal to follow shelter rules	1
Language barrier	1
<b>Total Number of Denials for Study Period</b>	<b>483</b>

### Reasons Requests Denied By Homeless Shelters

Reasons for Denied Requests	Number of Denials
No vacancy	322
Wait listed	42
Declined Wait List	25
Don't meet program requirements	18
Reserve beds	7
Refusal to follow shelter rules	7
Behavioral/mental health issues	5
Immigration/Citizenship status	7
Female	2
Sex offender	2
Substance abuse/use	1
Former Client	1
Failed urine analysis	1
No valid ID (specify)	1
<b>Total Number of Denials for Study Period</b>	<b>441</b>