

Shelter Program Survey

The Mountainland Continuum of Care requests that each organization which provides shelter in the Mountainland region, complete this survey and submit it to Chelsea Ruiz by February 26, 2010. This information will assist the Overflow Shelter Committee is planning for expanded services.

Person completing the survey: _____

Agency: _____ Phone: _____

As you complete the survey, please only respond in terms of the individuals/families that your program serves and not for the general homeless population.

1. General description of targeted population(s) your shelter program serves:

2. Please put the following list in priority order in regards to the locations from which your shelter program clients come by numbering the locations from 1 to 10 with 1 being the most frequent:

_____ Non-housing (street, car, park, etc.)

_____ Shelter not meant for human habitation (storage unit, garage, etc.)

_____ Family or friend's house/apartment

_____ Rental housing

_____ Jail/prison

_____ Substance abuse treatment facility

_____ Hospital

_____ Home ownership

_____ Domestic violence situation

_____ Other (please specify) _____

3. Please estimate by percentage the community from which your clients come (where they have lived over the majority of the past 12 months):

_____ Utah County

_____ Wasatch County

_____ Summit County

_____ Salt Lake

_____ Other geographic area of Utah

_____ Out of the state of Utah

_____ Other (please specify) _____

4. Please describe any trends or changes in the population you have served over the past two years. Please consider the possible affects of the economic downturn.

5. Please complete the chart below in regards to your organization's level of shelter service for the stated time period:

Quarter	# unduplicated households served	# of duplicated shelter nights provided	# of bed nights	Total budget expended on shelter beds
Jan. – March 2008				
April – June 2008				
July – Sept. 2008				
Oct. – Dec. 2008				
Jan. – March 2009				
April – June 2009				
July – Sept. 2009				
Oct. – Dec. 2009				

6. Please estimate below the number of persons or households (please distinguish with P or H) which your organization was unable to serve at all during that quarter with shelter for the stated reasons:

Quarter	# of unduplicated persons (P) or households (H)	Reason
Jan. – March 2008		Lack of funding
		Lack of available motel space
		Lack of available shelter space (for DV shelter facility)
		Client lack of program compliance
		Other _____ _____
April – June 2008		Lack of funding
		Lack of available motel space
		Lack of available shelter space (for DV shelter facility)
		Client lack of program compliance
		Other _____ _____
July – Sept. 2008		Lack of funding
		Lack of available motel space
		Lack of available shelter space (for DV shelter facility)
		Client lack of program compliance
		Other _____ _____
Oct. – Dec. 2008		Lack of funding
		Lack of available motel space
		Lack of available shelter space (for DV shelter facility)
		Client lack of program compliance
		Other _____ _____
Jan. – March 2009		Lack of funding

