

MEMBER PROFILE QUESTIONNAIRE

Organization _____ Address _____ Mailing _____ City/State/Zip _____ Phone: _____ Fax: _____ Other Phone: _____ Contact Person: _____	Website: _____ Email: _____ Executive Director _____ Years in Business _____ Faith Based <input type="checkbox"/> State/County Home <input type="checkbox"/> Private Home <input type="checkbox"/> Campus Setting <input type="checkbox"/> Group Home <input type="checkbox"/> Suburb <input type="checkbox"/> Small Town <input type="checkbox"/> Inner City <input type="checkbox"/>
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Residential Profile

Age Range: Min ____ Max ____ Live-in Children <input type="checkbox"/> # allowed ____ Medical Requirements: _____ Describe Spiritual Emphasis: _____ Accept with Drug/Alcohol Dependency? _____ Application Process: _____	Activity Center <input type="checkbox"/> Educational Center <input type="checkbox"/> Pool <input type="checkbox"/> Near Bus Line <input type="checkbox"/> Near College <input type="checkbox"/> # of Residents Housed _____ # Bedrooms ____ # Private Bathrooms ____ # Community Baths ____ Play Ground <input type="checkbox"/>	Health Center <input type="checkbox"/> Thrift Store <input type="checkbox"/> Fitness Center <input type="checkbox"/> # Van(s) ____
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Staffing Profile	Resident's Financial Requirement						
<table style="width:100%;"> <tr> <td style="width:50%;"># Administrative Staff _____</td> <td style="width:50%;">Physician (OB/GYN) <input type="checkbox"/></td> </tr> <tr> <td># House Parents _____</td> <td>Certified Nurse <input type="checkbox"/></td> </tr> <tr> <td># Volunteers _____</td> <td>Nutritionist <input type="checkbox"/></td> </tr> </table>	# Administrative Staff _____	Physician (OB/GYN) <input type="checkbox"/>	# House Parents _____	Certified Nurse <input type="checkbox"/>	# Volunteers _____	Nutritionist <input type="checkbox"/>	No charge to Resident <input type="checkbox"/> Resident must work F/T <input type="checkbox"/> P/T <input type="checkbox"/> Resident must pay \$_____ per _____ Fees Ever Waived? _____
# Administrative Staff _____	Physician (OB/GYN) <input type="checkbox"/>						
# House Parents _____	Certified Nurse <input type="checkbox"/>						
# Volunteers _____	Nutritionist <input type="checkbox"/>						

Services Provided

Individual Counseling <input type="checkbox"/> Family Counseling <input type="checkbox"/> Drug Program <input type="checkbox"/> Assist Obtaining Financial Aide <input type="checkbox"/> Assist Obtaining Medical Aide <input type="checkbox"/> Legal Assistance Available <input type="checkbox"/> Physicians on Staff <input type="checkbox"/> Adoption Counseling <input type="checkbox"/> Adoption Services <input type="checkbox"/> Extracurricular Activities <input type="checkbox"/>	Babysitting Provided <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Home Management <input type="checkbox"/> Cooking Classes <input type="checkbox"/> Nutrition/Prenatal <input type="checkbox"/> GED Opportunities <input type="checkbox"/> Job Training/Interviewing <input type="checkbox"/> Dress for Success Program <input type="checkbox"/> Computer Skills <input type="checkbox"/> Grooming/Hygiene <input type="checkbox"/>	Self-Esteem <input type="checkbox"/> Codependency <input type="checkbox"/> Spiritual Teaching <input type="checkbox"/> Abstinence Education <input type="checkbox"/> Activities for Children <input type="checkbox"/> Maternity & Baby Clothes <input type="checkbox"/> After-Care Program <input type="checkbox"/> In-house <input type="checkbox"/> Off Premises <input type="checkbox"/> Babysitting <input type="checkbox"/> Program Length ____ months
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