

MEMBER PROFILE QUESTIONNAIRE

Name _____ 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"/>	
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"/> Health Center <input type="checkbox"/> Educational Center <input type="checkbox"/> Thrift Store <input type="checkbox"/> Pool <input type="checkbox"/> Fitness Center <input type="checkbox"/> Near Bus Line <input type="checkbox"/> # Van(s) _____ Near College <input type="checkbox"/> # of Residents Housed _____ # Bedrooms _____ # Private Bathrooms _____ # Community Baths _____ Play Ground <input type="checkbox"/>	
Staffing Profile	Resident's Financial Requirement	
# Administrative Staff _____ # House Parents _____ # Volunteers _____ Physician (OB/GYN) <input type="checkbox"/> Certified Nurse <input type="checkbox"/> 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? _____	
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

INFORMATION FOR NAMH RECORDS ONLY

To assist NAMH to better help meet your needs, please answer the following questions. This information will not be listed in the Directory, but only available for other members of the Association through special requests.

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|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 1. How many members on your board? _____ | 16 Would you be interested in attending a conference and/or training session with other maternity homes in your surrounding states? _____ |
| 2. How often do you have board meetings? _____ | |
| 3. Yearly Budget: _____ | 17 Do you have recurrent problems? What are they? _____ |
| 4. What type of donor software do you use? _____ | _____ |
| 5. How many on your donor list? _____ | _____ |
| 6. How many on your prospectives list? _____ | 18 Are you interested in becoming part of a leadership team for your District? _____ |
| 7. How often do you do fundraising mailings? _____ | If so, we will contact you with more information. |
| 8. Do you have an annual fundraiser? _____ | |
| 9. If so, describe it _____ | On a scale of 1-10 (10 being the highest), what is the need for the following:[MH = Maternity Home]: |
| 10. Do you use a professional fundraising company? _____ | 19 A National Assn. of MH _____ |
| 11. Do you have Volunteer Recognition? _____ | 20 A National Directory of MH _____ |
| 12. Do you have an Operational Manual? _____ | 21 An Operating Manual for MH _____ |
| 13. Do you have Job Descriptions? _____ | 22 Networking among MH _____ |
| 14. Do you use curriculum for the following? | 23 Conferences/Training Seminars for MH _____ |
| GED _____ Abstinence _____ | Topics for training: _____ |
| Addictions/Drugs _____ Biblical _____ | |
| Sex Education _____ Parenting _____ | 24. National recognition for MH _____ |
| 15 What are your two biggest needs?

_____ | |

(Examples: encouragement, networking, fundraising, how to handle difficult residents, recruiting volunteers, recruiting board members, finding appropriate curriculum)