

Supportive Housing Survey:

1. Name of Facility:
2. Address of Facility:
3. How many people do your residential programs serve?
4. Do you own any of the buildings that provide housing for program residents?
5. Are those buildings receiving tax exemption?
6. Are you paying payment in lieu of taxes for any buildings?
7. What is your yearly operating budget?
8. What are your budgets sources (for example, DMHS, other state funds, federal funds)
9. Do you charge rent? How much?
10. Are individuals unable to pay rent able to utilize your program?
11. Do your residents receive any government subsidies, such as Section 8?
12. Is the money derived from rents used solely to fund the residency or is some of it used to provide services?
13. Where do your residents come from? (Percentages)
____state or county hospitals ____own home/family home
____other community-based program ____other hospitals (STCFs, general)
____other (list)