



Superior Court of California
COUNTY OF ALAMEDA

ATTACHMENT 10

Supplemental Questionnaire

INSTRUCTIONS: Please complete this questionnaire for every facility/program that you are including in your proposal. Every separate facility/program MUST have its own *Supplemental Questionnaire* attached.

1. What services do you provide? Please check all that apply.

☐ Emergency Housing/Shelter (indicate type(s) below)

- ☐ Hotel/Individual Rooms
- ☐ Dormitory
- ☐ Individual Housing
- ☐ Other:

☐ Transitional/Supportive Housing (indicate type(s) below)

- ☐ Hotel/Individual Rooms
- ☐ Dormitory
- ☐ Individual Housing
- ☐ Other:

- ☐ Housing Navigation
- ☐ Case Management
- ☐ Public Benefit Program Enrollment Assistance
- ☐ Mental Health Treatment
- ☐ Substance Abuse Disorder Treatment
- ☐ Individual Therapy
- ☐ Group Therapy
- ☐ Support Groups for Substance Abuse
- ☐ Other Support Groups:

- ☐ Education Support
- ☐ Parenting Classes
- ☐ Childcare Assistance
- ☐ Family Reunification Support

- ☐ Job Training
- ☐ Employment Assistance
- ☐ Transportation Assistance
- ☐ Additional Services (please list):

2. Please provide the physical address of your facility:

3. Please describe the goals of your program:

4. Please describe the populations that you serve:

5. Please indicate the length of time individuals can reside in your facility/program including the typical or average length of stay and maximum length of stay (if applicable):

6. Please describe your eligibility criteria:

7. Please describe your referral process/policy:

If you have a referral form and/or other referral documents that you require, please attached them to this document.

8. Please describe your intake process including all assessments and/or evaluations do you complete:

9. Please describe your discharge policy including reasons you would involuntarily discharge an individual:

10. Can referred individuals who are discharged from your program be referred again? If so, please describe the pathways that are available for re-referrals.

11. What is the total capacity / number of individuals you can serve?

12. What is your average daily occupancy rate based on the past 6 months?

13. Please describe the rules, regulations, and policies that referred individuals must follow to participate in your program and/or reside in your facility:

14. Please describe the staff positions that provide direct care to referred individuals including their roles, responsibilities, and qualifications:

Please include a statement of work and/or any additional information you would like to include here: