



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.**

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:

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

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

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- ☐ 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:

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

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**5.** 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.*

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

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

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

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

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

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