



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:

- 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

- 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: