

Appendix 7 - Program Site Information
Emergency Shelter/Interim Housing Placements

Please provide all Transitional Living Placement options secured for your HY.

Agency Name:

Is this site: Agency Subcontractor Linkage Agreement		DCFS License Type and #:	Expiration Date:
Placement Contact Person:	Title:	Phone:	Email:
Address: <i>(Street Address not required for Host Home)</i>		City:	Zip:
County and/or Community Area of Placement:			
Placement cost per night:		OR	Placement cost per Month:
Placement type: <input type="checkbox"/> Scattered Site <input type="checkbox"/> Host Home <input type="checkbox"/> Group Home <input type="checkbox"/> Supervised Apartment <input type="checkbox"/> Other: _____			
Population served: <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both		Maximum Available daily Capacity of Placement Site:	
Population served: <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18 <input type="checkbox"/> Both			
Additional description of placement option:			

(If additional placement blocks are needed, please copy a block from above and paste – as needed)