**Legal Business Name:** Click or tap here to enter text.

**Shelter/Outreach Center Name** (please identify the same way you did within the Narrative Proposal, if applicable): Click or tap here to enter text.

**Shelter/Outreach Center Location (City and County):** Click or tap here to enter text.

*Complete one form for each shelter, nonresidential, or outreach center that will provide family violence program services.* (Note: No form is necessary for hotels or motels that are utilized to shelter survivors.) Please complete the form by marking *Yes* or *No* for each of the items listed below:

|  |  |  |
| --- | --- | --- |
| **Shelter Readiness** | | |
|  | **YES** | **NO** |
| **Does your shelter have the following: (§356.501)** | | |
| Kitchen and eating area |  |  |
| Group living area |  |  |
| Bathroom facilities, including toilets, lavatories, and bathing facilities |  |  |
| Sleeping facilities |  |  |
| Private meeting space for individual and group services |  |  |
| Adequate safe space for children |  |  |
| Developmentally appropriate, safe indoor play space equipped with toys in good repair and arts and craft supplies |  |  |
| Developmentally appropriate, safe outdoor play area equipped with toys in good repair |  |  |
| Basic furnishings that are clean and in good repair, including: beds and bed linens, cribs, dining room tables, chairs, highchairs, and a place to store clothing such as drawers or closets. |  |  |
| Clearly marked exits, smoke detectors, fire extinguishers, current fire inspections, and fire evacuation plans |  |  |
| Secure, clearly marked locations to store cleansers, solvents, and other hazardous items out of reach of children |  |  |
| A stocked first-aid kit in central locations and communal spaces that is accessible to all employees, volunteers, and residents. |  |  |
|  | | |
| **Does your Shelter have a security system that is operations 24-hours-a-day that includes an alarm system, outside lighting, and secure locks? (§356.503)** |  |  |
|  | | |
| **When preparing or providing food accommodations does your shelter do the following: (§356.502)** |  |  |
| Ensure food preparation, including storage of food, serving of food, and dining areas, is adequate and safe |  |  |
| Ensure residents are provided with at least three well-balanced meals or ingredients for well-balanced meals and an additional two snacks a day for children |  |  |
| Provide for alternative access to food and food preparation when the center's kitchen is closed |  |  |
| Provide for alternative access to essential food and food preparation when the center's kitchen is inoperable |  |  |
| Address Americans with Disabilities Act-compliant dietary accommodations for residents who require special medical diets, including those with food allergies |  |  |
| Not require residents to use Supplemental Nutrition Assistance Program (SNAP) food benefits (formerly known as food stamps) to purchase shelter meals |  |  |
| Address when providing meals or food items, consider the diverse needs of the population of the center's service area |  |  |
| Make reasonable accommodations for the center and residents regarding personal food items |  |  |

**If you marked “No” for any of the above please explain why, and how you will ensure to comply by the start of the grant.**

|  |  |  |
| --- | --- | --- |
| **Outreach Center Facility Readiness** | | |
|  | **YES** | **NO** |
| **Does your Outreach Center have the following: (§356.1901)** | | |
| Private meeting space for individual and group services |  |  |
| Access to bathroom facilities, including toilets and lavatories |  |  |
| Adequate safe space for children |  |  |
| Basic furnishings that are clean and in good repair |  |  |
| Clearly marked exits |  |  |
| A stocked first-aid kit in central locations and communal spaces that is accessible to all employees, volunteers, and program participants |  |  |
|  | | |
| **Does your Center have a security system that is operations 24-hours-a-day that includes an alarm system, outside lighting, and secure locks? (§356.1902)** |  |  |
|  | | |
| **Are you able to provide all required services listed under TAC §356.2001 at this facility?** |  |  |
| **Please provide the hours of operation for this facility:** | | |

**If “No” to any of the above, please explain why. Outreach Centers do not need to meet all the above TAC requirements.**

**Please describe what services are available at this location, and how survivors access those services.**