



Residential



REPORT/RENEWAL

Due 90 days after delivery or by date specified in delivery packet

Partner Organization Name:		Office Phone #:	
Address:		Office Fax #:	
City, State, Zip:		Email address:	
Primary Contact:		Alternate Phone #: <i>(other than office number)</i>	
Secondary Contact:		Secondary Contact Phone #	

How many residents did you serve this quarter?

Men	Women	Children (under 18)	Total

What was the average length of stay?
(a month, a few days, a week, etc.)

What products **DID NOT** work for your program and why? _____

What are the needs of the residents so we can **BETTER** support your program? _____

Did the Residential Service help your organization meet or make progress towards your goal(s) listed on the request?

(Circle One) Yes No

Please let us know how this service helped your organization reach the goal(s). Select your top 2 answers:

- Increased Resources Increased Community Engagement Improved Outreach Improved Education
 Improved Health Improved Public Safety Improved Programing Improved Results

Please provide an example of how this service helped you to make progress to your goals: _____

For another delivery for this service, please provide the following information:

Without duplicating, how many residents are you planning to serve?

- These numbers should represent your monthly count or monthly average census

Men	Women	Children (under 18)	Total

Disclaimer: Products provided by Partnership With Native Americans (PWNA) CANNOT be sold or distributed to promote any type of Tribal business (i.e. elections, meetings, campaigns, etc.). If at any time, PWNA is informed that a Program Partner and/or program volunteers have used the products in such manner, PWNA will be forced to drop the Program Partner.

Program Partner Primary Contact Signature _____

Date _____