



# Residential



## REPORT/RENEWAL

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/make progress towards your program goal(s) listed on the request?

(Click One) Yes  No

Please let us know how this service helped your organization reach your program 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 program goals: \_\_\_\_\_

\_\_\_\_\_

**RENEWAL SECTION: Please provide the following information OR check this box:  Please HOLD**  
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

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\_\_\_\_\_  
Program Partner Primary Contact Signature

\_\_\_\_\_  
Date