

**Apartment/Motel/Hotel/Lodging/Social Service Facility (answer below)**

1. Do you offer living accommodations to: (circle one) General Public/Special Group

a. How many units? \_\_\_\_\_  
(Circle one) Apartment/Motel/Hotel/Lodging or Housing Units

b. How many residents per unit? \_\_\_\_\_

c. How many residents per bedroom? \_\_\_\_\_

2. What is the minimum length of stay? \_\_\_\_\_

3. What is the maximum length of stay? \_\_\_\_\_

4. Do you offer any provisions for food, transportation, hygiene care, on or off-premise counseling, or similar personal or therapeutic care? Y / N

a. If yes, explain: \_\_\_\_\_

5. Will there be 24-hour on site staff? Y / N

a. If yes, how many on site staff? \_\_\_\_\_

6. Do you dispense medications (whether prescribed by your business or not)? Y / N

7. Do you have on-site medical personnel? Y/N

8. Do you have medical personnel visit your establishment? Y / N

9. Will there be coin operated laundry facilities (washers & dryers)? Y /N

a. How many of each? Washers \_\_\_\_\_ Dryers \_\_\_\_\_