Contracted Residential Services (CRS) Requirement Checklist

Please indicate whether or not your facility provides the following services:

Which CRS program(s) can you provide services for?
☐CERS
☐LDSH

FACILITY:

- Location: Do you have a facility in the city of Philadelphia? ☐ Yes ☐ No
- Do you have more than one facility? ☐ Yes ☐ No
- If no can you separate CERS and LDSH program beds? ☐ Yes ☐ No ☐N/A
- Does your facility currently have necessary permits and licenses to operate and provide residential services? ☐ Yes ☐ No
- If no when do you anticipate having necessary permits and licenses? _____
- How many beds can your facility accommodate? Male _____ Female_____
- Does your facility meet Americans with Disabilities Act (ADA) guidelines for accessible accommodations for Veterans with physical limitations or impairments? ☐ Yes ☐ No
- Are at least 50% of your beds wheel chair accessible? (includes entrance/exits, bathroom facilities, and common areas ☐ Yes ☐ No
- Does facility have separate and secure bathrooms for females? ☐ Yes ☐ No

TECHNICAL EXPERIENCE:

- Do you have experience providing residential services similar in scope and size outlined in the statement of work? ☐ Yes ☐ No
  - If yes please describe: _____

    _____

- Do you have experience providing services to clients with serious mental illness and/or substance use disorders? ☐ Yes ☐ No
  - If yes please describe: _____

    _____

- Do you have experience providing low demand and/or harm reduction services? ☐ Yes ☐ No
  - If yes please describe: _____

    _____

- Can you provide references to document positive past performance? ☐ Yes ☐ No
  - If yes please provide:

    Name:_____
    Title:_____
    Address:_____
    Contact number:_____
    Contact email:_____
    Type of work performed: _____

Name:_____
Title:_____
Address:_____
Contact number:_____
Contact email:_____
Type of work performed: _____

Name:_____
Title:_____
Address:_____
Contact number:_____
Contact email:_____
Type of work performed: _____

ROOM AND BOARD:
Does your facility provide:

- Dresser ☐ Yes ☐ No
- Sheets/Blankets/Pillows ☐ Yes ☐ No
- Towels ☐ Yes ☐ No
- Single bed &mattress ☐ Yes ☐ No
- Personal Storage ☐ Yes ☐ No
- Medication Storage ☐ Yes ☐ No
- Does your facility have laundry facilities? ☐ Yes ☐ No

How does your facility provide for the nutritional needs of Veterans? (check one of the following)

☐Individual food preparation facilities. Please describe where Veterans will prepare their food or obtain adequate meals:

_____

_____

_____

☐Centrally prepared nutrition and food services. If checked, how many meals and snacks are provided per day? _____ meals _____snacks

How often are meals and snacks provided? _____

TRANSPORTATION:

- How close is the nearest public transportation stop to your facility? _____
- Does your facility help Veterans access public transportation? ☐ Yes ☐ No
  - If yes, how so?_____
- Does your facility provide transportation for Veterans for:
  - Admissions/Discharges ☐ Yes ☐ No
  - Health care appointments? ☐ Yes ☐ No
  - Housing-related appointments? ☐ Yes ☐ No
  - Benefits-related appointments? ☐ Yes ☐ No
  - Appointments after business hours? ☐ Yes ☐ No
- Does your facility have ADA compliant vehicles? ☐ Yes ☐ No
- Please explain other ways transportation may be provided:_____

SUPPLEMENTAL SERVICES:

- Do you provide a low demand model (a commitment to offer permanent housing *first* to hard-to-serve homeless persons, rather than requiring a period of stabilization, sobriety, or commitment to treatment to demonstrate housing readiness with minimal rules focused on safety) ☐ Yes ☐ No
- Can you provide the following:
  - Group Activities/Life Skills ☐ Yes ☐ No
  - Case Management ☐ Yes ☐ No
  - Permanent Housing Search ☐ Yes ☐ No
  - Financial Planning ☐ Yes ☐ No
  - Employment Services ☐ Yes ☐ No
  - Recovery oriented support ☐ Yes ☐ No
  - Discharge Planning ☐ Yes ☐ No

What other types of supportive services does your facility offer?

_____

_____

_____

REFFERRALS:

- Can you serve the following populations:
  - Veterans with medical diagnoses that do not require acute hospitalization ☐ Yes ☐ No
  - Veterans with sex offender designations (including Megan's Law) ☐ Yes ☐ No
  - Veterans with serious mental illness ☐ Yes ☐ No
  - Veterans with active addiction ☐ Yes ☐ No
  - Veterans participating in opioid treatment programs ☐ Yes ☐ No
  - Veterans involved in the criminal justice system ☐ Yes ☐ No
  - Veterans with ambulatory difficulties including wheelchairs and other assistive devices ☐ Yes ☐ No
- Can you accept referrals after business hours and holidays/weekends? ☐ Yes ☐ No

MEDICATION STORAGE:

Please check the type of medication control system used by your facility:

☐MEDICATION MANAGEMENT: Practice of prescribing, administering, and/or dispensing medication by qualified personnel, including taking pills out of bottles, measuring liquids or giving injections.

☐MEDICATION MONITORING: Practice of providing a secure storage area and controlled access for medications that are brought into the facility and used by the Veteran. The person takes the medication without any assistance from staff.

☐INDIVIDUAL STORAGE: Practice of allowing individual to store (i.e. lock box, individual room/apartment) and self-administer their medications.

If a variation from one of the above, please explain:

_____

_____

_____

PERSONNEL:

Can you provide the following personnel:

☐LDSH

☐1 Program Director to provide counsel on medical compliance, addiction processes, diagnosis education and clinical supervision. Program director will have a master's degree in Social Work or Psychology, or Human Services.

☐2 Case Managers must maintain a caseload ration of 1:8-10. Case Managers with a minimum of a bachelor's degree in Social Work, Psychology, Human Services, or at least 5 years of demonstrated case management experience with high needs high intensity of services populations.

☐At a minimum, one staff member on duty on the premises or residing at the facility and available for emergencies 24 hours a day, 7 days a week.

☐CERS

☐1 Program Director to provide counsel on medical compliance, addiction processes, diagnosis education and clinical supervision. Program director will have a master's degree in Social Work, Psychology, or Human Services.

☐2 Case Managers must maintain a caseload ration of 1:10-12. Case Managers with a minimum of a bachelor's degree in Social Work, Psychology, Human Services, or at least 5 years of demonstrated case management experience with high needs high intensity of services populations.

☐At a minimum, one staff member on duty on the premises or residing at the facility and available for emergencies 24 hours a day, 7 days a week