



**Resident Services Compliance
Questionnaire**

Date: _____

Dear Borrower/Management Agent:

This form is to be completed by the borrower/management agent and returned upon request.

Name of the Resident Service Provider (Company Name): _____

Contact Information

- 1. Staff Name(s): _____
- 2. Title: _____
- 3. Phone Number: _____
- 4. Email: _____

Days & Hours of services provided (Check all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday

Services Provided (Check all that apply)

- | | | | |
|-----------------------------|------------------------|-----------------------|---------------------|
| After-School | Enrichment | Empowerment | Other: _____ |
| Education | Job Skills | Transportation | Other: _____ |
| Service Coordination | Computer Skills | Other: _____ | |

For any questions or concerns please contact Mylinh Tran, mtran@shra.org or Adam Selvo, aselvo@shra.org.

