



**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 Noelle Campbell, [ncampbell@shra.org](mailto:ncampbell@shra.org) or Whitney Bonner, [wbonner@shra.org](mailto:wbonner@shra.org)

