

**CITY OF CHICAGO
CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES**

2017 HOMELESS SERVICES FACILITY ASSESSMENT

Agency Name: _____

Program Name: _____

List the location (name of facility and street address) where the public has access to this project. If there is more than one site, you must complete an assessment for each site.

Address: _____

Indicate if program is: Owned _____ Leased _____ or New Site Acquisition _____

Facility Site Control

Please provide the owner of record of your program site: _____

Based on ownership of the program site, provide responses for Questions 1 through 3 below.

1. Ownership Information

If your agency owns the facility, please complete this section. If the facility was donated to the agency, Check "Owned" above and complete Question 1 as the owner of record. Please note that your agency must be in compliance with OMB Circular A-122.

What is the estimated fair market value of facility? \$ _____

Is there a mortgage on the building? ____ Yes ____ No

If there is a mortgage, list the monthly mortgage payment: \$ _____

How much of the monthly mortgage payment is the responsibility of the program? \$ _____

Total number of Square feet: _____

Do you pay property taxes on the building? ____ Yes ____ No

If you pay property taxes, what was the total paid in 2016? \$ _____

2. Lease Information

If your agency currently leases the facility, please attach a copy of the lease and complete the following. Please note that your agency must be in compliance with OMB Circular A-122. A certification from the landlord that the building meets building code requirements should also be submitted.

a. Rent Information

Monthly rent payment \$ _____

Lease Period: _____ to _____

Total number of Square feet _____

Please check off if any of these utilities are included in rent:

___ Heat ___ Gas ___ Electricity ___ Phone

b. Owner Information

Owner of Property: _____

Address of Owner: _____

Telephone: () _____

Fax:() _____

Relationship, if any, to owner (i.e., Relative Board Member, Self):

c. Property Manager Information *(fill out only if different from the owner)*

Name of Property Manager: _____

Address of Property Manager: _____

Telephone: () _____ Fax: () _____

Relationship, if any, property manager (i.e., Relative Board Member, Self):

3. New Site Information

(Fill out this section only if the facility is not currently operating at the proposed location.)

a. Facility Control

Do you already own the facility? ___ Yes ___ No

If you will be purchasing, do you have the financing complete in place? ___ Yes ___ No

When is the expected closing date? _____

Are there any taxes owed on the property? ___ Yes ___ No

If yes, how much is owed? \$ _____

If you will be leasing, is there currently a signed lease? ___ Yes ___ No

Lease period: _____ to _____

b. Repair/Rehabilitation Status

Are there any repairs/rehabilitation work that must take place before occupancy? ___ Yes___ No

If yes, please answer the following questions:

How much will the repairs/rehabilitation work cost? \$ _____

How much funding have you secured for this work? \$ _____

When is the anticipate completion date? _____

4. Zoning

What is the zoning classification for the property? _____

Are there any special use permits? ___ Yes___ No

Program Type

5. Programs with Congregate Housing

(If this program provides homeless people with congregate housing, please fill out this information.)

Is the structure ___ Brick ___ Frame ___ Combination

How many square feet is devoted to this program? _____

How many square feet are devoted to confidential client counseling? _____

How many square feet are devoted to children's activities? _____

How many square feet is devoted to sleeping area? _____

How many private rooms? _____

How many dormitory style rooms? _____

How many beds will be available on a regular basis? _____

(Single, Full, Queen and King size beds count as one bed, cribs do not count as beds.)

How many toilets? ___How many showers/bathtubs? ___

Do you have a kitchen? ___ Yes ___ No

Indicate if program is a Safe Haven: ___ Congregate ___ Individual Room

6. Programs with Individual Apartments

(If this program provides homeless people with individual apartments, please fill out this information.)

Is the structure ___ Brick ___ Frame ___ Combination

How many apartments? _____

How many beds? _____
(Single, Full, Queen and King size beds count as one bed, cribs do not count as beds.)

Will more than one family be housed in a single apartment? ____ Yes ____ No

How many square feet are devoted to office space? _____

7. Social Service Programs

(If this program is non-residential, social service program, please fill out this information.)

Is the structure ____ Brick ____ Frame ____ Combination

How many square feet is devoted to this program? _____

How many square feet are devoted to confidential client counseling? _____

How many square feet are devoted to children's activities? _____

How many toilets/urinals? _____ How many showers/bathtubs? _____

Security and Safety Systems

Are the following items in working order according to City and State Code Requirements:

Fire alarms? ____ Yes ____ No

What is the last inspection date of the fire alarm system? _____

Smoke detectors? ____ Yes ____ No

Carbon monoxide detectors? ____ Yes ____ No

Fire extinguishers? ____ Yes ____ No

Are emergency exit to make the doors operable and accessible? ____ Yes ____ No

Is there a prominent, well lit evacuation plan? ____ Yes ____ No

Are the fire escapes and outdoor staircases in safe and operable condition? ____ Yes ____ No

Essential Building Systems

Please indicate that status of major building systems.

Plumbing: ____ No problems ____ Needs repair ____ Needs replacement
____ Need more toilets ____ Need more showers

Electrical: ____ No problems ____ No repair ____ Needs replacement

Heating: ____ No problems ____ No repair ____ Needs replacement

Air Conditioning ____ No problems ____ No repair ____ Needs replacement ____ Not applicable

Roof: ☐ No problems ☐ No repair ☐ Needs replacement

Is the building accessible for people with disabilities? ☐ Yes ☐ No

Would installation of ramps or wheelchair lifts make the facility accessible? ☐ Yes ☐ No

Facility Accessibility

Entrance

8. Facility Entranceway – Photo required

Does facility have an accessible route leading to entranceway? ☐ Yes ☐ No

Is the front side-walk paved with a hard, smooth surface? ☐ Yes ☐ No

Is the sidewalk level with entry door? ☐ Yes ☐ No

Is there a ramp leading to the front door or another door? ☐ Yes ☐ No

Is there an operable lift? ☐ Yes ☐ No

Is the sidewalk accessible to public transportation stops? ☐ Yes ☐ No

Attach photo(s) of the front entrance (include the door, any ramps or lifts, if applicable).

9. Entry Door – Photo Required

Does the site have a front entrance door wide enough for a wheelchair? ☐ Yes ☐ No

Is the front entrance door threshold level with exterior and interior of facility? ☐ Yes ☐ No

Does the front entrance door have an automatic push to open access? ☐ Yes ☐ No

If the front entrance door is not wheelchair accessible, is there another entrance that is on an accessible route from the front entrance that is accessible? ☐ Yes ☐ No

Attach photo(s) of the front door (and the secondary door that is wheelchair accessible).

Common Areas

10. Facility Lobby/Front Reception Area – Photo Required

Is the lobby or reception area adjacent to the facility entrance and accessible? ☐ Yes ☐ No

Does the lobby or reception area provide clearance for wheelchair? ☐ Yes ☐ No

Is the lobby or reception area have a hard, smooth surface? ☐ Yes ☐ No

Attach photos of the lobby or front reception area.

11. Elevator – Photo Required, if applicable

How many floors does your site have? _____

If more than one, does your site have an operable elevator? ☐ Yes ☐ No

If yes, does the elevator have a width for a wheelchair? ☐ Yes ☐ No

If yes, does the elevator bring the car to a sufficient level to the floor at the landing to allow a wheel chair access? ____ Yes ____ No

Does the elevator have visible and audible signals and controls so it may be operated by those with visual or audio disabilities? ____ Yes ____ No

Attach a photo of the exterior and interior of every elevator on site. Also, include a copy of the most current inspection certification for each elevator.

12. Daytime Activity Areas – Photo Required

Does the site have an area dedicated to daytime activities such as group meetings, social gatherings, etc.? ____ Yes ____ No

If yes, how many areas? _____

If yes, how many are accessible from the lobby or reception area? _____

Attach a photo of all such areas.

13. Sleeping Area – Photo Required

- If applicable, briefly describe the sleeping area for clients. If clients have individual rooms describe the size of sleeping rooms available.

Attach a photo of the sleeping area or typical sleeping unit.

14. Toilets and Bathing Facilities – Photo Required (if applicable, must include bathing area)

- Does the site have bathroom facilities in common areas for public use? ____ Yes ____ No
- If yes, is the bathroom on an accessible route from the entrance and is the threshold able to allow wheelchair access? ____ Yes ____ No
- If yes, does the bathroom have adequate space for a wheel chair and accessible features such as lower sink, handles, etc.? ____ Yes ____ No
- Does the site have bathroom facilities in individual apartments that are accessible? ____ Yes ____ No If yes, how many units have this feature? _____
- Does the site have public showering facilities? ____ Yes ____ No If yes, is the area accessible for wheelchairs? ____ Yes ____ No
- If the site has individual apartments, does the site have any units with wheelchair accessible bathrooms? ____ Yes ____ No

Attach a photo of all public area bathroom and showering facilities. If the site has individual apartments, attach a photo of a typical bathroom. If the site has units with an accessible bathroom, also attach a photo.

15. Eating & Food Preparation

b. Kitchen – Photo Required

- Does your site have a kitchen area where clients have access? ____ Yes ____ No

- If clients are allowed access to the kitchen area, is the area on a route from the common and sleeping areas that is accessible either by elevator or entryways that allow access by a wheelchair? ___ Yes ___ No
- Does the site have an eating area that is separate from the food preparation area? ___ Yes ___ No

If yes, is this area on a route from the common and sleeping areas that is accessible either by elevator or entryways that allow access by a wheelchair? ___ Yes ___ No

Attach a photo of both the food preparation area and eating area.

c. Food storage area – Photo Required

Does the site have a cold food storage area? ___ Yes ___ No

Does the site have a non-perishable food storage area? ___ Yes ___ No

Attach a photo of both the food storage areas.

d. Licensing

- Does the facility have a Food Handlers License? ___ Yes ___ No
- If yes, when was the license issued? _____ And when does it expire? _____
- What is the license number? _____
- Does the facility have a Retail Food Establishment License? ___ Yes ___ No
- If yes, when was the license issued? _____ And when does it expire? _____
- What is the license number? _____

Building Codes

Was the facility cited for any building code violations within the past year? ___ Yes ___ No

If yes, were the violations corrected or resolved? ___ Yes ___ No

Please explain any unresolved building citations: _____

Even if you are not cited, are you aware of any improvements necessary to make the facility comply with the Chicago Building Code? ___ Yes ___ No

Please explain any necessary improvements: _____

Lead Based Paint Abatement

For family shelters housing children aged 6 and under, annual lead based facility assessments (testing) are required by federal regulations. Do you require assistance with your ongoing requirement to comply with these federal HUD lead-based paint regulation? ___ Yes ___ No

Asbestos Abatement

Has the facility been assessed for asbestos contamination? ☐ Yes ☐ No

If yes, did they find evidence of contamination? ☐ Yes ☐ No

If they found contamination, was the problem corrected? ☐ Yes ☐ No

Accessibility Plan.

1. If your building is not accessible for people with disabilities, please state your “reasonable plan for accommodation” (Please Type N/A if not applicable)
2. Please list and provide cost estimates if there are other minor improvements that would make the facility accessible.