FORM **DX-351(GQV)**

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

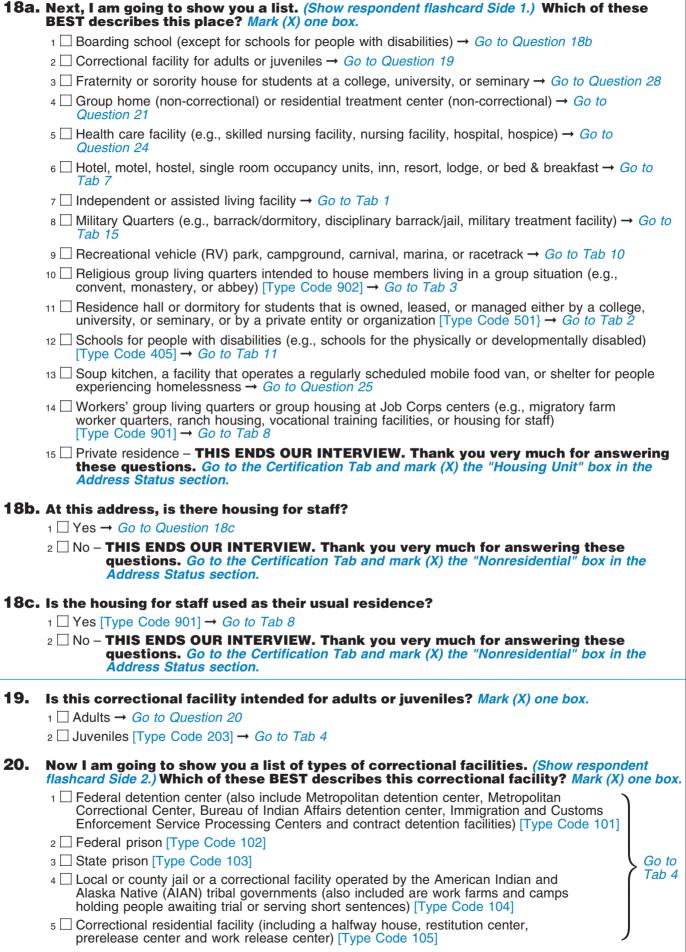
GROUP QUARTERS VALIDATION QUESTIONNAIRE

2008 Census Dress Rehearsal

ANAGEMENT ATTENTION	
or use by manager only)	
ving Quarters Screener	
Is this address in the block listed on the label or the address listing page?	APPLY ADDRESS LABEL HERE. If the case is an Add – Apply Processing ID label here.
1 ☐ Yes → Go to Question 2	If the case is all Add – Apply I locessing ib label here.
2 ☐ No → Go to the Certification Tab and mark (X) the "D1" box in the Address Status section	
INTRODUCTION	L
address or about the people that used is speak with someone else? (Continuation We are updating our list of address Rehearsal. This will help ensure the estimate that it will take approximate.	o knows where people live, could live, or stay at this se the services provided here. Would that be you, or sho nue or re-read introduction if referred to another respondent.) sees as an important part of the 2008 Census Dress at the 2010 Census is as accurate as possible. We nately 10 minutes to conduct this interview. This notice of idential. (Provide a copy of the Privacy Act statement to the
What is your name?	
We have your address listed as (r 1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make	read the address on the label above). Is this correct?
1 ☐ Yes → Go to Question 5	e corrections in the space below.
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No.	e corrections in the space below.
 1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C 	e corrections in the space below.
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No.	e corrections in the space below.
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No. Street Name	corrections in the space below.
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No. Street Name Unit Designation	corrections in the space below. Complete for all added OLQs.) ZIP Code
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No. Street Name Unit Designation	corrections in the space below. Complete for all added OLQs.) ZIP Code
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No. Street Name Unit Designation Building Name	corrections in the space below. Complete for all added OLQs.) ZIP Code Building No.
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No. Street Name Unit Designation Building Name	corrections in the space below. Complete for all added OLQs.) ZIP Code Building No.
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No. Street Name Unit Designation Building Name Rural Route Address	corrections in the space below. Complete for all added OLQs.) ZIP Code Building No.
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No. Street Name Unit Designation Building Name Rural Route Address Physical Description/Location	ZIP Code Building No. Rural Route ZIP Code
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No. Street Name Unit Designation Building Name Rural Route Address	ZIP Code Building No. Rural Route ZIP Code
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No. Street Name Unit Designation Building Name Rural Route Address Physical Description/Location (For ADDS only) Is this also your	ZIP Code Building No. Rural Route ZIP Code
1 ☐ Yes → Go to Question 5 2 ☐ No → Go to Question 4b and make What is your correct address? (C House No. Street Name Unit Designation Building Name Rural Route Address Physical Description/Location (For ADDS only) Is this also your 1 ☐ Yes	ZIP Code Building No. Rural Route ZIP Code

5.	Now I am going to ask you some questions to help me determine what kind of place this is. Is this a soup kitchen, a facility that operates a regularly scheduled mobile food van, or shelter for people experiencing homelessness?
	1 ☐ Yes → Go to Question 15
	2 □ No → Go to Question 6
6.	Is this some type of facility, student housing, or group home?
	1 ☐ Yes → Go to Question 12
	2 □ No → Go to Question 7
7.	Is this a hotel, motel, hostel, recreational vehicle (RV) park, campground, carnival, marina, or racetrack?
	1 ☐ Yes → Go to Question 15
	2 □ No → Go to Question 8
8.	Is this housing for people with a religious affiliation such as a convent, monastery, or abbey?
	1 ☐ Yes → Go to Question 12
	$_2 \square No \rightarrow Go \ to \ Question \ 9$
9.	Is this housing for workers, such as construction, migratory or farm workers, or for students at Job Corps centers?
	1 ☐ Yes → Go to Question 12
	2 □ No → Go to Question 10
10.	Is this a private residence?
	1 ☐ Yes → Go to Question 11
	2 □ No → Go to Question 12
11.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Housing Unit" box in the Address Status section.
12.	Does anyone live or stay here?
	1 ☐ Yes → Go to Question 15
	2 ☐ No → Go to Question 13
13.	Could anyone live or stay here?
	1 ☐ Yes → Go to Question 15
	2 □ No → Go to Question 14
14.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.
15.	What is the telephone number here?
16.	Let me repeat the telephone number I just wrote down. (Read telephone number given in Question 15 above.) Is that correct?
	1 ☐ Yes → Go to Question 17
	2 □ No → What is the correct telephone number?
	→ Go to Question 17
17.	What is your job title?

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21.	Which of the following BEST describes this facility? Is this a (read both) Mark (X) one box.
	$_1$ □ group home (non-correctional)? \rightarrow Go to Question 22
	2 ☐ residential treatment center (non-correctional)? → Go to Question 23
22.	Is this group home intended for adults or juveniles? Mark (X) one box.
	1 ☐ Adults [Type Code 801] → Go to Tab 3
	2 ☐ Juveniles [Type Code 201] → Go to Tab 9
23.	Is this residential treatment center intended for adults or juveniles? Mark (X) one box.
	1 ☐ Adults [Type Code 802] → Go to Tab 3
	2 ☐ Juveniles [Type Code 202] → Go to Tab 9
24.	Which of the following BEST describes this facility? Is this a (read list) Mark (X) one box.
	1 ☐ skilled nursing facility or nursing facility? [Type Code 301] → Go to Tab 1
	2 ☐ hospital including mental or psychiatric hospital? → Go to Tab 6
	3 ☐ in-patient, free-standing hospice facility? [Type Code 403] → Go to Tab 5
25.	Is this facility a shelter?
	1 ☐ Yes → Go to Tab 12
	2 □ No → Go to Question 26
26.	Is this facility a soup kitchen?
	1 ☐ Yes [Type Code 702] → Go to Tab 13
	2 □ No → Go to Question 27
27.	Is this a facility that operates a regularly scheduled mobile food van?
	1 ☐ Yes [Type Code 704] → Go to Tab 14
	2 No – THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Nonresidential" box in the Address Status section.
28.	Is this a fraternity or sorority house that is recognized by a college, university, or seminary?
	1 ☐ Yes [Type Code 501] → Go to Tab 2
	2 ☐ No – THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Housing Unit" box in the Address Status section.

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SKILLED NURSING FACILITY, NURSING FACILITY, OR INDEPENDENT OR ASSISTED LIVING FACILITY

1. What is the full name of this facility?	
2. Next, I have some questions about the building at the address we just verified.	
At this address is there (Read each question below)	
a. a skilled nursing unit or a nursing unit?	
 b. housing for staff? c. independent or assisted living units? d. Yes d. Yes d. No 	
3. Is EITHER Question 2a OR 2b above marked "Yes?"	
1 ☐ Yes → Go to Question 4	
2 □ No → Go to Question 17	
4. Is the answer to Question 2a above "Yes" for skilled nursing unit or nursing unit?	
1 ☐ Yes {Type Code 301] → Go to Question 5	
2 □ No → Go to Question 7	
5. Is the name of this skilled nursing unit or nursing unit exactly the same as the facility name?	
ı □ Yes	
$_2 \square No o Specify$ $_{\not\!$	
6. What is the maximum number of residents who can live or stay here in the skilled	
nursing unit or nursing unit at this address?	
Maximum number of residents	
iviaximum number of residents	
7. Is the answer to Question 2b above "Yes" for housing for staff?	
1 ☐ Yes → Go to Question 8	
2 ☐ No → Go to Question 10	
8. Is the housing for staff used as their usual residence?	
1 ☐ Yes [Type Code 901] → Go to Question 9	
2 □ No → Go to Question 10	
9. What is the maximum number of staff who can live at this address?	
Maximum number of staff	
10. Is the answer to Question 2c above "Yes" for independent or assisted living units?	
1 ☐ Yes → Go to Question 11	
2 □ No → Go to Question 16	
11. Do you have additional Questionnaires or a DX-322(GQV) Multiple Questionnaires List	
for this address?	
1 ☐ Yes → Go to Question 12	
2 □ No → Go to Question 15	

12.	Now I'd like to read a list of addresses and ask you to tell me whether they are independent or assisted living units here at this address. (Read addresses from Questionnaires/list and mark each address confirmed as a HU, then go to Question 13.)
13.	Other than the addresses we just talked about, are there any other independent or assisted living units at this address?
	1 ☐ Yes → Go to Question 14
	2 □ No → Go to Question 16
14.	What are the addresses of all these other independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 16.
15.	Earlier you mentioned there are independent or assisted living units at this address. What are the addresses of all these independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 16.
16.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.
	For facility with ONLY independent or assisted living units
17.	Do you have additional Questionnaires or a DX-322(GQV) Multiple Questionnaires List for this address?
	1 ☐ Yes → Go to Question 18
	2 □ No → Go to Question 21
18.	Now I'd like to read a list of addresses and ask you if they are independent or assisted living units here at this address. (Read addresses from Questionnaires/list and mark each unit identified as a HU, then go to Question 19.)
19.	Other than the addresses we just talked about, are there any other independent or assisted living units at this address?
	1 ☐ Yes → Go to Question 20
	2 □ No → Go to Question 22
20.	What are the addresses of all these other independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 22.
21.	Earlier you mentioned there are independent or assisted living units at this address. What are the addresses of all these independent or assisted living units at this address? Go to the HU listing tab and list each of these units, then go to Question 22.
22.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "D3" box in the Address Status section.

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RESIDENCE HALL, DORMITORY, OR FRATERNITY/SORORITY HOUSE FOR COLLEGE, UNIVERSITY, OR SEMINARY STUDENTS
1. What is the full name of this residence hall, dormitory, fraternity or sorority house?
2. What is the maximum number of people who can live or stay here at this address?
Maximum number of people
3. What is the name of this college, university, or seminary? (Enter all that apply.)
4. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

RELIGIOUS GROUP LIVING QUARTERS INTENDED TO HOUSE MEMBERS LIVING IN A GROUP SITUATION, GROUP HOME (non-correctional) FOR ADULTS, OR RESIDENTIAL TREATMENT CENTER (non-correctional) FOR ADULTS

is the maximum number of people who can live or stay here at this address? Maximum number of people Maximum number of people		1. Wh	at is the full na	me of this facility	<i>y</i> ?		
is the maximum number of people who can live or stay here at this address? Maximum number of people Maximum number of people	is the maximum number of people who can live or stay here at this address? Maximum number of people Maximum number of people						
is the maximum number of people who can live or stay here at this address? Maximum number of people Maximum number of people	is the maximum number of people who can live or stay here at this address? Maximum number of people Maximum number of people	0 No.					MA/I 4
		z. ne	xt, i nave a que: he maximum ni	stion about the b umber of people v	who can live or sta	ress we just verified. ay here at this addres	wnat s?
			Maximum	n number of people			
3. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.	3. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.						
GO TO THE CERTIFICATION TAD AND MICHAEL GROUP QUARTERS DON IN THE AUDIESS STATUS SECTION.	do to the Certification fab and mark (x) the Group quarters box in the Address Status Section.	3. TH	IS ENDS OUR IN	NTERVIEW. Than	k you very much fo	or answering these qu	estions.
		GU	to the Certification	III TAD ANG MAIK (A)	the Group Quarter	5 DOX III the Address St	alus section.

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What is th	e full name of this correctional facility?	
1 □ Yes →	dress, is there more than one building where inmates can live of Go to Question 9 Go to Question 3	or stay?
₁ ☐ Yes	ne of this building exactly the same as the facility name? Specify name of building $ abla$	
What is th	e maximum number of inmates who can live or stay here?	
	Maximum number of inmates	
At this ad staff?	dress, in addition to housing for inmates, is there also housing ${f t}$	for
	Go to Question 6	
	Go to Question 8	
	sing for staff used as their usual residence? pe Code 901] → Go to Question 7	
	Go to Question 8	
What is th	e maximum number of staff who can live at this address?	
	Maximum number of staff	
THIS END	S OUR INTERVIEW. Thank you very much for answering these contribution Tab and mark (X) the "Group Quarters" box in the Address s	uestions. Status section.
Go to the C	S OUR INTERVIEW. Thank you very much for answering these contribution Tab and mark (X) the "Group Quarters" box in the Address of the buildings are there where inmates can live or stay?	Juestions. Status section.
Go to the C	Certification Tab and mark (X) the "Group Quarters" box in the Address :	uestions. Status section.
How many Now I wor inmates of	Certification Tab and mark (X) the "Group Quarters" box in the Address of buildings are there where inmates can live or stay?	Status section.
How many Now I wor inmates of	y buildings are there where inmates can live or stay? Total number of buildings uld like to ask you some questions about each of the buildings and live or stay. List all buildings where inmates can live or stay. Ask is	Status section.

a. Let's talk about the	b. What is the name or designation of this building?	C. What is the maximum number of inmates who can live or stay here at this building?	
2nd building			Is there anothe building?
3rd building			Yes → Go to Question 10a and ask about
4th building			the next building No → Go to
5th building			Question 12
6th building			
7th building			
gth building			
9th building			
10th building			
11th building			
12th building			
13 th building			
14th building			
15 th building			
If there are then come	e more buildings, go to DX-351CF(GQV), Co back to Question 12.	orrectional Facility Continuat	ion Form,
Check to r	nake sure the number of buildings listed a	grees with the number of bui	ldings in
At this ad	ldress, in addition to housing for inma	ites, is there also housing	for staff?
	Go to Question 14 Go to Question 16		
	using for staff used as their usual resi	dence?	
$\begin{array}{ccc} 1 & Yes [1] \\ 2 & No \rightarrow \end{array}$	ype Code 901] → <i>Go to Question 15</i> Go to Question 16		
	ne maximum number of staff who can	live at this address?	
What is tl			

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IN-PATIENT HOSPICE FACILITY (Free-standing only)
1. What is the full name of this facility?
2. Next, I have some questions about the building at the address we just verified. What is the maximum number of patients who can live or stay here at this address?
Maximum number of patients
3. At this address, in addition to housing for patients, is there also housing for staff?
1 ☐ Yes → Go to Question 4 2 ☐ No → Go to Question 6
4. Is the housing for staff used as their usual residence? 1 ☐ Yes [Type Code 901] → Go to Question 5 2 ☐ No → Go to Question 6
5. What is the maximum number of staff who can live at this address?
Maximum number of staff
6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

	HOSPITAL (includin	g mental or psyc	chiatric hospital)	
1. What	is the full name of this facility	/? 		
1 □ Үе	name of this building exactly s → Specify name of building	the same as the fa	cility name?	
3. Now I	have some questions about t	the building at the a	ddress we just verified.	
a. At	this building (Read each qu	uestion below)	b. (If "Yes" in Question 3a, ask): What is the maximum number of these patients?	Type code
(1)	is there a mental or psychiatric unit or floor for long-term care?	1 ☐ Yes → <i>Go to 3b</i> 2 ☐ No 🔀		401
(2)	is there an in-patient hospice unit?	1 ☐ Yes → <i>Go to 3b</i> 2 ☐ No /		403
(3)	is there a skilled nursing unit?	1 ☐ Yes → <i>Go to 3b</i> 2 ☐ No /		301
(4)	do you accept patients with no disposition or exit plan?	1 \square Yes → Go to 3b 2 \square No → Go to Question 4		402
1 ☐ Ye 2 ☐ No 5. Is the 1 ☐ Ye	s building, is there housing for s → Go to Question 5 → Go to Question 7 housing for staff used as the s [Type Code 901] → Go to Question 7 → Go to Question 7	ir usual residence?		
6. What	is the maximum number of st	aff who can live at t	his address?	
7. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. If Question 3a(1), 3a(2), 3a(3), 3a(4), or 5 is answered "Yes," go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.				
If Ques	stions 3a(1), 3a(2), 3a(3), 3a(4), an ark (X) the "Nonresidential" box i	d 5 are all answered " n the Address Status s	No," go to the Certification Tab section.	

HOTEL, MOTEL, HOSTEL, SINGLE ROOM OCCUPANCY UNITS, INN, RESORT, LODGE, OR BED & BREAKFAST

1.	What is the full name of this facility?
2.	Next, I have some questions about the building at the address we just verified. Does this building or part of this building regularly provide shelter for people experiencing homelessness?
	1 ☐ Yes [Type Code 701] → Go to Question 3
	2 □ No → Go to Question 5
3.	What is the maximum number of people experiencing homelessness who can live or stay here?
	Maximum number of people
4.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.
5.	Will you be open during March or April?
	1 ☐ Yes → Go to Question 6
	2 □ No → Go to Question 9
6.	What is the maximum number of rooms available for rent at this location?
	Maximum number of rooms
7.	Are there any rooms occupied by people who live or stay here most of the time?
	1 ☐ Yes → Go to Question 8
	2 □ No → Go to Question 9
8.	How many rooms do you expect to be occupied by people who live or stay here most of the time during March or April?
	Number of rooms
9.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Transient" box in the Address Status section.

WORKERS' GROUP LIVING QUARTERS OR GROUP HOUSING AT JOB CORPS CENTERS

(e.g., migratory farm worker quarters, ranch housing, vocational training facilities, or housing for staff)

1.	What is the full name of this facility?
	→Go to Question 2
	□ No name → Go to Question 3
_	
2.	Next, I have some questions about the building at the address we just verified. Is the name of the building exactly the same as the facility name?
	1 ☐ Yes → Go to Question 4
	2 ☐ No → Specify name of building ☐ Go to Question 4
3.	Does this building have a name?
	1 \square Yes → Specify name of building $\not\sqsubseteq$ Go to Question 4
	$2 \square \text{No} \rightarrow \text{Go to Question 4}$
1	What is the maximum number of people who can live or stay have at this
٠.	What is the maximum number of people who can live or stay here at this address?
	Maximum number of people
	Maximum number of people
5.	What months of the year do students or workers usually live or stay here? Mark (X) all that apply.
	1 ☐ All year
	₂ ☐ January
	3 ☐ February
	4 ☐ March
	5 □ April
	6 □ May
	7 □ June
	8 □ July
	9 ☐ August
	10 September
	11 October
	12 November
	13 December
6.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions.
	Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

GROUP HOME (non-correctional) FOR JUVENILES OR RESIDENTIAL

	TREATMENT CENTER (non-correctional) FOR JUVENILES
1.	What is the full name of this juvenile facility?
2.	Next, I have some questions about the building at the address we just verified. What is the maximum number of juveniles who can live or stay here at this address? Maximum number of juveniles
3.	At this address, in addition to housing for juveniles, is there also housing for staff? 1 □ Yes → Go to Question 4 2 □ No → Go to Question 6
4.	Is the housing for staff used as their usual residence? 1 □ Yes [Type Code 901] → Go to Question 5 2 □ No → Go to Question 6
5.	What is the maximum number of staff who can live at this address? Maximum number of staff
6.	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

RECREATIONAL VEHICLE (RV) PARK, CAMPGROUND, CARNIVAL, MARINA, OR RACETRACK
1. What is the full name of this facility?
2. What months of the year are you open? Mark (X) all that apply.
1 All year 2 January 3 February 4 March 5 April 6 May 7 June 8 July 9 August 10 September 11 October 12 November 13 December 3. What is the maximum number of sites, pads, slips, or units at this location? Maximum number Maxim
March or April?
 5. Can we have a site map or plan of your grounds/facility/area that will indicate the places where people can camp, park their recreational vehicles, or stay on their boats? 1 □ Yes → Collect the site plan, then go to Question 6 2 □ No → Go to Question 6 6. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Transient" box in the Address Status section.

SCHOOLS FOR PEOPLE WITH DISABILITIES (e.g., schools for the physically or developmentally disabled)

1. \	What is the full name of this facility?
1	Next, I have some questions about the building at the address we just verified. What is the maximum number of students who can live or stay here at this address?
	Maximum number of students
1	At this address, in addition to housing for students, is there also housing for staff? 1 \square Yes \rightarrow Go to Question 4 2 \square No \rightarrow Go to Question 6
4. ı	Is the housing for staff used as their usual residence?
1	1 ☐ Yes [Type Code 901] → Go to Question 5
2	$_2 \square \text{No} \rightarrow \text{Go to Question } 6$
5. \	What is the maximum number of staff who can live at this address?
	Maximum number of staff
	THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

SHELTER FOR PEOPLE EXPERIENCING HOMELESSNESS (Emergency and Transitional) OR DOMESTIC VIOLENCE SHELTER

1.	What is the full name of this shelter?
2.	Is this facility a (read both) Mark (X) one box. 1 □ shelter for people experiencing homelessness (emergency and transitional shelter)? [Type Code 701] 2 □ domestic violence shelter? [Type Code 703]
3.	What is the maximum number of people who can live or stay here? Maximum number of people Maximum number of people
4.	In addition to providing housing, do you also operate a soup kitchen here for people experiencing homelessness? 1 □ Yes [Type Code 702] → Go to Question 5 2 □ No → Go to Question 7
	What is the full name of this soup kitchen? What is the maximum number of people who can be served at a meal?
	Maximum number of people Do you also operate a regularly scheduled mobile food van?
8.	 1 ☐ Yes [Type Code 704] → Go to Question 8 2 ☐ No → Go to Question 9 What is the maximum number of people you can serve from this regularly scheduled mobile food van?
9.	Maximum number of people THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

SOUP KITCHEN
1. What is the full name of this soup kitchen?
2. What is the maximum number of people who can be served at a meal? Maximum number of people
3. Do you also operate a regularly scheduled mobile food van? 1 ☐ Yes [Type Code 704] → Go to Question 4 2 ☐ No → Go to Question 5
4. What is the maximum number of people you can serve from this regularly scheduled mobile food van?
Maximum number of people
5. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

REGULARLY SCHEDULED MOBILE FOOD VAN
1. What is the full name of this facility?
2. What is the maximum number of people you can serve from this regularly scheduled mobile food van?
3. THIS ENDS OUR INTERVIEW. Thank you very much for answering these questions. Go to the Certification Tab and mark (X) the "Group Quarters" box in the Address Status section.

	MILITARY QUARTERS barrack/jail,	(e.g., barrack/dor Military Treatmer		
1.	What is the full name of this milita	nry installation?		
2.	Is this building a (read all) Mark 1 □ barrack/dormitory – non-discip 2 □ disciplinary barrack/jail? [Type 3 □ Military Treatment Facility? →	linary? [Type Code 601] Code 106]		
3.	What is the maximum number of pharrack/dormitory/jail? Maximum number of people	-	signed to this	
4.	Now I have some questions about	this Military Treatmo	ent Facility.	
	a. At this facility (Read each quantum of the second	uestion below)	b. (If "Yes" in Question 4a, ask): What is the maximum number of these patients?	Type
	(1) are there Active Duty military personnel assigned to a bed?	1 ☐ Yes → <i>Go to 4b</i> 2 ☐ No Z		404
	(2) do you accept patients with no disposition or exit plan?	1 \square Yes \rightarrow Go to 4b 2 \square No \rightarrow Go to Question 6		402
	THIS ENDS OUR INTERVIEW. That Go to the Certification Tab and mark (solution 4a(1) or 4a(2) is answered.	X) the "Group Quarters'	box in the Address Status section	
	"Group Quarters" box in the Address If questions 4a(1) and 4a(2) are an "Nonresidential" box in the Address S	Status section. nswered "No" - Go to	.,	

NOTES For each note, enter the Page Number in column (1) and the Question Number in column (2). Also enter the Note(s) on an INFO-COMM.

Page number	Question number	Note
(1)	(2)	(3)
FORM DX-351(GQV) (2	<u>l</u> 2-27-2007)	l Page 35

			PAGEOF
	HU LIST	ING PAGE	
UNIT DESIGNATION	Is the Unit already listed in the Address Register as a HU?	UNIT DESIGNATION	Is the Unit already listed in the Address Register as a HU?
	Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □ □		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 No 2 Yes → Page No.		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 No 2 Yes →		Line No. Page No. 2 Yes →
	Line No. Page No. 1 No 2 Yes → Page No.		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 No 2 Yes → Page No.		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 No 2 Yes → Page No.		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 No 2 Yes → Page No.		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 No 2 Yes → Page No.		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 No 2 Yes → Page No.		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 No 2 Yes → Page No.		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □ □		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □ □		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □ □		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No. 1 No 2 Yes → Page No.		Line No. Page No. 1 □ No 2 □ Yes → □ □ □ □ □
	Line No. Page No.		Line No. Page No.

Please continue on the Housing Unit Continuation Form, DX-351HU(GQV).

2 ☐ Yes →

2 ☐ Yes →

		ADDRES	SS STATUS			
lark (X) appropriate box	r below.					
☐ Group Quarters ☐ Housing Unit ☐ Nonresidential – Des	cribe location (on an INFO-i	Crew Leader	Initials		
			Crew Leader Initials			
☐ Vacant <i>– Describe Io</i> ☐ Transient	cation on an IN	IFO-COMM				
☐ D1 – Cannot locate in	listed block →	Describe lo	cation efforts in an II	NFO-COMM	1	
Crew Leader Initials	Date Veri	fied				
☐ D2 – Information for t	this questionna	ire was colle	cted on			
Survivor Case ID No.						
\square D3 \rightarrow Mark (X) only in	f directed to in	Tab 1				
		CERTI	FICATION			
Sign and date the certif	ication below.					
Sign and date the certif I certify that the entries knowledge. Lister Name – Printed			tionnaire are correc	t to the bes	st of my	
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I certify that the entries knowledge. Lister Name – Printed Lister Signature	I have made o		tionnaire are correc		st of my	
I certify that the entries knowledge. Lister Name – Printed Lister Signature	I have made o		tionnaire are correc		st of my	
I certify that the entries knowledge. Lister Name – Printed Lister Signature Supervisor Initials	I have made o			Date	St of my	□ a.m. □ p.m.
I certify that the entries knowledge. Lister Name – Printed Lister Signature Supervisor Initials	I have made of	a.m.	2nd CALLBACK	Date		