



Residential



REPORT/RENEWAL

Due 90 days after delivery or by date specified in delivery packet

Partner Organization Name:		Office Phone #:	
Address:		Office Fax #:	
City, State, Zip:		Email address:	
Primary Contact:		Alternate Phone #: (other than office number)	
Secondary Contact:		Secondary Contact Phone #	

How many residents did you serve this quarter?

What was the average length of stay?
(a month, a few days, a week, etc.)

Men	Women	Children (under 18)	Total

What products **DID NOT** work for your program and why? _____

What are the needs of the residents so we can **BETTER** support your program? _____

Did the Residential Service help your organization meet/make progress towards your program goal(s) listed on the request?

(Click One) Yes ☐ No ☐

Please let us know how this service helped your organization reach your program goal(s). **Select your top 2 answers ONLY:**

- ☐ Increased Resources ☐ Increased Community Engagement ☐ Improved Outreach ☐ Improved Education
☐ Improved Health ☐ Improved Public Safety ☐ Improved Programming ☐ Improved Results

Please provide an example of how this service helped you to make progress to your program goals: _____

RENEWAL SECTION: Please provide the following information OR check this box: ☐ Please HOLD
Without duplicating, how many residents are you planning to serve?

These numbers should represent your 90-day average census

Men	Women	Children (under 18)	Total

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Program Partner Primary Contact Signature

Date