

**QUESTIONNAIRE
STATEMENT OF ELIGIBILITY AND INTEREST (SEI)
ENHANCED EMERGENCY SHELTER PROGRAM
FOR TRANSITION AGE YOUTH (TAY)-AGES 18-25**

Date: _____

Agency Name: _____

Address of Agency Headquarters: _____

Address of Shelter(s), if different: _____

Supervisory District(s): _____ Service Area(s): _____

Name of Chief Executive Officer: _____

Name of Agency Contact Person: _____

Title: _____ Telephone Number: _____

Email Address: _____

Current DMH Contractor: Yes _____ No _____ If yes, provide contract number (s) and type: _____

TOTAL CAPACITY OF SHELTER: _____

Total Proposed Beds Available for DMH SED/SPMI TAY Clients: _____

Indicate proposed number of TAY DMH clients that can be served in each category if awarded a contract under this solicitation:

Single males: _____ (age 18-25)

Single females: _____ (age 18-25)

Physically disabled males: _____ (age 18-25)

Physically disabled females: _____ (age 18-25)

TAY with families: _____

Other (please specify): _____

Note: Respondent's completion of the Questionnaire in response to this SEI does not bind, nor purport to bind, the County or respondent in any way. Any subsequent, resultant contract with the County shall require the completion of required contract negotiation documents. A legally binding contract shall be executed only after formal approval by and authorization of the County of Los Angeles Board of Supervisors.

| QUESTIONNAIRE | Yes | No |
|---|-----|----|
| 1. Does your proposed shelter site meet all zoning codes as a temporary emergency shelter? | | |
| 2. Is your proposed shelter site current with all health and safety requirements, including, but not limited to the passing of facility inspections by Los Angeles County's Department of Public Health and your local fire department? | | |
| 3. Is the proposed shelter provider on the Mental Health Services Act (MHSA) Master Agreement list specifying experience providing services to Transition-Age Youth (TAY) ages 18 to 25 years of age? | | |
| 4. In the last 3 years, has your agency actively outreached and engaged the Seriously Emotionally Disturbed (SED)/ Severely Persistently Mentally Ill (SPMI) TAY population of Los Angeles County? | | |
| 5. Does your agency have at least 3 years experience (within the last 5 years) providing basic support and/or shelter services to homeless, indigent TAY and/or treatment to the Seriously Emotionally Disturbed (SED)/Severely Persistently Mental Ill (SPMI) TAY? | | |
| 6. Does your agency have at least 3 years experience (within the last 5 years) providing mental health services and/or treatment to the Seriously Emotionally Disturbed (SED)/ Severely Persistently Mental Ill (SPMI) TAY with minor children? | | |
| 7. Does your agency have current working agreements with community partners that can assist TAY with appropriate linkages and referrals to various social services? | | |
| 8. Does your agency have properly trained personnel to provide safety, support and supervision to youth to minimize potential for abuse and/or victimization of the SED/SPMI TAY population on a 24 hour/ 7 days per week basis? | | |
| 9. In the last 5 years, has a governmental entity terminated a contract with your agency for convenience or cause? | | |
| 10. In the last 5 years, has your agency had any substantiated Patient Rights complaints? | | |

All responses are subject to verification by DMH and your agency may be required to provide documentation to substantiate your responses.

I hereby acknowledge that the foregoing response to this Statement of Eligibility and Interest Questionnaire for EESP for TAY is truthful and accurate.

Submitted by:

Print Name of Agency

Signature of Authorized Agency Representative

Print Name of Authorized Agency Representative

Date