



# 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 *kp'vj g't cuw'; 2'f c{ uA*

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

O gp	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'QPN[ :**

- ☐ Increased Resources  
 ☐ Increased Community Engagement  
 ☐ Improved Outreach  
 ☐ Improved Education  
☐ Improved Health  
 ☐ Improved Public Safety  
 ☐ Improved Programing  
 ☐ 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 ; 2'f c{  
average census

Men	Women	Children (under 18)	Total

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Program Partner Primary Contact Signature

Date