

Homeless Shelter Site Visit Evaluation Form

Basic Information

Shelter Name

Site Address

Visit Date

Evaluator Name(s)

Shelter Operations

Capacity (Number of Beds)

Number of People Served Daily

Staff-To-Client Ratio

Operating Hours

Facility Condition

Cleanliness Assessment

Safety & Security Measures

Accessibility (e.g., ADA compliance)

Services Provided

Meal Services

Case Management Available?

Other Services (healthcare, counseling, etc.)

Strengths Noted

Areas for Improvement

Additional Comments