

GROUP RESIDENTIAL FACILITY QUESTIONNAIRE -CONTINUED



Name of organization: _____

Address	Number of residents under age 18	Number of residents over age 18+	Number of residents that require wheelchairs or walkers	# of stories	Fully sprinklered
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____ male _____ female	_____ male _____ female			<input type="checkbox"/> No <input type="checkbox"/> Yes