



West Michigan Therapy, Inc.



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Housing Program Participant Survey Past Use of Community Resources

Client Name: _____

Program : _____

Housed Date: _____

Disability: _____

❖ How many times have you visited the Emergency Room at Hackley Hospital: ▪ Since Program Start: _____ ▪ Year Prior to Program: _____	❖ How many times have you visited the Emergency Room at Mercy Hospital: ▪ Since Program Start: _____ ▪ Year Prior to Program: _____
❖ How many overnight stays at Hackley Hospital have you had: ▪ Since Program Start: _____ ▪ Year Prior to Program: _____	❖ How many overnight stays at Mercy Hospital have you had: ▪ Since Program Start: _____ ▪ Year Prior to Program: _____
❖ How many county jail bookings have you had in: ▪ Since Program Start: _____ ▪ Year Prior to Program: _____	❖ How many day have you spent in the county jail: ▪ Since Program Start: _____ ▪ Year Prior to Program: _____
❖ How many nights have you spent at an Emergency Shelter: ▪ Since Program Start: _____ ▪ Year Prior to Program: _____	❖ How many Motel Vouchers have you received: ▪ Since Program Start: _____ ▪ Year Prior to Program: _____
❖ What was your annual income: ▪ Since Program Start: _____ ▪ Year Prior to Program: _____	❖ How many admissions to Brinks have you had: ▪ Since Program Start: _____ ▪ Year Prior to Program: _____

Please list any other successes you feel you have had since entering the WMT housing program: _____

Data Entered By: _____

Date: _____

Filed: _____

Date _____