

NEW YORK ASIAN WOMEN'S CENTER
SAFE HOMES INFORMATION SHEET

Name:

Date:

Address:

Travel Instructions by subway:

Travel Instructions by car:

Phone: (H)

When available:

(W)

When available:

Language(s)/dialect(s) spoken:

Religious affiliation if any:

How referred to NYAWC:

List Members of Household and Age:

Describe any health/medical conditions which afflict any member
of Safe Home family listed above (Also identify member):

of Bedrooms in home:

Any pets:

Maximum # of people able to accomodate:

Maximum length of stay (if less than 1 week):

Describe space available for NYAWC shelter use:

Does Safe Home have any smoke detectors and fire extinguishers?
Where located?

Describe any specific household routines observed:

OK to have keys?

If no, describe arrangements:

Laundry facilities available: If no, nearest facility:

Describe any specific instructions for kitchen facilities:

Describe any other specific instructions, circumstances,
restrictions including telephone usage, locks, etc.:

Police Precinct #:

Address/Location:

Telephone #:

Nearest Hospital with Emergency Room:

Address/Location:

Telephone #:

NYAWC.2
SHINFO
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