

Development Information			
Development Name:			
Street Address:			
City:		County:	
Place a "X" next to the targeted population			
Persons with physical or development disabilities	<input type="checkbox"/>	Persons with mental impairments	<input type="checkbox"/>
Single parent households	<input type="checkbox"/>	Victims of domestic violence	<input type="checkbox"/>
Homeless persons	<input type="checkbox"/>	Persons with chemical addictions	<input type="checkbox"/>
Abused children	<input type="checkbox"/>	The elderly	<input type="checkbox"/>

LEVEL 1 SERVICES = 0.5 Points per Service				
Tenant Investment Plan Services & Description				
Service	Brief Description of Service	On-Site/ Off-Site	Distance from Development	Service Provider
<input type="checkbox"/> Financial Literacy				
<input type="checkbox"/> Computer Training				
<input type="checkbox"/> Credit Counseling				
<input type="checkbox"/> Nutrition Classes				
<input type="checkbox"/> Exercise Classes				
<input type="checkbox"/> Resume Building				
<input type="checkbox"/> GED/Adult Education				
<input type="checkbox"/> Art Classes				
<input type="checkbox"/> Food Cultivation or Preparation				
<input type="checkbox"/> Sports League				
<input type="checkbox"/> Tax Preparation Assistance				

<input type="checkbox"/>	Medicaid Waivers				
<input type="checkbox"/>	Animal Therapy				
<input type="checkbox"/>	Employment Services				
<input type="checkbox"/>	Meals on Wheels				
<input type="checkbox"/>	HIV Counseling, Testing & Education				
<input type="checkbox"/>	Family Caregiver Support Program				
<input type="checkbox"/>	Symptom Management				
<input type="checkbox"/>	Smoking Cessation				
<input type="checkbox"/>	Residents' Association				
<input type="checkbox"/>	Other:				

<b>LEVEL 2 SERVICES = 1 Points per Service</b>				
<b>Tenant Investment Plan Services &amp; Description</b>				
<b>Service</b>	<b>Brief Description of Service</b>	<b>On-Site/ Off-Site</b>	<b>Distance from Development</b>	<b>Service Provider</b>
<input type="checkbox"/>	Transportation			
<input type="checkbox"/>	Parenting Classes/ Early Childhood Development			
<input type="checkbox"/>	Light Housekeeping			
<input type="checkbox"/>	Outpatient Rehab			
<input type="checkbox"/>	Physical Therapy			
<input type="checkbox"/>	Medication Delivery			
<input type="checkbox"/>	Home Healthcare			
<input type="checkbox"/>	Dental Services			
<input type="checkbox"/>	Assisted Living			
<input type="checkbox"/>	Alzheimer's Care			

<input type="checkbox"/>	Vocational Rehab Services				
<input type="checkbox"/>	Adult Daycare/Eldercare				
<input type="checkbox"/>	Substance Abuse Treatment				
<input type="checkbox"/>	Case Manager				
<input type="checkbox"/>	TIP Coordinator				
<input type="checkbox"/>	Utility Assistance				
<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Other:				