

Social Services Commission Survey

* Required

Organization Name *

Street Address *

Suite

City *

Alternate Address

Telephone number *

Key Contact *

Email *

website

1. Indicate up to 3 key services provided by this organization

- Affordable Housing
- Child Care
- Emergency Preparedness
- Employment
- Fair rent issues
- Financial literacy
- Food insecurity/access to food
- Healthcare
- Legal Counseling
- Literacy
- Mental Health
- Senior Care
- Shelter
- Transportation
- Translation Assistance
- Other:

2. What is the age range of the individuals you primarily serve?

- 13 to 17 years old
- Adults 18-49 years old
- Birth to 4 years old
- Seniors 50+
- 5 to 12 years old
- Other:

3. What is the gender of the individuals you primarily serve?

- mostly male
- mostly female
- both

4. From what geographic areas are your clients?

- East Stamford
- West Stamford
- North Stamford

Downtown

Other:

5. Other than funding, what is the greatest challenge to service delivery for your organization

ability to coordinate with other service organizations

ability to coordinate with City services

client transportation to/from service

hours of operation

location of organization

security

volunteers

Other:

6. What social services do you wish your clients could access but are not readily available?

7. Other than English, what are the primary languages of your clientele?

Haitian creole

Polish

Russian

Spanish

Other:

8a. In the event of a major emergency, what services could your organization provide?

	Onsite	Offsite
Counseling	<input type="radio"/>	<input type="radio"/>
Food	<input type="radio"/>	<input type="radio"/>
Medical Assistance	<input type="radio"/>	<input type="radio"/>
Shelter	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>

8b. What other services not listed above could your organization provide?

9. Is there a population or need in the city that you believe is underserved?

Identify a population or need

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