

DRAFT

**SOCIAL SERVICES COMMISSION
PUBLIC SERVICES QUESTIONNAIRE
AUGUST 2014**

PURPOSE: To gather information from the non-governmental social services agencies in lower Fairfield County that serve the residents of Stamford, CT.

GOAL : To assist the Social Services Commission of the City of Stamford (the City) in assessing services provided to Stamford residents by both the City and local service organizations.

Organization Information

Name: _____ Key Contact: _____
Address: _____ Email: _____
Main Telephone No. _____ Org. Website: _____

What are the top three services provided by this organization?

Healthcare	Literacy
Transportation	Affordable Housing
Food Insecurity/Access to Food	Legal Assistance
Fair Rent Issues	Childcare
Translation Assistance	Employment
Senior Care	Financial Literacy

Other: _____

What is the age range of the individuals that you primarily serve?

Pre-school	K-8	High School
Adults 18-49	Seniors 50+	Disabled

What is the gender of the individuals you primarily serve?

Mostly Male

Mostly Female

Where are your office locations that serve Stamford residents?

East Stamford

West Stamford

North Stamford

Downtown

Other:

Except for Funding, what is the greatest challenge to service delivery for your organization?

For example:

Security

Client Transportation to/from services

Client Access to mental health services

Volunteers

Multi-lingual staff

Hours of Operation

Ability to coordinate with other social service organizations

Ability to access services provided by the City of Stamford

Other:

What do you wish your clients could access, but is not readily available in the City of Stamford?

Is there a population in the City that you believe is underserved? (not sure if this is redundant to all info gathered above)

Thank you for participating in this survey. Your response is very important to the City and the work of the Social Services Commission.

Deadline for submission of questionnaire:

Send responses to:

