



Vickery Area Service Providers Survey

In filling out this survey, you are participating in a local study to try to get a picture of the provision of services by agencies that serve people in the Vickery area. This survey should take no more than 15 minutes to complete. No personal information will be gathered other than two questions naming the category that describes your position with the agency. Your participation is voluntary. However, your participation will be beneficial for your agency, other agencies, and those seeking help in the Vickery area.

1. What is the full name of your Organization?
2. What is the current address for your Organization?
Address: _____ Address 2: _____
City/Town: _____ State: _____ Zip: _____
3. Please fill in all of the phone numbers that apply to your Organization:
Voice: _____ Fax: _____ Other: _____
4. Who is the primary contact person for your organization?
5. What is the email address of your organization? (If there is none, please leave it blank.)
6. What is the website for your organization? (If there is none, please leave it blank.)
7. What are the hours of your organization?
8. Are your facilities accessible by:
Wheelchair: _____
Public Transit: _____
9. How long has your organization been in existence? (years)

10. What kind of services do you offer? (Highlight all that apply)

- Advocacy
 - Job skills/Coaching
 - Legal Consultation
 - Interpreting Services
 - Housing Assistance
 - ESL
 - Outpatient Care
 - Inpatient Care On-Site
 - Case Management/ Service or Resource Coordination
 - Family- Based Services
 - Drug/Alcohol Program
 - Mental Health Screening/Assessment
 - Psychological/Psychiatric Evaluations
 - Marital Therapy
 - Child Care
 - Food pantry
 - Citizenship/Immigration services
 - Religious Services (i.e. spiritual guidance, bible study, temple, mass, etc.)
 - Employment Assistance
 - Pre-GED and GED
 - Clothing distribution
 - Battered women's shelter
 - Life skills
- Medical Care:
- General Health (physicals, immunizations, etc.)
 - OBGYN
 - Pregnancy testing
 - Prenatal Care
 - Baby Care (Diapers, formula, etc)
 - Dental
- Recreation/Academic Enrichment
- After school program
 - Academic tutoring
 - Mentorship
 - Other (i.e. music lessons, religious instruction, etc)

11. Further description of services provided:

12. Other services you provide not listed:

13. Special Instructions (i.e. appointment necessary, age limit, etc.):

14. Does your organization charge for its services? If so, what is the payment structure? (i.e. prorated, flat fee, etc.):

15. Does your organization work in collaboration with other organizations? If so, Who? If not, would you be willing to collaborate with other organizations? Who?:

16. What gaps, if any, do you see in the services provided in the Vickery area? :

17. Would you like to receive the results of this survey?: Yes No (Highlight one)

Please send completed survey to