

Town of Los Gatos Service Provider Survey – 2026

Dear Service Provider,

The Town of Los Gatos is committed to strengthening the support and services available to our community. To better understand the needs and impact of local service providers, we invite you to complete the 2026 Annual Survey.

The aggregated results will be shared with the Community Health and Senior Services Commission, which advises the Town Council on community health and senior services. These findings will also be made publicly available to promote transparency and collaboration.

Please complete and submit the survey by _____. Your time and insights are invaluable to us, and we sincerely thank you for your participation.

About Your Organization

1. Organization Name:

[Text Entry]

2. Primary Contact Name:

[Text Entry]

Email:

[Text Entry]

Phone:

[Text Entry]

3. What are the geographic area(s) that your organization serves? (select all that apply):

Los Gatos

Santa Clara County

Other (please specify): [Text Entry]

4. What are your organization's target populations? (select all that apply):

General Population

Youth (under 19)

Seniors (55+)

Low-income individuals/families

Unhoused/At-risk populations

Other (please specify): [Text Entry]

5. What are the age groups primarily served? (select all that apply):

Youth (under 19)

Adults (19-54)

Older Adults (55+)

6. How do you promote awareness of your services? (select all that apply)

- Social media
- Website
- Community events
- Referrals from other organizations
- Flyers/Posters
- Los Gatan/Outlook/Los Gatos Living
- Word of mouth
- Other (please specify): [Text Entry]

7. How do individuals typically access your programs? (select all that apply)

- Self-referral
- Referral from healthcare provider
- Referral from social services
- Outreach/enrollment events
- Other (please specify): [Text Entry]

8. What Programs/Services do you offer? (select all that apply)

- ~~Transportation~~
- ~~Housing/Sheltering~~
- ~~Food & Nutrition~~
- ~~Recreation & Social Activities~~
- ~~Education~~
- Health & Wellness
- Mental Health
- Addiction Support
- ~~Legal Aid~~
- ~~Youth Services~~
- Older Adult Case Management
- Older Adult Adult Day Care
- Older Adult Caregiver Support
- Older Adult Recreation & Social Activities
- Older Adult Educational Programs
- Older Adult Health & Wellness
- Older Adult Transportation
- Older Adult Food & Nutrition
- Older Adult Housing/Sheltering
- ~~Unhoused Case Management~~
- ~~Unhoused Basic Care Needs~~
- ~~Unhoused Housing/Sheltering~~
- Other (please specify): [Text Entry]

9. How does your organization measure program impact? (select all that apply)

- Client surveys
- Service utilization data (please specify) [Text Entry]
- Outcome tracking (e.g., health improvements) (please specify) [Text Entry]
- External evaluations
- Other (please specify): [Text Entry]
- We do not currently measure impact

10. How many individuals were served in the past month?

- 0 to 50
- 51 to 100
- 101+

Of these, how many were Los Gatos residents?

[Numeric Entry]

11. How many individuals were served in the past year?

- 0 to 100
- 101 to 200
- 201+

Of these, how many were Los Gatos residents?

[Numeric Entry]

12. Of those served in the past month/year, how many were older adults (55+)?

[Numeric Entry]

13. Collaborations with other organizations or government agencies in Santa Clara County (select all that apply):

- Healthcare providers
- Social service agencies
- Housing organizations
- Senior services
- Youth organizations
- Other (please specify): [Text Entry]
- None

14. Do you collect client satisfaction data?

- Yes (please provide link or attach report) [Text Entry]
- No

15. What are your biggest challenges in delivering services? (select up to 3):

- Funding constraints
- Staffing shortages
- Client outreach/engagement
- Transportation barriers/gaps

- Facility limitations
- Regulatory compliance
- Lack of affordable housing
- Limited mental health resources
- Other (please specify): [Text Entry]

16. Have any events in the past 12 months impacted your services?

- Yes (please specify): [Text Entry]
- No

17. What are your primary funding sources (select all that apply):

- Federal government grants
- State government grants
- County government grants
- Town of Los Gatos grants
- Private grants
- Individual donations
- Fundraising events
- Service fees
- Other (please specify): [Text Entry]

18. Do you offer volunteer opportunities?

- Yes
- No

If yes, how do you recruit volunteers? (select all that apply)

- Website
- Social media
- Print publications
- Community events
- Partnerships with schools or organizations
- Volunteer Connections newsletter
- Other (please specify): [Text Entry]

19. In your opinion, what is working well in community health and senior services? (select all that apply)

- Access to healthcare
- Senior social programs
- Transportation services
- Housing support
- Nutrition programs
- Other (please specify): [Text Entry]

20. Has your organization partnered with the Town or its commissions on programs or events?

- Yes

No

If yes, please briefly describe: [Text Entry]

21. Please share any feedback or suggestions about your partnership with the Town:
[Text Entry]

25. Any other comments or suggestions for the Town of Los Gatos?
[Text Entry]