

2026 Town of Los Gatos Service Provider Survey

The Town of Los Gatos is thankful to the many agencies who provide needed services to the Los Gatos Community and is committed to understanding the services available.

To better understand the needs and the impact of local service providers, we invite you to complete the Town of Los Gatos annual service provider 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, and as a result be publicly available.

Please complete and submit the survey by [_____]. The survey contains 21 questions and should take approximately 15 minutes to complete. **Your time and insights are of value, and we sincerely thank you for your participation.**

The Town of Los Gatos has partnered with Los Gatos Saratoga Recreation 55+ to create The HUB, which lists many local service providers. [55 Plus – Resources Hub – LGS Recreation](#). If you have additional resources to be added to The HUB, please make a suggestion [here](#).

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 populations does your agency primarily serve? (select all that apply):

☐ General Population

☐ Youth (under 19)

☐ Adults (19-54)

☐ Older Adults (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
- ☐ Newspapers or other printed media (please specify) [text entry]
- ☐ 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)

- ☐ Health & Wellness
- ☐ Mental Health
- ☐ Addiction Support
- ☐ Unhoused Services
- ☐ Youth Services
- ☐ Older Adult Case Management
- ☐ Older 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
- ☐ 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?

- ☐ 0-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-50
- ☐ 51-100
- ☐ 100+ [numeric entry]

Of these, how many were Los Gatos residents?

[Numeric Entry]

Of these, how many were Older Adults (55+)?

[Numeric Entry]

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

- ☐ 0-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-50
- ☐ 51-100
- ☐ 100+ [numeric entry]

Of these, how many were Los Gatos residents?

[Numeric Entry]

Of these, how many were Older Adults (55+)?

[Numeric Entry]

12. Do you collaborate with other organizations or government agencies in Santa Clara County (select all that apply):

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

13. Do you collect client satisfaction data?

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

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

- ☐ Funding constraints [Please describe] [Text Entry]

- ☐ Staffing shortages [Please describe] [Text Entry]
- ☐ Client outreach/engagement [Please describe] [Text Entry]
- ☐ Transportation barriers/gaps [Please describe] [Text Entry]
- ☐ Facility limitations [Please describe] [Text Entry]
- ☐ Regulatory compliance [Please describe] [Text Entry]
- ☐ Lack of affordable housing [Please describe] [Text Entry]
- ☐ Limited mental health resources [Please describe] [Text Entry]
- ☐ Volunteer Shortages
- ☐ Other (please specify): [Text Entry]

15. Have any events occurred in the past 12 months that have or will impact your services?

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

16. 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]

17. 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]

TOWN-WIDE SERVICE PROVISION OBSERVATIONS

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

- ☐ Access to healthcare
- ☐ Senior social programs

- ☐ Transportation services
- ☐ Housing support
- ☐ Nutrition programs
- ☐ Other (please specify): [Text Entry]

19. Regarding health and senior services in Los Gatos, do you see any challenges, service gaps, or have any new ideas?

- ☐ Yes [Please describe]
- ☐ No

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

- ☐ Yes
- ☐ No

If yes, please briefly describe your experience, including any feedback or suggestions:
[Text Entry]

21. Please share any other feedback or suggestions you have for the Town.

[Text Entry]

Thank you for taking the time to complete this survey.