

Service Provider Survey Questions Draft

Disclaimer: the results of this survey will be shared with the Town of Los Gatos Community Health and Senior Services Commission and will be publicly available.

About the Service Provider:

1. What is the name of your organization?
2. Please provide the name, email, and phone number of the best contact person for your organization for any follow up questions or clarifications:
3. What is your organization's mission and vision?
4. What geographic area does your program serve (i.e., Santa Clara County, Los Gatos, etc.)?
5. Please describe your target population (not necessarily geographic location)?
6. What age group do you primarily serve? (multiple choice)
 - a. Youth
 - b. 19-54
 - c. 55+
7. How do you ensure residents are aware of your services. What type of outreach is done?
8. How are individuals referred to your programs?

9. What specific programs/services do you offer? (multiple choice)

- a. Transportation Services
- b. Housing/Sheltering Services
- c. Food and Nutrition Services
- d. Recreation and Social Activities
- e. Education
- f. Health and Wellness
- g. Mental Health and/or Addiction Support
- h. Legal Aid
- i. Youth Services
- j. Older Adults Services: Case Management
- k. Older Adults Services: Adult Day Care
- l. Older Adults Services: Caregiver Support
- m. Older Adults Services: Recreation and Social Activities
- n. Older Adults Services: Educational
- o. Older Adults Services: Health and Wellness
- p. Older Adults Services: Transportation
- q. Older Adults Services: Food and Nutrition
- r. Older Adults Services: Housing/Sheltering
- s. Unhoused Services and Support: Case Management
- t. Unhoused Services and Support: Basic Care Needs
- u. Unhoused Services and Support: Housing/Sheltering
- v. Other (please describe)

10. How does your organization measure the impact of your programs?

11. How many individuals have you served in the past year/month?
12. How many individuals have you served in the past year/month that were Los Gatos residents?
13. How many individuals have you served in the past year/month that were seniors?
14. What other organizations/government agencies in Santa Clara County do you collaborate with, if any?
15. Do you have any metrics you can share about client satisfaction? If so, please include them here.
16. What are your biggest challenges in administering services?
17. In the last 12 months, did anything occur that has or will impact the services you provide? If so, please describe in detail.
18. What are your primary sources of funding (i.e., government/private sector grants, private donations, etc.)?
19. Are there opportunities for individuals to support your work through volunteering? If so, how do you recruit volunteers?

Town-wide Service Provision Observations:

20. In terms of community health and senior services provided to the Los Gatos community, what is working well from your perspective?

21. In terms of community health and senior services provided to the Los Gatos community, what challenges are you currently seeing/experiencing?

22. In terms of community health and senior services provided to the Los Gatos community, what new ideas or priorities do you suggest?

23. In terms of community health and senior services provided to the Los Gatos community, what are the service gaps that you see, if any?

Past Interactions with the Town of Los Gatos

24. Has your organization partnered/coordinated with the Town of Los Gatos on any programs, projects, and/or events?

25. Do you have comments/suggestions (constructive or positive) related to the partnership between your organization and the Town of Los Gatos?

Additional Comments

26. Do you have any additional comments to share?