

ORGANIZATION:

PHC HOURS:

PROJECT HOMELESS CONNECT PROVIDER SURVEY

1. Please provide a brief description of the service[s] your organization provided.

2. One goal of Project Homeless Connect is to reduce the barriers clients face when seeking services or assistance. Please list the top 3 barriers to serving individuals at Project Homeless Connect.

3. I believe Project Homeless Connect was a valuable opportunity for the participants.

| | | | | |
|---------------------------|--------------|---------------------------|-----------------|------------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Agree | Agree | Somewhat Agree | Disagree | Strongly Disagree |

Comments: _____

4. I will recommend my organization participate in Project Homeless Connect in the Future: Yes___ No___

Comments: _____

5. How can Project Homeless Connect be improved?

6. What are the strengths of Project Homeless Connect?