

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_ Permission to leave a message

### **Support Services Survey**

At Life Message, we believe that only through strategic partnerships and collaboration can we make a greater impact in the lives of those we serve. Please answer the questions below and provide us with your feedback.

1) Are you interested in the following counseling services?

Individual Counseling  Couples Counseling  Family counseling  Support Group

2) If you selected support groups, which of the following are of interest?

Anger Management  Coping with Anxiety  Coping with Depression

Co-Parenting in Divorced Families  Dealing with Loss/Grief  Healthy Relationships

Later Life Issues/Senior Life  Parenting  Other: \_\_\_\_\_

3) Are you interested in other counseling support services listed below?

Substance Abuse Services  Domestic Violence Assistance

4) Are you interested in becoming financially empowered?

Financial Literacy Workshops

5) Are you interested in cancer education to navigate from diagnosis to recovery?

Cancer Education Series

6) Do you need assistance with saving money on your prescriptions?

Prescription Savings

7) Are interested in learning how to make healthy nutritional choices?

Nutrition Classes

8) If you are veteran and need assistance, we offer a broad range of onsite and referral services for veterans and their families.

Veteran Referral Services

9) Please list any other support areas of interest: \_\_\_\_\_