# Our Place Community Outreach

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| NAME: |  |  |  |
| DATE: | June 19, 2024 | CONTACT INFO:  |  |
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THE INFORMATION YOU PROVIDE IS FOR FEEDBACK TO IMPROVE OR EXPAND SERVICES…YOUR TIME IS MUCH APPRECIATED! ALL CONTACT INFORMATION RECEIVED IS CONFIDENTIAL AND WILL ONLY BE USED TO CONTACT YOU IF YOUR NAME IS DRAWN FOR A PRIZE.

1. HOW HAS THE COMMUNITY OUTREACH PROGRAM AT OUR PLACE MADE A DIFFERENCE IN YOUR LIFE?
2. IS THERE ANYTHING THAT “OUR PLACE” HELPS YOU TO ACCOMPLISH? IF SO, HOW WOULD YOU DESCRIBE THIS?
3. WHAT BARRIERS/CHALLENGES DO YOU EXPERIENCE WHEN RECEIVING SERVICES FROM “OUR PLACE”? SUCH AS TRANSPORTATION, LONG WAITS, TIMING, ETC.
4. HOW DO YOU FEEL ABOUT THE WAY “OUR PLACE” OFFERS ITEMS AND SUPPLIES? DO YOU HAVE ANY PREFERENCES OR SUGGESTIONS FOR IMPROVING THIS SERVICE?
5. HOW COULD WE IMPROVE THE EXISTING SERVICES AT “OUR PLACE”?
6. ARE THERE OTHER SERVICES THAT WOULD BE HELPFUL TO YOU?