Welcome

WorkSource Montgomery thanks you for your participation in this survey of community-based organizations that serve as an adult resource for services within Montgomery County. The goal of this project and survey is to develop an adult services asset map to document our community's existing resources.

Once this initial data collection survey is closed, a comprehensive adult services digital resource community asset map will be available and shared on our website to better serve all our constituents within the county.

This updated regional community asset map resource will inventory and detail your organization's key strengths and services along with your pertinent contact information.

This survey should take 5 to 10 minutes to complete.

* Required

1. Email *

2. Organization Name

3. Street Address, City, State, Zip

Please list all addresses if service is delivered across multiple sites.

4. Website Link

| 5. | Social Media Links |
|----|---|
| | |
| | |
| | |
| | |
| | |
| | |
| 6. | Hours of Operation |
| | Ex: Mon-Fri 9 to 5, Sat 9-12, Sun Closed. |
| | |
| | |
| | |
| | |
| | |
| | |
| 7. | How are you offering services? |
| | Mark only one oval. |
| | In-person |
| | Virtual |
| | Hybrid |
| | |
| | |
| 8. | Contact Phone Number |
| | This should be a contact to reach services. |
| | |
| | |

9. Contact Email

This should be a contact to reach services.

Adult Programs

10. How many programs do you offer to adults? *

Mark only one oval.

- 1 Skip to question 11
- 2 Skip to question 14
- 3 Skip to question 20
- 4 Skip to question 29
- 5 or more Skip to question 41

Program Details

11. What is the name of the program?

12. Provide a short blurb describing the program.

Skip to question 56

Program Details

Program 1

14. What is the name of the program?

15. Provide a short blurb describing the program.

Program 2

- 17. What is the name of the program?
- 18. Provide a short blurb describing the program.

19. What population does this program target?

Skip to question 56

Program Details

Program 1

20. What is the name of the program?

21. Provide a short blurb describing the program.

Provide a short blurb describing the purpose of the program. Example - The Catching Up Program: The Catching Up Program is designed to help students with various types of anti-social behavior advance at their own pace academically, emotionally, and socially through individualized mentoring and tutoring.

22. What population does this program target?

Program 2

23. What is the name of the program?

| 24. | Provide a short blurb describing the program. |
|------|---|
| | |
| | |
| 25. | What population does this program target? |
| | |
| | |
| | |
| Proç | gram 3 |
| 26. | What is the name of the program? |
| | |
| 27. | Provide a short blurb describing the program. |
| | |

Skip to question 56

Program Details

Program 1

29. What is the name of the program?

30. Provide a short blurb describing the program.

Program 2

- 32. What is the name of the program?
- 33. Provide a short blurb describing the program.

34. What population does this program target?

Program 3

Welcome

| 35. | What is the name of the program? |
|------|---|
| 36. | Provide a short blurb describing the program. |
| | |
| 37. | What population does this program target? |
| | |
| | |
| Prog | ram 4 |
| 38. | What is the name of the program? |
| 39. | Provide a short blurb describing the program. |

Skip to question 56

Program Details

Program 1

41. What is the name of the program?

42. Provide a short blurb describing the program.

Program 2

- 44. What is the name of the program?
- 45. Provide a short blurb describing the program.

46. What population does this program target?

Program 3

Welcome

| 47. | What is the name of the program? |
|------|---|
| 48. | Provide a short blurb describing the program. |
| | |
| 49. | What population does this program target? |
| | |
| Prog | gram 4 |
| 50. | What is the name of the program? |
| 51. | Provide a short blurb describing the program. |

51. Provide a short blurb describing the program.

Program 5

- 53. What is the name of the fifth or any additional programs? Please list the name of programs offered, if you have more than five, please list additional programs in this box separated by commas.
- 54. Provide a short blurb describing the fifth or any additional programs.

If you are entering more than five programs, please list additional descriptions in this box separated by a return.

55. What population does this program target?

Skip to question 56

| Program | Details |
|---------|---------|
|---------|---------|

56. What is your referral process?

Ex. walk ins, DHHS, other social service agencies

57. Do your programs charge a fee?

Check all that apply.

No

Yes, and financial assistance is available.

Yes, and financial assistance is not available.

- 58. If applicable, what is the cost of your programs?
- 59. How many participants does your organization serve annually.

Service Categories

What broad categories do the services provided fall under? Please check all that apply.

60. **Basic Needs**

Check all that apply.

| Child | Care |
|-------|------|
| | |

Food Services

Housing

Transportation

61. Healthcare

Check all that apply.

Crisis Intervention

Health Clinics/Facilities

Home Care/Respite Care

Mental/Behavioral Health Support

Support for Individuals with Disabilities

62. Personal Development

Check all that apply.

English as a Second Language

GED Programs

Leadership Development

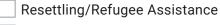
- Literacy Programs
- Mentoring

63. Services Provider

Check all that apply.



Community Service/Volunteerism



Service Information and Coordination

64. Workforce

Check all that apply.

- Career Counseling and Development
- Job Placement and Follow-up Services
- Occupational Skill Training
- Work-Based Learning
- Workplace/Soft Skills Training

Skip to question 65

Agency Details

- 65. Geographic Areas Served City, County, etc.
- 66. Do you offer wraparound services?

Mark only one oval.

____ Yes

No

67. What skills does your organization emphasize?

68. Please list partner agencies heavily utilized by your programs.

69. What are your major funding streams? Ex. WIOA, State Grants, Private Foundations, etc.

70. What other agencies serving Montgomery County should we be in contact with to create an inclusive and comprehensive asset map? Please provide a contact if possible.

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