

**Regional Homeless Alliance  
Community Asset Assessment  
Task 1 – Survey**

Section 1: Please fill out the answers to the best of the ability of the organization. Only one survey should be filled out per organization. Please answer the questions based on last calendar year.

1. Name of Organizations: \_\_\_\_\_
  - a. Address of Organization: \_\_\_\_\_
  - b. Number of paid employees in overall organization at a particular site location: \_\_\_\_\_  
(for example, a government agency would list number of employees that work specifically on homeless issues, not overall agency employment)
  - c. Number of volunteer, unpaid employees: \_\_\_\_\_
  - d. Type of organization:
    - i. Governmental Agency (can include quasi-governmental)
    - ii. Community Based Organization where majority of staff is paid
    - iii. Community Based Organization where majority of staff is volunteer
    - iv. Individual or small scale organization (less than 3 individuals primarily do all the work, and organization is not a part of a larger organization)
  - e. Is the organization: (circle all that apply)
    - Nonprofit (other than church based)
    - For profit
    - Other \_\_\_\_\_
    - Church or religious organization
    - Governmental
  - f. Funding – where does the majority of funding for the organization come from (select only one):
    - Grant funding from governmental agency
    - Grant funding from private sector
    - Tithing, membership or regular contribution/affiliation to organization
    - Other fundraising
    - Personal funding
2. Primary Mission of Organization: \_\_\_\_\_
3. Number of overall clients served during past calendar year
  - a. 0-49
  - b. 50-99
  - c. 100+
4. Does organization have the capacity to increase services next year?
  - a. Yes
  - b. No
5. Category of services offered (circle all that apply):
  - a. Education
  - b. Skill building
  - c. Monetary or resource assistance (rental assistance, food, clothing, etc.)
  - d. Sheltering
  - e. Relationship building
  - f. Resource linkage
  - g. Other: \_\_\_\_\_

6. Target area specific to homeless programs provided (i.e., majority of clients are from):
  - a. Menifee
  - b. Menifee +1 other city
  - c. All Southwest Riverside County
  - d. Countywide or larger

7. Services Provided (Place 'x' in all applicable boxes):

	Shelter	Rental Assistance	Food	Clothing	Mental Health Services	Substance Abuse Services	Hygiene	Transportation Services	Job Development Services	Financial Training	Childcare	Government Assistance	Education	Domestic Violence Services
<b>Primary Target Population</b>														
Youth (> 18 yrs old)														
Family														
Women														
Men														

8. If shelter is provided, is it:
  - a. Emergency shelter
  - b. Short-term (1-3 months)
  - c. Medium-term (3 months to one year)
  - d. Long-term (greater than one year)
  - e. Other \_\_\_\_\_
9. Targeted subgroups served by services (circle any that apply):  
 (for this category, does the organization specifically plan and direct services specifically to the subgroup)
  - a. Veterans
  - b. Elderly
  - c. Disabled
  - d. Incapacitated - Please describe: \_\_\_\_\_
  - e. Foster children (such as "aged out" services)
  - f. Other: \_\_\_\_\_
10. Does the organization provide case management of services?  
 (does an employee/volunteer of the organization review a file, provide recommendations to a client and provide follow-up services?)
  - a. Yes
  - b. No
11. Is the organization listed on 2-1-1 Riverside County?
  - a. Yes
  - b. No