GUEST INFORMATION

(This is a confidential survey. Please do not provide any identifying information.)

WELD PROJECT CONNECT
Neighbors Helping Neighbors
Facilitated by United Way of Weld County

First Name: _____ **ZipCode/Town:** _____ ☐ Don't Know/have

Age: ☐ 18 – 24 ☐ 25 – 29 ☐ 30 – 49 ☐ 50 – 59 ☐ 60 and over	**Gender Identity:** ☐ Male ☐ Female ❑X_____	**Ethnicity:** ☐ Non- Hispanic/Latino ☐ Hispanic/Latino ☐ Don't Know	**Race:** (select all that apply) ☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Don't Know

Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced
☐ Widowed ☐ Common Law ☐ Living Together ☐ Domestic Partner
☐ Never Married/Annulled ☐ Unknown

Do you have a disabling condition? ☐ Yes ☐ No ☐ Don't Know
Are you a U.S. Military Veteran? ☐ Yes ☐ No ☐ Don't Know
Are you currently employed? ☐ Yes ☐ No ☐ Don't Know
Are you currently a student? ☐ Yes ☐ No ☐ Don't Know

Household Type: (select all that apply)
☐ Adult/No Children ☐ Multi-Generation
☐ Single Parent ☐ Two Parents

Total # living in household: _____

# of Adults _____ # of minors _____

GUEST EVALUATION

1. What services were MOST helpful to you: (Check all that apply)

☐ Birth Certificate ☐ Child Support Enforcement ☐ Flu Shot ☐ Employment
☐ Education ☐ Library ☐ TB Test ☐ Haircut
☐ Legal Counseling ☐ Health Screening ☐ Mental Health Counseling
☐ Podiatry/Foot washing ☐ Veterans Assistance ☐ Tdap (tetanus, diphtheria, pertussis)
☐ Government Programs ☐ Counseling/Resume Writing
☐ Other service(s) most helpful to you _____

2. What other services would you like to see at Weld Project Connect? _____
_____

3. How did you get here today? _____

4. On a scale of 1 – 3 how would you rate the benefit of today's overall event? (circle one)
3 - Very Helpful **2** - Helpful **1** - Not Helpful

5. What was the best thing that happened to you at Weld Project Connect? _____
_____
_____

6. Did you set up any follow-up appointments from today's services? ☐ Yes ☐ No

7. Have you been to Weld Project Connect in the past? ☐ Yes ☐ No **If yes what service(s) were repeated if any?**_____
_____

8. How did you hear about Weld Project Connect? (check all that apply)

☐ Newspaper ☐ Family & Friends ☐ 2-1-1 ☐ Community Agency ☐ Social Services
☐ Clinic ☐ School ☐ On Campus ☐ Billboard/Bus Shelter ☐ Faith Organization
☐ Shelter ☐ Flyer/Poster ☐ Radio/TV ☐ Social Media ☐ Library
☐ Other: (please explain) _____

9. Did you feel that you were treated with respect during your time here? ☐ Yes ☐ No

Please give us any comments and/or suggestions you have for the next Weld Project Connect. (continue on back if necessary)
_____