

City of Biddeford
Public Service Provider Survey

Agency Information

Agency Name:

Primary Contact:

Title:

Street Address:

City:

State:

Zip Code:

Telephone:

Email:

Geographic service area(s):

Clientele (check all that apply)

Homeless

Veterans

Seniors

Youth

Persons with Disabilities

Persons with Substance Use Disorders

Victims of Domestic Violence

Low-Income Persons

Other _____

Types of Services (check all that apply)

Health Care

Literacy

Financial

Counseling

Shelter

Housing

Food/Hunger

Other _____

List in order the critical issues facing your clientele, in order of importance:

- 1.
- 2.
- 3.
- 4.
- 5.

What are the unmet needs or gaps in service facing your clientele?

Please provide any additional concerns or suggestions: