

**CITY OF SCRANTON
HOME-ARP – GAPS & NEEDS ANALYSIS
AGENCY SURVEY**

Organization/Agency: _____

Name: _____

Position: _____

Survey-Taker: Primary Population Served		
Age (mark all that apply) <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 – 62 <input type="checkbox"/> 62+	Qualifying Population (mark all that apply) <input type="checkbox"/> Homeless <input type="checkbox"/> Veterans <input type="checkbox"/> Individuals Fleeing or Attempting to Flee Violence <input type="checkbox"/> Youth <input type="checkbox"/> Individuals Exiting Institutions <input type="checkbox"/> At-Risk of Homelessness <input type="checkbox"/> Other: _____	Services (mark all that apply) <input type="checkbox"/> Case Management <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Day services/meals/hygiene <input type="checkbox"/> Other: _____

Agency Overview

Please describe the primary purpose of the organization, how clients are identified, and what supportive services are provided:

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The following questions are to identify both the accessibility of services and housing as well as the availability.

Please consider the definitions when responding:

Accessibility: A client may be eligible for a program, service, or housing but cannot access whether due to a language barrier, criminal background, physical limitation, lack of transportation, poor credit, limited income, etc.

Availability: The number of clients seeking the program, service, or housing exceeds the number the number of available units, openings, etc.

Eligible Activity – Priorities

Please rank the **availability** of services within the community from (1) most available to (4) least available.

___ Tenant-Based Rental Assistance (TBRA) ___ Affordable Housing ___ Supportive Services ___ Non-Congregate Shelter (NCS)

Please explain the reasoning for the ranking above including which activities you believe would most greatly benefit the City of Scranton’s residents:

Please rank the **accessibility** of services within the community from (1) most accessible to (4) least accessible.

___ Tenant-Based Rental Assistance (TBRA) ___ Affordable Housing ___ Supportive Services ___ Non-Congregate Shelter (NCS)

Please explain the reasoning for the ranking above including which activities you believe would most greatly benefit the City of Scranton’s residents:

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Please indicate the availability of services for the following populations:

Homeless: an individual or family lacking a fixed, regular, and adequate nighttime residence:

1	2	3	4	5
None	Few-to-Some	Neutral	Adequate	Saturated

At-Risk of Homelessness: low-income individuals or families experiencing economic hardship

1	2	3	4	5
None	Few-to-Some	Neutral	Adequate	Saturated

Fleeing or Attempting to Flee: Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking

1	2	3	4	5
None	Few-to-Some	Neutral	Adequate	Saturated

Veterans and Families that include a Veteran Family Member

1	2	3	4	5
None	Few-to-Some	Neutral	Adequate	Saturated

Please share where you believe gaps in service or lack of available services exist. You may also share interventions, programs, services, you believe may close the gap of availability.

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Veterans and Families that include a Veteran Family Member

1	2	3	4	5
None	Few-to-Some	Neutral	Adequate	Saturated

Please share where you believe gaps in service or lack of accessible services exist. You may also share interventions, programs, services, you believe may close the gap of accessibility.

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Where is the greatest risk, or least availability of services, compared to need along the following spectrum? Please select one:



BARRIERS	CHALLENGES
Describe the barriers clients face when accessing services and affordable housing. 	Describe the challenges clients face when accessing services and affordable housing.
GAPS	NEEDS
Describe the gaps in available and accessible services and affordable housing. 	Describe what interventions, programs, or services could fill the gaps identified

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I would like to schedule additional time to provide more information and discuss the agency's gaps and needs. Yes No

Name: _____

Email: _____

Thank you for completing this survey. For more information, you may contact:

Chris Hughes

ARPA Communications and Information Manager

City of Scranton

chughes@scrantonpa.gov

(570) 878-8490

You can also find more information online at www.scrantonpa.gov/arpa/home-arp