



The Green County Latino Needs Assessment Project

Service and Program Providers Survey

By completing this survey you are assisting the Green County Latino Needs Advisory Committee in better understanding the needs of our growing Latino population as well as the needs of organizations providing services and programs to this segment of our county's population. Your participation in this survey is voluntary and confidential. The information provided will be combined with responses from all other participants and neither you nor your organization will be identified in any report prepared.

Services and Programs

1.) Does your organization provide services and/or programs that are used by Latinos (individuals from or having a heritage related to Latin America)?

Yes (please continue with question #2)

No (please skip to question #4)

2.) Complete the following table for each service and program your organization provides that are used by Latino clientele (attach additional sheets if necessary):

Briefly describe the service or program <u>used by</u> Latinos:	At what level is the service or program offered (ex. county, city, school district, faith congregation)?	Does the service or program specifically target the Latino population?	Approximately how many Latino clients use the service or program each <u>month</u> ?	In the last year the number of Latinos using this service or program have:
i)		YES / NO		DECREASED STAYED SAME INCREASED
ii)		YES / NO		DECREASED STAYED SAME INCREASED
iii)		YES / NO		DECREASED STAYED SAME INCREASED
iv)		YES / NO		DECREASED STAYED SAME INCREASED
v)		YES / NO		DECREASED STAYED SAME INCREASED

(Continued on other side)

3.) How is the Latino population informed about your organization's services and programs (check all that apply)?

Marketing materials written in Spanish

Referral from other organizations

Specific outreach to the Latino population

Other, please describe _____

4.) If you do not provide services to Latinos or cannot meet the needs of Latino clientele, where do you refer them?

5.) What barriers exist that prevent your organization from meeting the needs of the Latino population?

6.) Do you want your services and/or programs included in a resource guide for the Latino community?

Yes (make sure you answer Question #9)

No

Employees

7.) What percentage of your employees speak Spanish, as a primary language (_____), as a second or third language (_____)?

8.) (a) What training do your employees need in order to effectively meet the needs of your organization's Latino clientele?

(b) Where do your employees receive this training?

The following information will only be used if you wish to have your organization's services and programs listed in a resource guide for the Latino community. Nowhere in survey reports prepared and shared with stakeholders will the information you provide on this survey be used in conjunction with your name or the name of the organization.

9.) Organization Name (optional): _____

Name of Person Completing Survey (optional): _____

Thank you for your assistance!

**Please return this survey by August 12, 2005 to:
Green County UW-Extension, N3150B Hwy 81, Monroe, WI 53566**