

PICK ONE SERVICE

circle ONLY 1 SERVICE that is the most important to you, and please explain why:

HOUSING SERVICES:

This service can help you with transitional housing while on your journey to find more permanent housing.

MEDICAL CASE MANAGEMENT:

To link you to all the services you might need to improve your health and become undetectable.

MENTAL HEALTH SERVICES:

A therapist or group to talk to about your mental health & what is going on in your life.

TRANSPORTATION:

Assistance getting to medical appointments.

FOOD BANK:

To keep the everyday items you need on hand, whether that be food/groceries, hygiene products, or cleaning supplies.

DENTAL CARE:

Stopping problems before they start by fixing issues with your teeth and gums

MEDICAL CARE:

Getting care in a medical setting like a hospital, doctor's office, or possibly even a mobile van.

EMERGENCY FINANCIAL ASSISTANCE (EFA):

To help you with first and last month's rent, security deposit, utilities, meds, groceries, & transportation.

NUTRITIONAL THERAPY:

This service helps you make sense of and meet your dietary needs. There might be more to your diet (and gut) than you know!

SUBSTANCE USE SERVICES:

This service involves outpatient services for the treatment of drug or alcohol use disorders.



PICK ONE SERVICE

Which service did you pick? Please explain why.

I chose _____ as the most important service.

I chose this service because:

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ALL YOUR ANSWERS WILL BE KEPT CONFIDENTIAL



1. What is your age? _____

2. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary / gender queer
- ☐ Two-spirit
- ☐ Prefer to self-describe: _____
- ☐ Prefer not to say

3. Do you identify as transgender?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

4. What best describes you? (pick all that apply)

- ☐ Asian
- ☐ Black/African
- ☐ White/Caucasian
- ☐ Hispanic/Latinx
- ☐ Native American/Alaskan Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Prefer not to say
- ☐ Another not listed above (please specify):

5. What is your yearly income?

- ☐ Less than \$10,000
- ☐ \$10,000 - \$19,999
- ☐ \$20,000 - \$29,999
- ☐ \$30,000 - \$39,999
- ☐ \$40,000 - \$49,999
- ☐ \$50,000 or more
- ☐ Prefer not to say

6. What is your zip code? _____

7. What health insurance do you have?

- ☐ I'm uninsured
- ☐ Through work or union
- ☐ Bought directly & paid in total by myself or my family (self-insured)
- ☐ Obamacare/Affordable Care Act
- ☐ Medicare (for people who are 65+ or disabled)
- ☐ Medicaid or Medical Assistance
- ☐ Veterans Affairs (VA) or military healthcare
- ☐ Prefer not to say
- ☐ Another type of insurance not listed above (please specify):

8. In the last year, have you not gotten medical care because you couldn't afford it?

- ☐ Yes
- ☐ No
- ☐ Does not apply/prefer not to say

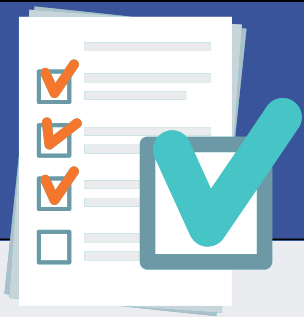
9. In the past year, have you missed a medical appointment because you had problems with transportation and you could not get there on time?

- ☐ Yes
- ☐ No
- ☐ Does not apply/prefer not to say

10. Where is your HIV or Primary Care doctor located? (county, city, or town)

TOWN HALL SURVEY

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11. How do you get to doctor appointments?

- ☐ Drive myself
- ☐ A friend/family member drives me
- ☐ Public transportation
- ☐ Medicaid/Medicare transportation
- ☐ Cab/taxi
- ☐ Uber/Lyft/rideshare app
- ☐ Walk or bike
- ☐ Does not apply/prefer not to say

12. If you are living with HIV, have you had a viral load test in the last 12 months?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Does not apply/prefer not to say

13. Do you have an HIV Case Manager?

- ☐ Yes
- ☐ No, and I need one
- ☐ No, and I don't need one
- ☐ Does not apply/prefer not to say

14. In the last year, has your medical provider offered any of the following to you? (check all that apply)

- ☐ STD Testing
- ☐ HIV Testing
- ☐ Hepatitis C testing
- ☐ Information about PrEP (taking medication to prevent HIV)
- ☐ Information on U=U (Untransmittable = Undetectable)
- ☐ Condoms/safer sex kits
- ☐ Safer injection/bleach kits
- ☐ Information on where to get clean syringes
- ☐ Help contacting sex partners who may be at risk for HIV/STDs
- ☐ Information about how to tell other people about your HIV/STD status
- ☐ Does not apply/prefer not to say

Is there anything else you would like to share about your experiences or your community's needs for healthcare and HIV services?

USING SERVICES

Let's look at services!

Please review each of the services below and let us know whether (a) you **have used this service** in the past year, (b) needed this service **but couldn't get it** this past year, (c) have **never heard of this service**, or (d) **never needed** this service. Please ask a moderator if you have any questions about the services.

DENTAL CARE...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service

EMERGENCY FINANCIAL ASSISTANCE (EFA)...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service

FOOD BANK / HOME DELIVERED MEALS...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service

HOUSING ASSISTANCE...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service

LEGAL SERVICES...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service

MEDICAL CARE...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service

USING SERVICES

MEDICAL CASE MANAGEMENT...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service

MENTAL HEALTH SERVICES...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service

NUTRITIONAL THERAPY...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service

SUBSTANCE USE SERVICES...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service

TRANSPORTATION...

- ☐ I **used this** service in the past year
- ☐ I needed but **couldn't get it**
- ☐ I have **never heard of** this service
- ☐ I **never needed** this service