



Tenant Survey—Programs and Services

London and Middlesex Housing Corporation (LMHC) would like to learn more about the kinds of programs and services that you may need. **Any answers that you share with us will only be used to help us find community partners to meet our tenants' needs.** Your answers will be kept anonymous. Thank you for participating in this survey.

1. Are you (or is a person in your household) living with mental illness? If yes, please write the name of the mental illness. yes no

2. Are you (or is a person in your household) living with an addiction? If yes, please write the kind of addiction. yes no

3. Is English your first language? If not, please write your preferred language. yes no

4. Are you a member of a racial, cultural, or religious minority? If yes, please write the name of the racial, cultural, or religious group. yes no

5. Do any of the following issues bother you at your site? Please check all that bother you.

- | | |
|---|---|
| <input type="checkbox"/> Garbage and litter | <input type="checkbox"/> Crime on property |
| <input type="checkbox"/> Discarded needles | <input type="checkbox"/> Can't read notices and letters |
| <input type="checkbox"/> Noise from other tenants | <input type="checkbox"/> Can't get the help I need (describe) |
| <input type="checkbox"/> Behavior of other tenants (describe) | _____ |

- | | |
|--|---|
| <input type="checkbox"/> No grocery store nearby | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> No health care nearby | _____ |
| <input type="checkbox"/> No onsite activities I like | _____ |
| <input type="checkbox"/> No Tenant Association | _____ |

6. Which services or activities would you like at your site? Check those you would like.

- | | |
|--|---|
| <input type="checkbox"/> Help when you're in crisis | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Housing support | <input type="checkbox"/> Mental health programs |
| <input type="checkbox"/> Help with income/benefits | <input type="checkbox"/> Mental health counseling |
| <input type="checkbox"/> Help with landlord (legal issues) | <input type="checkbox"/> Developmental support |
| <input type="checkbox"/> Help with police (legal issues) | <input type="checkbox"/> Addiction/harm reduction services |
| <input type="checkbox"/> Peer support | <input type="checkbox"/> Help with medications |
| <input type="checkbox"/> Employment services | <input type="checkbox"/> Personal care worker |
| <input type="checkbox"/> Education or training services (list) | <input type="checkbox"/> Nurse or Nurse Practitioner |
| _____ | <input type="checkbox"/> Doctor/psychiatrist |
| _____ | <input type="checkbox"/> Dentist |
| _____ | <input type="checkbox"/> Other health services (describe) |
| <input type="checkbox"/> Literacy training | _____ |
| <input type="checkbox"/> Cultural or religious programs | _____ |
| _____ | _____ |
| <input type="checkbox"/> Access to clothing | _____ |
| <input type="checkbox"/> Access to furniture, housewares | <input type="checkbox"/> Chronic disease support (describe) |
| <input type="checkbox"/> Pet/veterinary care | _____ |
| <input type="checkbox"/> Meal preparation or delivery | _____ |
| <input type="checkbox"/> Free meals | _____ |
| <input type="checkbox"/> Community kitchen | _____ |
| <input type="checkbox"/> Coffee group | <input type="checkbox"/> Help with assistive devices |
| <input type="checkbox"/> Tenant Association | <input type="checkbox"/> Housekeeping services |
| <input type="checkbox"/> Recreational activities (describe) | <input type="checkbox"/> Help with hoarding |
| _____ | <input type="checkbox"/> Help with hygiene |
| _____ | <input type="checkbox"/> Help with life skills |
| _____ | |

7. Are there any other services or activities that you would like at your site?
