



Community Partner Survey

Template

Pathway of Hope Community Survey

Feb 27, 2025

To complete our survey process, please answer the following questions as honestly as possible. Unless you indicate an interest in participating in a follow up interview, your answers will remain anonymous. Thank you in advance for completing this survey for us, it will enable us to provide the most needed services to our Pathway of Hope clients.

* Required

1. What Salvation Army location are you affiliated with? (City & State) *

2. Please indicate your organization type: *

☐ Social Service Agency/Case Worker

☐ Church/Faith Based Organization

☐ Educational Institution

☐ State or Federal Agency

☐ Hospital

☐ Other



9. How easy was it to make a referral to Pathway of Hope? *

0	1	2	3	4	5	6	7	8	9	10
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Not Applicable Very easy

10. Please indicate how many referrals you have made: *

- ☐ None
- ☐ One to Five
- ☐ Six to Ten
- ☐ Ten or more

11. How satisfied were you with The Salvation Army's Pathway of Hope referral process? *

0	1	2	3	4	5	6	7	8	9	10
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Not Applicable Very Satisfied

12. How satisfied were you with the attention given to your client? *

0	1	2	3	4	5	6	7	8	9	10
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Not Applicable Very Satisfied

13. To your knowledge, to what degree has the Pathway of Hope been helpful to your clients? *

0	1	2	3	4	5	6	7	8	9	10
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Not Applicable Very Helpful

14. How satisfied were you with the level of professionalism demonstrated by the Pathway of Hope staff? *

0	1	2	3	4	5	6	7	8	9	10
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Not Applicable Very Satisfied

15. How would you rate the Pathway of Hope staff with regard to ethical practices including assurance of client confidentiality? *

0	1	2	3	4	5	6	7	8	9	10
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Not Applicable Excellent



16. Can you identify any families you are working with now that you would consider an appropriate Pathway of Hope client? *

- ☐ Yes
- ☐ No

17. What services do your clients need that Pathway of Hope is not currently providing? *

Please check all that apply

- ☐ Vocational Counseling
- ☐ Financial Assistance
- ☐ After School Programs
- ☐ GED Programs
- ☐ Youth Services
- ☐ Daycare
- ☐ Housing
- ☐ Substance Use Counseling
- ☐ Mental Health Services
- ☐ Bilingual Services
- ☐ Other

18. If you selected "Other" in Question #17, please specify the service needed:

19. How likely are you to recommend Pathway of Hope to your clients? *

0	1	2	3	4	5	6	7	8	9	10
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Not Applicable

Very Likely

20. What service(s) did you provide for Pathway of Hope client(s) *





21. What do you consider this community's greatest unmet need/barrier for families desiring to increase their stability and sufficiency? *

22. Overall what is the strongest quality of the local Salvation Army? *

Check all that apply

- ☐ Accessibility
- ☐ Quality of Services
- ☐ Addressing Spiritual Needs
- ☐ Material Assistance (food, utility assistance, housing)
- ☐ Staff Professionalism
- ☐ Range of Services
- ☐ Other

23. If you selected "Other" in Question #22, please specify quality below:

24. Overall how could The Salvation Army local agencies improve its work? *

Check all that apply

- ☐ Improve Access to Services
- ☐ Offer Educational Programs
- ☐ Strengthen Collaborative Partnerships
- ☐ Provide Additional Housing Options
- ☐ Enhance Case Management Programs
- ☐ Other

25. If you selected "Other" in Question #24, please list improvement below:





26. Please provide any other comments or suggestions:

27. If you would like someone from The Salvation Army to follow up with you based on your comments, please include your contact information
Please note your name, title, organization, phone number, and email address

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