# EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM

# OUTREACH PLAN SURVEY

**PSA** Click here to enter text.

**COUNTY(IES)** Click here to enter text.

**AGENCY’S EHEAP COORDINATOR** Click here to enter text.

**PHONE W/EXT.** Click here to enter text.

**EMAIL**  Click here to enter text.

1. **ELDERLY OUTREACH**

Describe the efforts to increase the number and percentage of elderly households served.

Click here to enter text.

1. **INTEGRATION OF OTHER LOCAL AGENCIES IN OUTREACH**

Describe what local coordination efforts support outreach activities. Identify agencies, utilities, charities, and others incorporated in these efforts and the activities included.

Click here to enter text.

1. **ADVERTISING, PROMOTIONAL, MEDIA, AND OTHER PRINT OUTREACH EFFORTS**
   1. **Brochures** – please select all of the options you currently use in your program from the list below:

Use a locally developed brochure (send an electronic copy with your survey)

Other, please describe Click here to enter text.

How will the brochures be distributed/used (check all that apply):

Display at County courthouse/office building

Provide to Senior Citizen Centers in county

Provide to meal sites in county

Provide to “Meals on Wheels” for distribution

Provide to local utility companies and heating fuel providers

To cooperating local agencies (such as Salvation Army)

Grocery stores or similar businesses

Provide to churches

Provide to hospitals

Provide to day care facilities

Provide to local libraries

Laundromats

Provide to banks

Provide to clinics

Provide to Head Start Programs

Other: Click here to enter text.

* 1. **POSTERS**

Please select all of the options you currently use in your program from the list below:

Use locally developed poster (send a copy with your survey)

Don’t use posters

How does your agency distribute or use program posters (check all that apply):

Display at County courthouse/office building

Provide to Senior Citizen Centers in county

Provide to meal sites in county

Provide to grocery stores

Provide to laundromats

Provide to churches

Provide to hospitals

Provide to day care facilities

Provide to local libraries

Provide to other businesses

Provide to clinics

Provide to Head Start Programs

Provide to banks

Other: Click here to enter text.

* 1. **PAID ADVERTISING**

Does your agency use paid advertising to promote the program?

Yes

No (if you answered No – go to Section D)

Total Budget for advertising (per fiscal year) $ Click here to enter text.

***Does you agency advertise in NEWSPAPERS****?*  Yes  No

Name of Paper Click here to enter text. City/Location Click here to enter text.

Name of Paper Click here to enter text. City/Location Click here to enter text.

Name of Paper Click here to enter text. City/Location Click here to enter text.

Frequency or # of times ads are placed per cooling season: Click here to enter text.

Frequency or # of times ads are placed per heating season: Click here to enter text.

When do you advertise (check all that apply)?

April  October

May  November

June  December

July  January

August  February

September  March

Do you use the same ad for all newspaper advertising?  Yes  No

If not, how many different ads do you place? Click here to enter text.

In which language(s) are your ads place? (check all that apply)

English

Spanish

Other (please list) Click here to enter text.

***Does your agency advertise in******SHOPPERS****?*  Yes  No

Name of Shopper Click here to enter text. City/Location Click here to enter text.

Name of Shopper Click here to enter text. City/Location Click here to enter text.

Frequency or # of times ads are placed per cooling season: Click here to enter text.

Frequency or # of times ads are placed per heating season: Click here to enter text.

When do you advertise (check all that apply)

April  October

May  November

June  December

July  January

August  February

September  March

Do you use the same ad for all shopper advertising?  Yes  No

If not, how many different ads do you place? Click here to enter text.

In which language(s) are your ads place? (check all that apply)

English

Spanish

Other (please list) Click here to enter text.

***Does your agency advertise on RADIO?***  Yes  No

Station Call Letters Click here to enter text. City/Location Click here to enter text.

Station Call Letters Click here to enter text. City/Location Click here to enter text.

Frequency or # of times ads are placed per cooling season: Click here to enter text.

Frequency or # of times ads are placed per heating season: Click here to enter text.

When do you advertise (check all that apply)

April  October

May  November

June  December

July  January

August  February

September  March

Do you use the same ad for all radio advertising?  Yes  No

If not, how many different ads do you place? Click here to enter text.

In which language(s) are your ads place? (check all that apply)

English

Spanish

Other (please list) Click here to enter text.

***Does your agency advertise on TELEVISION?***  Yes  No

Station Call Letters Click here to enter text. City/Location Click here to enter text.

Cable Operator Click here to enter text. City/Location Click here to enter text.

Frequency or # of times ads are placed per cooling season: Click here to enter text.

Frequency or # of times ads are placed per heating season: Click here to enter text.

When do you advertise (check all that apply)

April  October

May  November

June  December

July  January

August  February

September  March

Do you use the same ad for all television advertising?  Yes  No

If not, how many different ads do you place? Click here to enter text.

In which language(s) are your ads place? (check all that apply)

English

Spanish

Other (please list) Click here to enter text.

**OTHER PAID AVERTISING** (Please Describe): Click here to enter text.

* 1. **FREE MEDIA PROMOTION/COVERAGE**

Please check all the appropriate selections related to how your agency utilizes free media promotion/coverage:

Issue Press Releases to local/area media

Are press releases sent out more than one time per year?  Yes  No

If yes, how often? Click here to enter text.

Do you use the same press release each time?  Yes  No  N/A

Prepare announcements for public access television (cable)

Prepare public service announcements (PSAs)

Arrange for on air radio or television interviews

Post information on a County or Agency website

Post information or link to other local websites

Our agency does not take part in any Free Media Promotion

Are any of these materials translated?  Yes  No

Spanish  Other non-English languages

Web activities:

Post information on a County or Agency website

Post information or link to other local websites

* 1. **DIRECT PROMOTIONAL ACTIVITIES**

Please select all of the appropriate selections related to how your agency completes Direct Promotional Activities:

Direct mail – Anticipated size of mailing(s) Click here to enter text. (number of pieces sent)

Telephone promotion (not application taking)

Displays/at stores, malls, etc.

Displays/booths at events (check all that apply):

Home Show

Job Fair

Meal Sites

Health Fairs

Other (please list): Click here to enter text.

Who will you target with your direct promotional activities (check all that apply)?

Aging/Seniors/Elderly

Disabled

High Energy Users

Families with children

Last year’s applicants

Homebound

Last year’s home visit applicants

Churches

Head Start

Specific Vendors

Subsidized-housing residents

Other (List)

* 1. **HOME VISITS**

Does your agency perform home visits?  Yes  No (if no, skip to Section 6, Special Outreach Efforts)

Number of home visits conducted last year Click here to enter text.

Number of home visits expected this year Click here to enter text.

Do early applications reduce the number of home visits?  Yes  No

Check the criteria used to determine when home visits will be done (check all that apply):

Age

Disability

Transportation difficulties (no car, can’t drive, etc.)

Applicant’s work schedule

Small children in household

Language barrier/availability of translator

Other (please list): Click here to enter text.

1. **SPECIAL OUTREACH EFFORTS**

Please check each of the Target/Special Needs populations you are carrying out special efforts to reach from the list below:

The working poor (check all activities that apply):

Evening office hours

Saturday morning office hours

Saturday afternoon office hours

Promote at churches

Special phone/mail application efforts

After hours home visits

Promote at specific employers

Other (please list):

Households with young children:

Provide materials to day care facilities

Take applications at day care facilities

Promote at churches

Handouts to school children

Materials for Pediatricians and clinics

Other (please list):

Non-English speaking population, etc.:

Promote through Hispanic groups

Provide brochures/posters in other languages to hospitals and clinics

Promote through religious organizations

Identify local interpreters to use

Have signage at office in multiple languages

Use pre-recorded messages in different languages

Set application site at gatherings and events where minority groups congregate and interpreters are available

1. **INTAKE SITES AND TIMES**

Please select the statement that best fits your application process:

Take applications primarily through appointments

Take applications by appointment and work in walk-ins

Take applications by appointment and have day(s) for doing walk-ins

Take applications primarily through walk-ins and reserve appointments for special needs or problem cases.

Take applications from walk-ins only

* 1. **Identify the intake sites to be used daily (Monday through Friday)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Site | Area/County(s) Served | Hours | Also LIHEAP provider? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |

* 1. **Identify the intake sites to be used regularly, as in once a week, twice a month, etc.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Site | Area/County(s) Served | Day(s) of Week | Frequency (time/??) | Hours | Also LIHEAP provider? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |

* 1. **Identify other sites to be used.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Site | Area/County(s) Served | Day(s) of Week | Frequency (time/??) | Hours | Also LIHEAP provider? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |

* 1. **Planned extended or flexible application times.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Area/County(s) Served | Day(s) of Week | Frequency (time/??) | Hours | Also LIHEAP provider? |
| Evening Hours | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Evening Hours | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Saturday Hours | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |
| Other | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes No |

* 1. **Days Offices are Closed**

Check all holidays the agency is closed:

Columbus Day

Veterans Day

Thanksgiving

Friday after Thanksgiving

Christmas Eve

Christmas Day

New Year’s Eve

New Years Day

Martin Luther King, Jr.’s Birthday

President’s Day

Good Friday

Memorial Day

Independence Day

Labor Day

Other (Please List)

Click here to enter text.

Click here to enter text.

Click here to enter text.

1. **SENIOR STAFF WORK SCHEDULES**

Please provide the regular weekly office hours for the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | Name | Mon | Tue | Wed | Thurs | Fri |
| Executive Director | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Chief Financial Officer | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| EHEAP Program Coordinator | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **OUTREACH ASSESSMENT/EVALUATION**

Do you survey your applicants to assess the effectiveness of outreach efforts?  Yes  No

Surveys are targeted at

Elderly

Handicapped/disabled

Households with young children

Non-English speaking households

Surveys are not targeted  Yes  No

Do you track numbers of applicants at each outreach site?  Yes  No

Each time the site is used?  For all visits combined?

Do you compare types of outreach sites?  Yes  No

What is the most effective type of outreach site? (For example: senior center, library, town hall, fire station, housing facility, etc.) Click here to enter text.

Do you track the number of home visits?  Yes  No

Do you track the reason for doing each home visit?  Yes  No

What other way do you assess the effectiveness and success of your outreach efforts? Click here to enter text.