# 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 |
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| 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 |
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| 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 |
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| 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.