

Your Agency Name: _____

Service Survey 1 of 3

Service Survey

(If your agency provides more than one service, please duplicate and fill out a separate survey for each service.)

1. **Service name:** _____

2. **Description of service** (In order to accurately represent this service, please be as detailed as possible. You may include such information as types of assistance or advocacy provided, descriptions of housing units, and other specifics, as appropriate):

3. **Eligibility requirements:**

4. **Application instructions:**

5. **Documents required for application:**

6. **Fees for this service:**

Voice: (612) 302-8521
Fax: (612) 521-1577

Email: MNHelpSurveys@HousingLink.org
Website: <http://www.MinnesotaHelp.info>



www.MinnesotaHelp.info



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7. Average wait time for this service:

8. Person to contact for more information about this service:

Name: _____

Title: _____

Phone: (____) - _____ ext. _____

Fax: (____) - _____ ext. _____

E-mail: _____

Contact hours: _____

9. List the *counties* in which this service is provided:

10. If this service is offered at more than one site, please provide a contact person and service area information for each site (duplicate this page if more space is needed):

Site name: _____

Name: _____

Title: _____

Phone: (____) - _____ ext. _____

Fax: (____) - _____ ext. _____

E-mail: _____

Contact hours: _____

List the *counties* in which this service is provided *at this site*:

Site name: _____

Name: _____

Title: _____

Phone: (____) - _____ ext. _____

Fax: (____) - _____ ext. _____

E-mail: _____

Contact hours: _____

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