

## 2025 CHALENG Survey -- Provider

Number: 2900-0843

Avg: 6 minutes

OMB Control

Estimated Burden

Expiration

Date: XX/XX/20XX

### Respondent Identification

1. Which of the following best describes your reasons for taking the CHALENG survey?

- I work for the VA
- I work for another Federal Agency
- I work for a state or local government agency or a community-based homeless provider
- I am an interested member of the community

2. Did you complete a CHALENG survey last year?

- Yes
- No

### Provider's Identification

**Please only answer if you indicated that you work for the VA**

1a. Which of the following best describes your organization and affiliation?

- Veterans Health Administration Central Office
- Veterans Benefit Administration Central Office
- VA National Cemetery Administration Central Office
- VISN
- VA Medical Center or Outpatient Clinic
- VA Regional Office
- Vet Center
- VA Cemetery

**Please only answer if you indicated that you work for a Federal agency other than the VA.**

1b. Which of the following best describes your organizational affiliation?

- Department of Housing and Urban Development
- Department of Labor
- United States Interagency Council on Homelessness
- Department of Health and Human Services
- Department of Education
- Department of Defense
- Social Security Administration
- Department of Agriculture
- Department of Justice
- Department of Transportation
- Department of Interior
- Other

**Please only answer if you DO NOT work for the federal government.**

1c. Which of the following best describes your organizational affiliation?

- State Department of Veterans Affairs
- State or Local Health and Human Services Agency
- State or Local Mental Health Department
- State or Local Correctional Agency or Law Enforcement Organization
- Other State or Local Government Agency
- Veterans Services Organization
- Non-profit Community-based Organization
- For-profit Community-based Organization
- Other

Please tell us in your own words: What is the most important resource/service that could help end Veteran homelessness in your community?



Based on your experience serving homeless Veterans, please help us understand how well the needs of Veterans are being met. Within the past 3 months (or 90 days) how well are Veterans' needs being met in the following areas:

Never Met	← →		Always Met	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Housing</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Emergency/immediate Shelter
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Transitional Living Facility and Halfway House
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Long-term Permanent Housing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Registered Sex Offender Housing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Affordable Housing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Eviction Prevention Services
<input type="radio"/>	← →		<input type="radio"/>	<input type="radio"/>	<b>Treatment Services</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Medical Services
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Services for Emotional or Psychiatric Problems
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Substance Abuse Treatment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. HIV/AIDS Testing and Treatment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Eye Care and Glasses
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Personal Hygiene (shower, haircut, etc.)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Elder Healthcare and Resources
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Health and Wellness (preventing illness and prolonging life through diet, exercise and self care)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Treatment for Dual Diagnosis
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Case Management
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Military Sexual Trauma
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Gender Specific Health Care Provider Availability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Dental Care:
					How would you describe the health of your teeth and gums?
					<input type="radio"/> Excellent
					<input type="radio"/> Very good
					<input type="radio"/> Good
					<input type="radio"/> Fair
					<input type="radio"/> Poor
<input type="radio"/>	← →		<input type="radio"/>	<input type="radio"/>	<b>Income/Benefits Services</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. VA Disability/Pension
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Supplemental Security Income (SSI) and Social Security Disability (SSD)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Money Management and Budgeting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Food
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Clothing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Family Reconciliation Assistance/Family Counseling
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Move-In Assistance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Utility Assistance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Transportation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Child Care

