

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	
Housing				
☐	☐	☐	☐	☐ 1. Emergency/immediate Shelter
☐	☐	☐	☐	☐ 2. Transitional Living Facility and Halfway House
☐	☐	☐	☐	☐ 3. Long-term Permanent Housing
☐	☐	☐	☐	☐ 4. Registered Sex Offender Housing
☐	☐	☐	☐	☐ 5. Affordable Housing
☐	☐	☐	☐	☐ 6. Eviction Prevention Services
Treatment Services				
☐	☐	☐	☐	☐ 1. Medical Services
☐	☐	☐	☐	☐ 2. Services for Emotional or Psychiatric Problems
☐	☐	☐	☐	☐ 3. Substance Abuse Treatment
☐	☐	☐	☐	☐ 4. HIV/AIDS Testing and Treatment
☐	☐	☐	☐	☐ 5. Eye Care and Glasses
☐	☐	☐	☐	☐ 6. Personal Hygiene (shower, haircut, etc.)
☐	☐	☐	☐	☐ 7. Elder Healthcare and Resources
☐	☐	☐	☐	☐ 8. Health and Wellness (preventing illness and prolonging life through diet, exercise and self care)
☐	☐	☐	☐	☐ 9. Treatment for Dual Diagnosis
☐	☐	☐	☐	☐ 10. Case Management
☐	☐	☐	☐	☐ 11. Military Sexual Trauma
☐	☐	☐	☐	☐ 12. Gender Specific Health Care Provider Availability
☐ 13. Dental Care:				
How would you describe the health of your teeth and gums?				
☐ Excellent				
☐ Very good				
☐ Good				
☐ Fair				
☐ Poor				
Income/Benefits Services				
☐	☐	☐	☐	☐ 1. VA Disability/Pension
☐	☐	☐	☐	☐ 2. Supplemental Security Income (SSI) and Social Security Disability (SSD)
☐	☐	☐	☐	☐ 3. Money Management and Budgeting
☐	☐	☐	☐	☐ 4. Food
☐	☐	☐	☐	☐ 5. Clothing
☐	☐	☐	☐	☐ 6. Family Reconciliation Assistance/Family Counseling
☐	☐	☐	☐	☐ 7. Move-In Assistance
☐	☐	☐	☐	☐ 8. Utility Assistance
☐	☐	☐	☐	☐ 9. Transportation
☐	☐	☐	☐	☐ 10. Child Care

Never Met	←		Always Met	N/A	Legal Assistance
☐	☐	☐	☐	☐	1. Legal Assistance to Help Restore a Driver's License
☐	☐	☐	☐	☐	2. Financial Guardianship
☐	☐	☐	☐	☐	3. Re-Entry Services for Incarcerated Veterans
☐	☐	☐	☐	☐	4. Legal Assistance for Child Support Issues
☐	☐	☐	☐	☐	5. Legal Assistance for Outstanding Warrants and Fines
☐	☐	☐	☐	☐	6. Legal Assistance to Expunge a Criminal Record
☐	☐	☐	☐	☐	7. Legal Assistance for Credit Issues/Debt Collection/Bankruptcy
☐	☐	☐	☐	☐	8. ADA issues with rental housing (i.e. ramps for wheelchair access, accommodation of service animals)
☐	☐	☐	☐	☐	9. Domestic Violence/Protection Orders
☐	☐	☐	☐	☐	6. Tax Issues
☐	☐	☐	☐	☐	11. Discharge Upgrade Appeals
☐	☐	☐	☐	☐	12. Family Law (i.e. divorce, child custody)
Never Met	←		Always Met	N/A	Education/Job Services
☐	☐	☐	☐	☐	1. Education
☐	☐	☐	☐	☐	2. Job Training
☐	☐	☐	☐	☐	3. Finding a Job or Getting Employment
☐	☐	☐	☐	☐	4. Vocational Rehabilitation (a process that enables people with functional, psychological, developmental, cognitive, or emotional impairments or health conditions to overcome barriers to accessing, maintaining, or returning to employment)
Not Accessible			Very Accessible	N/A	VA and Community Coordination
☐	☐	☐	☐	☐	1. In general, how accessible do you feel VA services are to homeless Veterans in your community?
Not Able			Mostly Able	N/A	
☐	☐	☐	☐	☐	2. How able is the VA to coordinate services for homeless Veterans?
Not Aware			Mostly Aware	N/A	
☐	☐	☐	☐	☐	3. How aware of Veterans' needs and resources are Community Homeless Agencies?

VA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0843, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 6 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0843 in any correspondence. Do not send your completed VA Form 10-10162 to this email address.

Privacy Notice: This information is collected under the authority of Title 38 U.S.C. 527. Although VA will not collect direct personally identifiable information about individuals and will not use a name or any other personal identifier to routinely retrieve records from the information collected, VA is collecting indirect personal information. The information collected will be stored on the VA Informatics and Computing Infrastructure (VINCI) platform, a secure data environment behind the VA firewall. All data collected will be kept private and confidential to the extent provided by law. The results of this survey will be used to assess and plan services that meet the needs of homeless Veterans. Participation in this survey is voluntary, and your failure to respond will have no impact on any benefits to which you are entitled.

Thank you for your participation in the CHALENG survey! If you would like more information or if you have any concerns, please contact the Call Center for Homeless Veterans: <http://www.va.gov/homeless/nationalcallcenter.asp> | 1-877-4AID VET (1-877-424-3838)