

CITY OF LATHROP
Community Development Department
390 Towne Centre Drive
Lathrop, California 95330
209-941-7263
Email contact: mgreve@ci.lathrop.ca.us

April 2, 2009 Housing Element Workshop
Service Provider Survey

Name/Organization: _____

Organization's Address: _____

Organization's Phone/Email: _____

What is the primary service that your organization provides?

Does your organization provide a secondary service? If yes, please describe.

How many clients from Lathrop (either individuals or families) does your organization serve on an annual basis? (Only an estimate is needed. If a client receives services on multiple occasions, count the individual or family as "one" client.)

Are resources sufficient for your organization to serve all clients who need your service(s)?

If no, how many more clients could your organization serve if resources were sufficient? (Only an estimate is needed.)

Has the demand for organization's services increased, decreased, or stayed the same since 2003?

If the demand has increased, what has been the increase? (Only an estimate is needed; please use a percentage to represent the increase.)