

Gateway PVA Member Survey

THE PRIMARY PURPOSE OF THIS SURVEY IS TO IMPROVE THE LIVES OF OUR MEMBERS, TO INCREASE PARTICIPATION,
AND TO GET YOUR FEEDBACK ON OUR PROGRAMS AND SERVICES

-PLEASE INCLUDE ADDITIONAL SHEETS IF NECESSARY-

Name: _____ Phone: _____ Alt. Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Housing

1. Do you live: alone____ with spouse/partner____ with parents____ relative____
nursing home____ other____(please specify)
2. Have you used your Home Improvements and Structural Alterations (HISA) grant (up to \$6,800)? Y____ N____
For service-connected members: Have you used your Specially Adapted Housing (SAH) grant (up to \$63,780) or Special Home Adaptation (SHA) grant (up to \$12,756)? Y____ N____
3. Do you need help getting any of these grants with assistance from a PVA National Service Officer? Y____ N____ If you want help, would you like to be contacted? Y____ N____
4. Are you aware that Gateway PVA will provide housing accessibility funding beyond the grants mentioned above? Y____ N____

Transportation

5. Do you use your own vehicle? Y____ N____ If yes, is your vehicle accessible? Y____ N____ Are you aware the VA will provide funding for vehicle accessibility? Y____ N____
6. If you don't use your own vehicle, what means of transportation do you use?
public____ relative____ friends____ other____(please specify)
7. If you use public transportation, is it working adequately for you?

8. Are you aware that GPVA offers free local transportation and funding for hand controls (for non-service connected members) if needed? Y____ N____

Communication

9. Are you able to use the phone without assistance from others? Y____ N____
10. Do you utilize an Environmental Control Unit (ECU) to use your phone? Y____ N____
11. Do you have Internet access? Y____ N____ If yes, have you visited the chapter website, www.gatewaypva.org, to look at the activity calendar, programs, etc.? Y____ N____
If no, may we ask why? _____
12. Would you like to receive info or free ticket offers by email? Y____ N____
Email address: _____ (we will never share your email or personal info with third party vendors or distribute your information)

Employment

13. Are you currently employed? Y____ N____ P/T____ If no, would you be interested in receiving resources to help you find a job or work more hours? Y____ N____

Recreation

14. Would you be interested in receiving information on programs that National or Gateway PVA sponsors, such as: Wheelchair Games, trap shoots, bass tournaments, billiards tournaments, bowling tournaments, or the Winter Sports Clinic? Y____ N____

Other Activities

15. What other activities,(hunting, bingo, poker, etc.) would interest you? _____

Newsletter

16. Are you receiving our newsletter regularly (every 2 months)? Y____ N____
Do you read all of it? Y____ N____ If not, which parts do you like?: _____
_____ (please specify)
How can we improve it? _____

Gateway PVA Involvement

17. What can Gateway PVA do, that it's not doing now, to help improve your quality of life?

18. If you have any concerns, questions or need assistance, please explain and we will contact you: _____

Did You Know Gateway PVA Offers (FREE):

- ➡ Local transportation in our fully accessible bus
- ➡ National Service Officers who assist with benefits, grants and healthcare issues
- ➡ Monthly luncheons at Jefferson Barracks SCI Unit
- ➡ Opportunities for educational scholarships (members and family)
- ➡ A hospital committee and advocacy staff
- ➡ Funding for adaptive equipment, sporting events and other activities
- ➡ Camaraderie, friendship and a comprehensive support network

Thank you for your feedback. Complete and return this survey and receive **10 participation points** for your efforts. You may bring the completed survey to any of our events, fax it to 314-427-4183, email it to jaclynw@gatewaypva.org or mail it to:

Gateway Chapter PVA * 1311 Lindbergh Plaza Center * St. Louis, MO 63132

Participation points are accumulated and can be used to assist with funding for sporting events or to receive gift cards for dining and entertainment. For more information on how to earn participation points, please visit our website at www.gatewaypva.org (click on "Programs" then the "Sports" tab), or call our office at **314-427-0393**.

Member Signature _____ Date _____

If filled out by a caregiver, please provide your name: _____