



Veteran Services & Barriers Survey

This short survey helps improve services for veterans in our community.

Your answers are private and anonymous.

You may choose to share contact information at the end if you want help with services.

About You

Please tell us about yourself and your services.

1. What is your age?

- Under 30
- 30-44
- 45-59
- 60-74
- 75 or older

2. Which branch did you serve in? (Check all that apply)

- Army
- Navy
- Air Force
- Marines
- Coast Guard
- Space Force
- National Guard or Reserve

3. When did you serve? (Check all that apply)

- Vietnam
- Gulf War
- Post- 9/11 (GWOT)
- Other:

Services you use

Tell us about the veteran services you currently use or have used in the past.

4. Which services have you used in the past 2 years? (Check all that apply)

- VA health care
- Community doctor or clinic
- Mental health counseling
- Substance use treatment
- Housing help
- Food assistance
- Job help
- Educational or benefits help
- Transportation help
- Veterans Service Officer (VSO)
- Childcare
- Heating assistance/help with utilities
- None
- Other:

Challenges Getting Services

Tell us what makes it hard to get the help you want.

5. What makes it hard for you to get services? (Check all that apply)

- No transportation
- Services are too far away
- Cost
- Not knowing if I qualify
- Too much paperwork
- Problems with the internet or technology
- Long wait times
- Physical disability
- Mental health concerns
- Caring for others (kids, family, etc.)
- Feeling judged or stigmatized
- Office hours do not work for me
- I don't have my DD-214
- I don't know where to start
- Other:

6. Have you ever stopped trying to get help because it was too difficult?

Yes

No

If Yes, in a few words please explain:

Communication & Access

7. How do you like to get information?

Phone call

Text message

Email

Mail

Social media

In person

Through another organization

Other:

8. Do you have an internet connection you can rely on?

Yes

No

9. Would online video services help you?

Yes

No

Well-Being & Support Needs

10. What do you need more help with right now? (Check all that apply)

Physical health

Mental health

PTS support

Substance use recovery

Housing

Utility Bills

Food

Job or work support

Help understanding benefits

Social connection

Caregiver support

Legal help

Other: _____

Do you feel connected to other veterans?

Yes

No

Your Voice

What is the biggest challenge you face as a veteran in your community?

What services do you wish were available near you?

Is there anything else you want us to know? (Optional)

This survey is completely confidential. If you wish to leave your contact information, please do so here.

Name: _____

Address: _____

Email: _____

Phone Number: _____

Would you like someone to contact you about services?

Yes

No

Thank you for your time and your Service

**Somerset Public Health
20 Madison Ave
Skowhegan Me. 04976**

**Ross Sirois
Veterans Coordinator
(207)-858-8461
rsirois@rfgh.net**