



## 2018 JoshProvides SURVEY

JoshProvides Epilepsy Assistance Foundation, Inc. is conducting a survey of constituents including clients, donors, funders, community leaders, elected officials and other stakeholders to help the agency develop its Strategic Plan. We appreciate your assistance in completing and **returning this 2018 Survey by June 30th.**

### 1. Do you have, or do you know anyone who has been diagnosed with Epilepsy?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please indicate relationship: (Check all that apply)

- \_\_\_\_\_ Self
- \_\_\_\_\_ Family
- \_\_\_\_\_ Friend
- \_\_\_\_\_ Other: \_\_\_\_\_

### 2. What programs/services are you aware of that are available through JoshProvides?

Please check all that apply:

- \_\_\_\_\_ Epilepsy Support Group
- \_\_\_\_\_ Medical Services
- \_\_\_\_\_ Seizure Alert & Detection Devices
- \_\_\_\_\_ Seizure Response Dogs
- \_\_\_\_\_ Transportation Assistance for medical appointments, school and/or work
- \_\_\_\_\_ All the above

### 3. Do you know of any other organizations that offer services similar to those offered by JoshProvides?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please indicate names of organizations: \_\_\_\_\_  
\_\_\_\_\_

Where are they located: \_\_\_\_\_

What services do they offer? \_\_\_\_\_  
\_\_\_\_\_

**4. What other programs/services should JoshProvides offer?**

Please indicate top three: 1= First; 2= Second 3= Third

- \_\_\_\_\_ Advocacy for Individuals with Epilepsy or Other Seizure Disorders
- \_\_\_\_\_ Community Education Programs
- \_\_\_\_\_ Epilepsy Awareness Programs
- \_\_\_\_\_ Epilepsy Support Groups
- \_\_\_\_\_ Medical Services
- \_\_\_\_\_ Seizure Alert & Detection Devices
- \_\_\_\_\_ Seizure Response Dogs
- \_\_\_\_\_ Transportation Assistance for medical appointments, school and/or work
- \_\_\_\_\_ Other: \_\_\_\_\_

**5. Is JoshProvides a valuable resource in our community?**

Please check one and explain

YES: \_\_\_\_\_ NO: \_\_\_\_\_ I Don't Know: \_\_\_\_\_

Why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Would you like more information about Epilepsy and/or the programs/services of JoshProvides or would you like to be contacted about opportunities to become involved with JoshProvides?**

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please return by June 30<sup>th</sup> to:**

**JoshProvides  
5428 Sundew Drive  
Sarasota, FL 34238**