



Riverside County Department of Mental Health
 Mental Health Services Act
 Community Services and Supports 3-Year Plan
 Housing Development Project



Legacy - Thousand Palms

30-Day Comment Feedback Form

Please submit this form by **July 8, 2010**. Forms can be submitted via e-mail to: MHSA@co.riverside.ca.us, or by fax to: 951-358-4607, or by mail to: Riverside County Department of Mental Health, HHOPE Program, P. O. Box 52567, Riverside, CA 92517

What do you feel are the strengths of the plan? Please identify the program and age group, if applicable.

What concerns do you have about the plan? Please identify the program and age group, if applicable.

Personal Information (Optional)

What region do you live in?

Desert (Banning, Indio, Blythe, etc.)

Mid-County (Hemet, Lake Elsinore, Perris, Temecula, etc.)

Western (Corona, Riverside, Moreno Valley, etc.)

What group are you most associated with?

A consumer of mental health services

A family member of a consumer

County Employee

Law Enforcement

Education

Human Services

General Community

Other (Please Specify) _____

Personal Information (Optional)

What is your gender?

Female

Male

What is your ethnicity?

African American/Black

American Indian/Native American

Asian/Pacific Islander

Caucasian/White

Hispanic/Latino/Chicano

Other.(Please specify): _____

What is your age?

0-17 yrs 18-24 yrs 25-59 yrs

60+ yrs

Overall, how do you feel about the plan?

	<i>Very Satisfied</i>	<i>Somewhat Satisfied</i>	<i>Satisfied</i>	<i>Unsatisfied</i>	<i>Very Unsatisfied</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>