

Broome County Syringe Exchange Task Force Needs Assessment (Provider)

General Information(optional):

Agency Name:

Name of Person Completing this:

Title:

Telephone Number:

Address:

City:

Zip:

E-mail Address:

Number of Years in this profession:

8. Do you feel there is a need for a SEP in Broome County?

Comments:

9. If there was a SEP in Broome County, would you refer your clients to it?

Comments:

10. Do you refer anyone to the Ithaca SEP (Syringe Exchange Program)?

Comments:

11. Would you refer a client if there was a SEP in Broome County?

Comments:

12. In your experience locally, what other needs do you feel exist for IDU's?

Comments:

13. Are you concerned about safe disposal of needles in Broome County?:

Comments:

14. Do you currently refer clients to ESAP (Expanded Syringe Access Program)?

15. Would you support the creation of a SEP in Broome County?

If not, would you oppose it?

16. Do you have any further comments regarding a SEP in Broome County?

17. Would you be willing to be listed publicly as a supporter of the Broome County Syringe Exchange Task Force

18. Do you need more information about this project?