Submit

Mental Health Services Act Housing Program
Mountain Breeze Villas Housing Project

County of San Bernardino Department of Behavioral Health

Stakeholder Comment Form

Thank you for your interest in the County of San Bernardino's Mountain Breeze Villas Housing Project. Please share your comments using this form by September 30, 2013.

What is your age?
☐ 0-17 yrs ☐ 18-24 yrs ☐ 25-59 yrs ☐ 60 + yrs

What is your gender?
☐ Male ☐ Female

What region do you live in?
☐ Central Valley Region
☐ Desert/Mountain Region
☐ East Valley Region
☐ West Valley Region

What group do you represent?
☐ Family member of consumer
☐ Consumer of Mental Health Services
☐ Law Enforcement
☐ School Personnel
☐ Community Agency
☐ Faith Community
☐ County Staff
☐ Human Services
☐ Health Provider
☐ Community Member

What is your ethnicity?
☐ Latino/Hispanic
☐ African American
☐ Caucasian/White
☐ Asian/Pacific Islander
☐ American Indian/Native American
☐ Other (specify) _____

What is your general feeling about the Mountain Breeze Villas Housing Project in the County of San Bernardino?

☐	☐	☐	☐	☐
Very Satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied

Please discuss the areas of the Mountain Breeze Villas Housing Project which you found to be positive.

What concerns and recommendations do you have regarding the Mountain Breeze Villas Housing Project?

Thank you again for taking the time to review and provide input on the Mountain Breeze Villas Housing Project in the County of San Bernardino.