

July 6, 2020

Greetings!

Riverview Community Action Corporation is currently working on opening plans for the Center. At this time, we know that the opening will be phased and done to protect everyone. We know with this phased opening the number of people that will be able to come to the Center will be limited by social distancing.

Currently, we are asking for your help. We are looking at how to make our programming available in different ways and would like you to answer the survey attached to this letter. It is our hope that in the next few months we will be able to offer programming through the Center even if you are at home.

Please review and fill out the survey and return to RCAC by Friday, July 31. Our address is P.O. Box 437, Oakmont, PA 15139. If you would like us to email you the survey please contact us at 412-828-1062 or email: [swolford@rcacorp.org](mailto:swolford@rcacorp.org).

Thanks for your help! We hope to see you soon!

Sincerely,

Stefanie Woolford, Executive Director

**RIVERVIEW COMMUNITY ACTION CORPORATION  
PROGRAMMING SURVEY**

**Topic 1: TECHNOLOGY**

1. Do you have internet access at home?      YES      NO
2. Do you have a smart phone, computer, laptop, I-Pad or book reader?      YES      NO  
OTHER DEVICE: \_\_\_\_\_
3. Do you have an email address, if yes please consider providing RCAC with it?      YES      NO  
EMAIL ADDRESS: \_\_\_\_\_
4. Do you have the ability to live stream a meeting? (Live Streaming example: Ability to watch church on your computer)      YES      NO

**Topic 2: PROGRAMMING USING TECHNOLOGY**

1. Would you be interested in instructional classes about live streaming?      YES      NO
2. Would you attend programs that were virtual or live streamed at RCAC?      YES      NO

**Topic 3: OPENING THE CENTER**

1. Knowing that RCAC is following the CDC guidelines of wearing masks, sanitizing the center and social distancing, are you comfortable coming to the center?      YES      NO
2. How risky do you feel it would be to come to the Center?  
HIGH                  MODERATE                  SLIGHT                  NONE
3. Would you be willing to participate in activities at a park or other outdoor area?      YES      NO

**Topic 4: PROGRAMMING**

1. What programs would you like to see in the future?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What time of day would you be most likely to attend a program?  

	Morning	Afternoon	Evening
<b>Choose Start Time:</b>	9:00 10:00 11:00	1:00 2:00 3:00	6:00 7:00

**Topic 5: GENERAL WELL BEING**

1. If needed, do you have help from a family member or neighbor with shopping and errands?      YES      NO

\*\* Should you need any help please feel free to call the Center between 8:00 am – 2:00 pm

NAME: \_\_\_\_\_  
(optional)

PHONE: \_\_\_\_\_  
(optional)