

COVID-19 Connect -- NYC Health Department

Below are the survey questions a respondent may encounter while responding to the COVID-19 Connect. If you require further assistance, please email our team at EngagePartners@health.nyc.gov for assistance, we're happy to help!

Choose what best describes you.*

- ☐ Member of the public
- ☐ Representative of an organization

Partner Organization/Business Name*

First Name*

Last Name*

Title*

Email*

Phone Number*

Is this the correct contact?*

☐ Yes

☐ No

How can DOHMH Assist?

What would you like to do on behalf of your organization?*

Check all that apply.

☐ Submit a question or recommendation to our team

☐ Request a DOHMH speaker to present at your webinar/conference call

☐ Receive COVID-19 educational materials/resources

☐ Host or Organize a COVID-19 Vaccination Event

Did a NYC Health Department staff member refer you to this resource?*

☐ Yes

☐ No

DOHMH Staff Name

DOHMH Staff Last Name

DOHMH Staff Email Address*

We ask so we can better collaborate together.

Information Gathering

Choose which population(s) your organizations primarily serves.*

☐ People over the age of 65

- ☐ Underinsured people
- ☐ Uninsured people
- ☐ Immigrants/refugees/undocumented people
- ☐ People with limited English proficiency
- ☐ People with income below the poverty level
- ☐ People with limited/inconsistent food access
- ☐ People with a chronic health condition
- ☐ People with a substance use disorder
- ☐ People who require home health care services
- ☐ People seeking mental health support/resources
- ☐ Youth
- ☐ Other
- ☐ People who are unstably housed
- ☐ People involved in the judicial system
- ☐ LBGTQ GNCNB people
- ☐ People with disabilities
- ☐ People living in public housing
- ☐ Members of a religious/faith community
- ☐ People experiencing intimate partner/domestic violence

Indicate "Other" -- separate additional populations with a comma " , " *

Please indicate the primary race/ethnicity identities you serve.*

- ☐ Black/African-American
- ☐ Latino/Hispanic
- ☐ Asian/Pacific Islander
- ☐ Native American
- ☐ White/Caucasian
- ☐ Other

Indicate "Other" -- separate additional race/ethnic identities with a comma " , " *

Please indicate which languages your organization provides services in.*

- ☐ Albanian
- ☐ American Sign Language (ASL)
- ☐ Arabic
- ☐ Bengali
- ☐ Chinese (Cantonese/Mandarin/Formosan)
- ☐ Chinese (Cantonese)
- ☐ Chinese (Formosan)
- ☐ Chinese (Mandarin)
- ☐ English
- ☐ Farsi
- ☐ French
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Urdu
- ☐ Yiddish
- ☐ Translator Services
- ☐ Other

Indicate "Other" -- separate additional languages with a comma ", "*

What is the primary zip code that your organization serves or is located in?*

Not where you live but where your organization is located or serves

Event Details

Event Title*

Topic(s)*

Select all that apply

- ☐ Health/Safety Guidance
- ☐ Clinical Guidance
- ☐ Social Distancing
- ☐ Healthcare System Support
- ☐ Local/State/Federal Policy Education
- ☐ Healthcare Access/Public Charge
- ☐ Mental Health
- ☐ Health Equity/Stigma
- ☐ Workforce Concerns (Wage Loss, Sick Leave, Remote Work, etc.)
- ☐ Health Information Privacy/Security
- ☐ Supply Chain/Materials Management
- ☐ Congregate Shelter Guidance
- ☐ Community Preparedness/Resilience
- ☐ Personal Preparedness
- ☐ COVID-19 Response Information/Updates
- ☐ Substance Use
- ☐ COVID-19 Printed Materials
- ☐ Food Resources
- ☐ Other
- ☐ Testing
- ☐ Contact Tracing

- ☐ Take Care
- ☐ Environmental Issues/Heat
- ☐ Financial Issues
- ☐ Hoteling/Quarantine
- ☐ Housing
- ☐ Resources
- ☐ Reopening/Forward Planning
- ☐ Discrimination/Bias/Rights-Related
- ☐ Loss/Grief/Bereavement
- ☐ PPE Supplies
- ☐ Funeral/Burial Assistance
- ☐ Communication/Messaging
- ☐ COVID Vaccine
- ☐ Enforcement
- ☐ COVID Zones
- ☐ Schools/Childcare
- ☐ Misinformation/Rumors

Date*

Start Time (Please use the 24:00 format)*

End Time (Please use the 24:00 format)*

Expected Number of Attendees*

(estimated)

What is the length [duration] of the presentation?*

(in minutes)

Are members of the press invited to this event?*

☐ Yes

☐ No

Are elected officials invited to [or confirm to attend] this event?*

☐ Yes

☐ No

List the names of the elected officials*

(separate names with a comma)

What is the format of the presentation?*

☐ General Presentation

☐ Panel Discussion

☐ Meeting

☐ Conference

☐ Webinar

Who is the primary audience? *

☐ General Public

☐ Community Partner

☐ Community Partners and Residents

☐ Clinical

☐ Elected Official

☐ City Agency

☐ Other

In addition to English, should DOHMH be prepared to present in any of the following languages?

- ☐ Albanian
- ☐ American Sign Language (ASL)
- ☐ Arabic
- ☐ Bengali
- ☐ Chinese (Cantonese)
- ☐ Chinese (Mandarin)
- ☐ Chinese (Formosan)
- ☐ English
- ☐ Farsi
- ☐ French
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Urdu
- ☐ Yiddish
- ☐ Other

Please indicate other language(s)– separate languages using a comma " , " *

Does DOHMH need to bring any of the following audio/visual (A/V) items?*

- ☐ Laptop
- ☐ Projector
- ☐ Microphone/Amplifier
- ☐ Interpretation/Translation Services
- ☐ None of the above equipment is necessary

Please provide a *concise* description of the event. *

Would you like to provide additional background information to the NYC DOHMH Public Information Officer? *

☐ Yes

☐ No

Location Details

Venue/Location Name*

Address*

Borough*

☐ Brooklyn

☐ Bronx

☐ Manhattan

☐ Queens

☐ Staten Island

☐ Other

Zip Code*

Notes Section

Note Title*

Note Body*

Question or Recommendation

Choose the topic(s) your submission.*

Select all that apply

- ☐ Health/Safety Guidance
- ☐ Clinical Guidance
- ☐ Social Distancing
- ☐ Healthcare System Support
- ☐ Local/State/Federal Policy Education
- ☐ Healthcare Access/Public Charge
- ☐ Mental Health
- ☐ Health Equity/Stigma
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- ☐ Enforcement
- ☐ COVID Zones
- ☐ Schools/Childcare
- ☐ Misinformation/Rumors

Indicate what you would like to submit*

Check all that apply

- ☐ Question
- ☐ Recommendation

Please share your question(s).*

Please share your recommendation.*

Community Vaccination Event

Are you interested in hosting or organizing a community vaccination event once COVID-19 vaccine is available for wider distribution?*

*Organizing is defined as I want to help plan an event in my community including (advertising, coordinating logistics and SOME)but don't have the physical space to host.

*Hosting is defined as either my organization has a physical space to host an event OR my organization partners with those who have a physical space to hold an event.

- ☐ Yes, I am interested in organizing* an event
- ☐ Yes, I am interested in organizing* and hosting* an event
- ☐ No, I am not interested in organizing or hosting an event.

Are you interested in hosting the event at your organization's address or at different venue/address?*

- ☐ At one of my organization's location(s)
- ☐ A separate venue

Have you already identified an address/venue? *

- ☐ Yes
- ☐ No

What best described your organization?*

- ☐ CBO
- ☐ Healthcare Provider
- ☐ Government Agency
- ☐ Housing
- ☐ Education
- ☐ Faith Based Organization
- ☐ FQHC
- ☐ POD
- ☐ Health Plan

- ☐ Congregate Setting
- ☐ Hospital
- ☐ Other

Please provide the primary contact name, phone and email for the location.*

Street Address*

Borough*

- ☐ Queens
- ☐ Brooklyn
- ☐ Bronx
- ☐ Manhattan
- ☐ Staten Island

Zip Code*

Please describe the location: *

(e.g., parking lot, sidewalk, church, storefront, residential housing, lobby, recreation room, etc.)

Is the location any of the following?*

- ☐ Community Based Organization
- ☐ Healthcare Provider
- ☐ Education
- ☐ Faith Based Organization
- ☐ FQHC
- ☐ Congregate Setting

☐ Hospital

Is the space indoor or outdoor?*

☐ Indoor

☐ Outdoor

How many people could fit in the space? Given the NYS/CDC requirements for 6 feet spacing, a observation area for 15 minutes post vaccination, registration, etc. [What to Expect at Your Appointment to Get Vaccinated for COVID-19 | CDC](#) and [Social Distancing NoMarket Poster11x17EN R9 \(nyc.gov\)](#)*

Will the venue be able to provide and set-up chairs, tables, electricity (via extension cord is fine), and a post-vaccination observation area? *

☐ Yes

☐ No

Which of these resources will the venue be able to provide?

*Flow Monitors a staff person from your agency to assist with managing foot traffic and line flow

☐ Electrical outlets

☐ Flow Monitors

☐ Observation Area

Which of the below items can be made available for a vaccination event ?

☐ Chairs

☐ Tables

☐ Room Dividers

☐ Tent

Which neighborhood does your organization work in?*

- [] 1 Melrose, Mott Haven, Port Morris
- [] 2 Hunts Point, Longwood
- [] 3 Morrisania, Crotona Park East
- [] 4 Highbridge, Concourse Village
- [] 5 University Hts., Fordham, Mt. Hope
- [] 6 East Tremont, Belmont
- [] 7 Bedford Park, Norwood, Fordham
- [] 8 Riverdale, Kingsbridge, Marble Hill
- [] 9 Soundview, Parkchester
- [] 10 Throgs Nk., Co-op City, Pelham Bay
- [] 11 Pelham Pkwy, Morris Park, Laconia
- [] 12 Wakefield, Williamsbridge
- [] 1 Williamsburg, Greenpoint
- [] 2 Brooklyn Heights, Fort Greene
- [] 3 Bedford Stuyvesant
- [] 4 Bushwick
- [] 5 East New York, Starrett City
- [] 6 Park Slope, Carroll Gardens
- [] 7 Sunset Park, Windsor Terrace
- [] 8 Crown Heights North
- [] 9 Crown Heights South, Wingate
- [] 10 Bay Ridge, Dyker Heights
- [] 11 Bensonhurst, Bath Beach
- [] 12 Borough Park, Ocean Parkway
- [] 13 Coney Island, Brighton Beach
- [] 14 Flatbush, Midwood
- [] 15 Sheepshead Bay, Gerritsen Beach
- [] 16 Brownsville, Ocean Hill
- [] 17 East Flatbush, Rugby, Farragut
- [] 18 Canarsie, Flatlands
- [] 1 Battery Park City, Tribeca
- [] 2 Greenwich Village, Soho
- [] 3 Lower East Side, Chinatown

- ☐ 4 Chelsea, Clinton
- ☐ 5 Midtown Business District
- ☐ 6 Stuyvesant Town, Turtle Bay
- ☐ 7 West Side, Upper West Side
- ☐ 8 Upper East Side
- ☐ 9 Manhattanville, Hamilton Heights
- ☐ 10 Central Harlem
- ☐ 11 East Harlem
- ☐ 12 Washington Heights, Inwood
- ☐ 1 Astoria, Long Island City
- ☐ 2 Sunnyside, Woodside
- ☐ 3 Jackson Heights, North Corona
- ☐ 4 Elmhurst, South Corona
- ☐ 5 Ridgewood, Glendale, Maspeth
- ☐ 6 Forest Hills, Rego Park
- ☐ 7 Flushing, Bay Terrace
- ☐ 8 Fresh Meadows, Briarwood
- ☐ 9 Woodhaven, Richmond Hill
- ☐ 10 Ozone Park, Howard Beach
- ☐ 11 Bayside, Douglaston, Little Neck
- ☐ 12 Jamaica, St. Albans, Hollis
- ☐ 13 Queens Village, Rosedale
- ☐ 14 The Rockaways, Broad Channel
- ☐ 1 Stapleton, Port Richmond
- ☐ 2 New Springville, South Beach
- ☐ 3 Tottenville, Woodrow, Great Kills

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- ☐ Yiddish
- ☐ Translator Services
- ☐ Other

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- ☐ Youth

- ☐ Other
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- ☐ People involved in the judicial system
- ☐ LGBTQ GNCNB people
- ☐ People with disabilities
- ☐ People living in public housing
- ☐ Members of a religious/faith community
- ☐ People experiencing intimate partner/domestic violence

Are there any other considerations that we should know about your organization or the venue?

Thank You!
