



WE VALUE YOUR FEEDBACK

HELP US IMPROVE OUR SERVICES BY COMPLETING THE
HOPWA NEEDS ASSESSMENT SURVEY



**YOU HAVE
AN OPINION.**

We want to hear it.



TOGETHER,

we can build better
services and stronger
communities.

If you have been diagnosed with HIV/AIDS and/or are receiving **HOPWA** services from the agencies below, we kindly request your assistance in completing the **HOPWA** Needs Assessment Survey to improve our services.
Thank you!



**QUESTIONS?
CONTACT:**



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