



The Community Partnership
For The Prevention
of Homelessness

CLIENT SATISFACTION SURVEY

Organization Name: _____

Date Survey Completed: _____

The purpose of this survey is to ensure that the best possible services are being provided. Please circle the answer that accurately reflects your opinion. Your responses will remain anonymous. Thank you for your cooperation.

1. Please rate your satisfaction with the case management services you are receiving.

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

2. Please rate the quality of the facility in which you are staying and or receiving services.

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

3. Please rate your feeling of safety while in the program.

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

4. Please rate the quality of care you are receiving from program staff.

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

5. Please rate your satisfaction with the food provided in your program.

Very Satisfied Satisfied Dissatisfied Very Dissatisfied Not Applicable-Food is not served

6. The services I am receiving will help me move into and maintain permanent housing.

Strongly Agree Agree Disagree Strongly Disagree

7. I am treated fairly and with respect by staff members.

Strongly Agree Agree Disagree Strongly Disagree

8. Program rules, regulations and grievance procedures have been explained to me.

Strongly Agree Agree Disagree Strongly Disagree

9. It is easy to reach a staff member when I am having a crisis.

Strongly Agree Agree Disagree Strongly Disagree

10. After receiving services, it is easier for me to make decisions independently.

Strongly Agree Agree Disagree Strongly Disagree

Additional Comments: