

**Client Satisfaction Survey - FY2007 Cumulative Tally Sheet**  
**Participating Agency:**  
**Program Title:**  
**Total # Surveyed:**  
**Total # In Program:**

Section I

Section II

Satisfaction with aspects of the program.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	N/A	Total	Statements regarding services received through the program.	Strongly Agree	Agree	Disagree
1. Case Management Services	0	0	0	0		0	6. Services received will help you to move to permanent housing	0	0	0
2. Quality of the Facility	0	0	0	0	Only used for #5	0	7. I am treated fairly and with respect by others	0	0	0
3. Feeling of Safety	0	0	0	0		0	8. Rules, Regulations and grievance procedures have been explained	0	0	0
4. Level of Care	0	0	0	0		0	9. Staff member accessibility	0	0	0
5. Quality of Food	0	0	0	0		0	10. Independent decision making ability	0	0	0

**Due February 10 and July 10 each year**

	Strongly Disagree	Total
	0	0
	0	0
	0	0
	0	0
	0	0