



Client Satisfaction Survey Cumulative Tally Sheet (Scattered Sites FRSP Programs)

Organization Name

Program Name:

Total # Surveyed:

Total # In Program:

NOTE: Each agency should submit one Cumulative Tally Sheet per program, along with copies of the original client surveys as completed by the clients. Each program must maintain in a separate binder a copy of this sheet and the client surveys for each reporting period.

SECTION I

Satisfaction with aspects of the program.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	N/A	Total
1. Overall Case Management Services						
2. Referrals and Follow Ups (Education, employment, etc.)						
3. Quality of Additional Services						

SECTION II

Statements regarding frequency of participation in program services.	More than once a week	Weekly	Bi-weekly	Monthly	More than 31 Days	Total
4. Frequency of Case Management						
5. Frequency of Participation in other Program Services						

SECTION III

Statements regarding services received through the program.	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
6. Understanding of Program Terms					
7. The services I am receiving are helping me in the process of maintaining permanent housing.					
8. Fair Treatment and Respect					
9. Program rules, regulations, grievance procedures and reasonable accommodations clearly explained					
9. Easy to reach staff when in need					