



The Community Partnership
For The Prevention
of Homelessness

CLIENT SATISFACTION SURVEY-Site Based Programs

Organization Name: _____

Date Survey Completed: _____ Program Name: _____

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.

Please circle one response per question.					
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 satisfaction with the food provided in your program.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	N/A
4. Please rate the quality of services you are receiving from program staff (i.e. case management, referrals, skills groups, housing searches, follow up)	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	
5. Please rate the frequency at which you receive case management services.	More than once a week	Weekly	Bi-weekly	Monthly	More Than 31 Days
6. Please rate the frequency at which you participate in other program services.	More than once a week	Weekly	Bi-weekly	Monthly	More Than 31 Days
7. The services I am receiving are helping me in the process of securing and moving into permanent housing.	Strongly Agree	Agree	Disagree	Strongly Disagree	
8. I am treated fairly and with respect by program staff members.	Strongly Agree	Agree	Disagree	Strongly Disagree	
9. Program rules, regulations, grievance procedures, and reasonable accommodations have been clearly explained to me.	Strongly Agree	Agree	Disagree	Strongly Disagree	
10. It is easy to reach a staff member when I am in need.	Strongly Agree	Agree	Disagree	Strongly Disagree	
Additional Comments:					