



The Community Partnership
For The Prevention
of Homelessness

CLIENT SATISFACTION SURVEY – FRSP/SCATTERED SITES 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,
BE SURE TO ANSWER ALL QUESTIONS. Your responses will remain anonymous. Thank you for your cooperation.*

	Please circle one response per question.							
1. Please rate your overall satisfaction with the case management services you are receiving.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied				
2. Please rate your satisfaction with referrals and follow ups related to education, employment, and mental health goals.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied				
3. Please rate the quality of additional services you may be receiving in the program - for example: life skills groups, budgeting classes, etc.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied			N/A	
4. Please rate the frequency at which you currently receive case management services.	More than once a week	Weekly	Bi-weekly	Monthly			More Than 31 Days	I do not participate
5. Please rate the frequency at which you currently participate in other program services.	More than once a week	Weekly	Bi-weekly	Monthly			More Than 31 Days	I do not participate
6. I understand fully the terms of this program including the length of time, lease agreement, and, if it applies, rental and utility payment responsibility.	Strongly Agree	Agree	Disagree	Strongly Disagree				
7. The services I am receiving are helping me in the process of maintaining 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 of assistance.	Strongly Agree	Agree	Disagree	Strongly Disagree				

Additional Comments: