



## Client Satisfaction Survey Certification Sheet

*The Community Partnership for the Prevention of Homelessness collects information biannually from providers who have conducted client satisfaction surveys with its clients. Please use this form to certify you program participated in this survey collection period.*

### Contract Information

Provider Name:	_____	Program Name:	_____
Contract Number:	_____	Contract Period:	_____
Survey Period:	_____		
Executive Director:	_____		
	<i>Last</i>	<i>First</i>	<i>Email Address</i>
Program Manager:	_____		
	<i>Last</i>	<i>First</i>	<i>Email Address</i>

### Number of surveys completed

Number of clients in the program:	_____	Number of completed Hard Copy Surveys:	_____
Date Submitted to TCP:	_____	Contract Period:	_____

### Agency Acknowledgement

*By signing below, you affirm that the information is true to the best of your knowledge. The surveys were provided to clients upon request and received by program staff anonymously.*

\_\_\_\_\_  
**Agency Representative Signature**

\_\_\_\_\_  
**Date**

### For TCP Staff Use Only

Status Document Submission:  Accepted  Rejected