



CLIENT SATISFACTION SURVEY – Scattered Site Programs

Date: _____

Organization Name: _____

Program Name: _____

Thank you for taking the time to complete this survey. Your responses will help us ensure that the best possible services are being provided. This survey is anonymous.

Please answer all questions and circle only one response per question						
1. Length of Stay in the Program	0-5 Months	6-11 Months	1-2 years	3-4 years	5+ years	
2. I am satisfied with my case management services.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I do not receive case management services
3. I understand what is expected of me in this program.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
4. I understand what is expected of me according to my lease or rental agreement.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I do not have a lease or rental agreement
5. I know how to file a complaint about the program if I have one.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
6. I understand the process for requesting reasonable accommodation within the program.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
7. I know how to request language translation and interpretation services within the program if or when needed.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
8. I am provided with the resources and referrals that best fit my needs and help me achieve my goals.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I was not provided with resources and referrals
9. My case manager and other program staff treat me with respect.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
10. I feel comfortable voicing my needs and concerns to my case manager and other program staff.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
11. My case manager is easy to reach and responds to my needs in a timely manner.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I do not receive case management services
12. Meetings with my case manager are informative and productive.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I do not receive case management services
13. My case manager assists me if I have maintenance concerns in my unit.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I do not have my own unit
Additional Comments:						