



Client Satisfaction Survey (version 5)

Leave blank

Date: ____/____/20____

- Staff Please Choose Program**
- ESG (RRH)
 - Sojourners Place (PSH)
 - HOPWA New Haven (PSH-SS)
 - LOS (Shelter)
 - New Haven 2012 (RRH)
 - The Jefferson (PSH)
 - HOPWA Middletown (PSH-SS)
 - Overflow
 - New Haven Shelter (RRH)
 - Val Macri (PSH)
 - Middlesex DOH Aids Funded (PSH-SS)
 - WES Family Single Shelter
 - Middletown-DMHAS (RRH)
 - Whalley Terrace (PSH)
 - Scattered Site DOH HIV (PSH-SS)
 - MFS (Family Shelter)
 - Middletown-DOH (RRH)
 - FUSE-New Haven (PSH-SS)
 - Scattered Site Housing DMHAS (PSH-SS)
 - Bridges (TH)
 - SSVF (RRH)
 - FUSE-Waterbury (PSH-SS)
 - SIF (PSH-SS)
 - Harkness House (TH)
 - Cedar Hill (PSH)
 - FUSE-Middletown (PSH-SS)
 - Medical Respite (Respite)
 - RIST
 - Legion Woods (PSH)
 - HUD Consolidated (PSH-SS)
 - Main Shelter
 - Other _____

Please circle how you feel so we can better serve you.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable
1. My rights as an individual are respected	SA	A	NS	D	SD	N/A
2. The physical environment is welcoming	SA	A	NS	D	SD	N/A
3. I felt safe while receiving services in this program	SA	A	NS	D	SD	N/A
4. The services are able to meet my needs	SA	A	NS	D	SD	N/A
5. Staff is respectful of my cultural needs	SA	A	NS	D	SD	N/A
6. I was provided with an orientation to the program	SA	A	NS	D	SD	N/A
7. I was involved in developing my service plan	SA	A	NS	D	SD	N/A
8. I was connected with outside supports and resources	SA	A	NS	D	SD	N/A
9. Individual sessions with my case manager are helpful	SA	A	NS	D	SD	N/A
10. Staff are available to help me	SA	A	NS	D	SD	N/A
11. My discharge planning is clear and appropriate to my needs	SA	A	NS	D	SD	N/A
12. As a result of the services I am better able to manage my life	SA	A	NS	D	SD	N/A
13. Would you recommend this program to a friend	SA	A	NS	D	SD	N/A
14. I received the information I needed to manage my illness	SA	A	NS	D	SD	N/A

What is one way we could better serve you? _____

Thank You!