



Consumer Satisfaction Survey

The Central Virginia Continuum of Care wants to hear from you. Please complete this survey to tell us about your level of satisfaction with the services you received to meet your housing needs.

Date: _____ Name (Optional): _____

Phone Number/Email (optional): _____

Please check the program(s) from which you received services during your housing crisis or homeless episode:

- | | |
|--|---|
| <input type="checkbox"/> Coordinated Homeless Intake and Access (CHIA) | <input type="checkbox"/> Supportive Services for Veterans' Families (TAP) |
| <input type="checkbox"/> Homeless Outreach and Mobile Engagement | <input type="checkbox"/> HUD-VASH (Veterans' Affairs) |
| <input type="checkbox"/> Interfaith Outreach Homeless Prevention | <input type="checkbox"/> Housing First Lynchburg (Miriam's House) |
| <input type="checkbox"/> Salvation Army | <input type="checkbox"/> Magnolia Street Supportive Housing (Miriam's House) |
| <input type="checkbox"/> Shelter at RESET (Roads to Recovery) | <input type="checkbox"/> Central Virginia Supportive Housing (Miriam's House) |
| <input type="checkbox"/> Sadler House (YWCA) | <input type="checkbox"/> Housing Opportunities for Persons with AIDS (LynCAG) |
| <input type="checkbox"/> Frannie's House (YWCA) | |
| <input type="checkbox"/> Bedford Domestic Violence Services | |
| <input type="checkbox"/> Community First (Miriam's House) | |

About how long did it take for you to obtain housing once you made contact with the homeless response system?

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Still homeless | <input type="checkbox"/> One month or less | <input type="checkbox"/> 2 to 3 months | <input type="checkbox"/> 4 to 6 months | <input type="checkbox"/> Over 6 months |
|---|--|--|--|--|

Which of the following program elements were most helpful in achieving housing stability? (please select up to 3)

- | | | |
|---|--|---|
| <input type="checkbox"/> Housing search assistance | <input type="checkbox"/> Rental/utility assistance | <input type="checkbox"/> Food assistance |
| <input type="checkbox"/> Employment services | <input type="checkbox"/> Home visits | <input type="checkbox"/> Substance use recovery referrals |
| <input type="checkbox"/> Landlord mediation | <input type="checkbox"/> Transportation | <input type="checkbox"/> Safety planning (for DV survivors) |
| <input type="checkbox"/> Budgeting and financial literacy | <input type="checkbox"/> Benefits applications | <input type="checkbox"/> Legal advocacy |
| <input type="checkbox"/> Tenant rights and responsibilities education | <input type="checkbox"/> Mental health referrals | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Healthcare referrals | |
| | <input type="checkbox"/> Childcare assistance | |

Please indicate the degree to which you agree with the following statements:

I was easily able to access the homeless response system.

- Strongly disagree Disagree Neutral Agree Strongly agree

I received services in a timely manner.

- Strongly disagree Disagree Neutral Agree Strongly agree

I felt listened to, that my specific needs were addressed and my choices were honored.

Strongly disagree Disagree Neutral Agree Strongly agree

I was involved in creating my housing plan.

Strongly disagree Disagree Neutral Agree Strongly agree

Services were provided to me in a professional and courteous manner.

Strongly disagree Disagree Neutral Agree Strongly agree

I felt informed about the process and what to expect from the homeless response system.

Strongly disagree Disagree Neutral Agree Strongly agree

The services provided were focused on housing.

Strongly disagree Disagree Neutral Agree Strongly agree

What could be done to improve the homeless response system?

Thank you for providing your feedback!

If you are interested in joining the Central Virginia Continuum of Care (CVCoC), please indicate by providing your email address below. You will be contacted with additional information.

Email: _____

If you have questions, please contact Sarah Fuentes at 434.847.1101 or sarahfuentes@miriamshouse.org