

## 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.

	31	atisjaction with the	3617	ices you receive	eu to II	ieet your	nousing nee	us.	
Date: _			N	ame (Optional)	:				
Phone	Number/Email (opt	ional):							
Please	check the program(	s) from which you	recei	ved services du	iring yo	our housi	ng crisis or h	omeless episode:	
	Coordinated Home	eless Intake and Ac	cess	(CHIA)		Support	ive Services	for Veterans' Families (TAP)	
	Homeless Outreach and Mobile Engage			ent 🗌 HUD-'			D-VASH (Veterans' Affairs)		
	Interfaith Outreac			Housing First Lynchburg (Miriam's House)					
	Salvation Army			Magnolia Street Supportive Housing (Miriam's					
	Shelter at RESET (F			House)					
	Sadler House (YWCA)						Virginia Supportive Housing (Miriam's		
	Frannie's House (YWCA)			House)					
	Bedford Domestic Violence Services				☐ Housing Opportunities for Pe			es for Persons with AIDS	
	Community First (	Miriam's House)				(LynCAC	5)		
About	how long did it take	for you to obtain I	nousi	ng once you ma	ade coi	ntact wit	h the homele	ess response system?	
	Still	One month or		□ 2 to 3			4 to 6	□ Over 6	
	homeless	less		months	5		months	months	
Which	of the following pro	gram elements we	re m	ost helpful in a	chievin	g housin	g stability? (p	please select up to 3)	
	Housing search as:	sistance		Rental/utility	assista	nce		Food assistance	
	Employment servi	ces		Home visits				Substance use recovery	
	Landlord mediatio	n		Transportatio	n			referrals	
	Budgeting and fina	ncial		Benefits applications				Safety planning (for DV	
	literacy			Mental health referrals			survivors)		
	Tenant rights and			Healthcare re				Legal advocacy	
	responsibilities ed	ucation		Childcare assis	stance			Other:	
Please	indicate the degree	e to which you agre	ee wi	th the followin	g state	ements:			
I was e	asily able to access	the homeless respo	onse	system.					
☐ Strongly disagree ☐ Disagree			☐ Neutral		Agree	☐ Stro	ngly agree		
I receiv	ved services in a tim	ely manner.							
☐ Strongly disagree ☐ Disagree			☐ Neutral		Agree	☐ Stro	ngly agree		

I felt listened to, that my s	pecific needs were add	dressed and my cho	oices were hono	red.						
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	Strongly agree						
I was involved in creating r	my housing plan.									
☐ Strongly disagree	Disagree	☐ Neutral	☐ Agree	Strongly agree						
Services were provided to	me in a professional a	nd courteous manı	ner.							
☐ 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 wer	e focused on housing.									
☐ Strongly disagree	Disagree	☐ Neutral	☐ Agree	☐ Strongly agree						
What could be done to im	prove the homeless re	sponse 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 Olyvia Brown-Coles at 434.847.1101 or olyvia@miriamshouse.org