



Participant Satisfaction Survey

Agency: _____ Contract #: _____

Participant HMIS ID: _____ Date Completed: _____

I received services in the following county:

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Apache | <input type="checkbox"/> Gila | <input type="checkbox"/> La Paz | <input type="checkbox"/> Navajo | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Cochise | <input type="checkbox"/> Graham | <input type="checkbox"/> Maricopa | <input type="checkbox"/> Pima | <input type="checkbox"/> Yavapai |
| <input type="checkbox"/> Coconino | <input type="checkbox"/> Greenlee | <input type="checkbox"/> Mohave | <input type="checkbox"/> Pinal | <input type="checkbox"/> Yuma |

What type of service(s) did you receive? *(check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Rapid Re-housing |
| <input type="checkbox"/> Eviction Prevention | <input type="checkbox"/> Permanent Supportive Housing | |

If Permanent Supportive Housing, I have received a rental subsidy for:

- | | | |
|--|--|--|
| <input type="checkbox"/> One (1) year | <input type="checkbox"/> Three (3) or four (4) years | <input type="checkbox"/> Six (6) to ten (10) years |
| <input type="checkbox"/> Two (2) years | <input type="checkbox"/> Five (5) or six (6) years | <input type="checkbox"/> More than ten (10) years |

Do you think program staff has been sensitive to your cultural and ethnic background?

- Yes No

Were you treated with respect and dignity? Yes No

Did you receive assistance and/or resources to manage or overcome your barriers?

- Yes No

My rental unit is safe, decent and adequate to my housing needs. Agree Disagree

Comments: _____