

Special Needs Division Attachment E Addendum Balance of State Continuum of Care



Your Partner For A Stronger Arizona

Exhibit J – Participant Survey Services Housing Support Services – Homeless Program Solicitation No.: ADES16-00006202

Description: Housing Support Services – all counties

except Maricopa and Pima

Participant Satisfaction Survey

| Agency: | Contract #: |
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| Participant HMIS ID: | Date Completed: |
| I received services in the following county: Apache Gila La Paz Graham Maricopa Coconino Greenlee Mohave | Navajo Santa Cruz Pima Yavapai Pinal Yuma |
| What type of service(s) did you receive? (check all that apply) Street Outreach Emergency Shelter Rapid Re-housing Eviction Prevention Permanent Supportive Housing | |
| If Permanent Supportive Housing, I have received a rental standard Cone (1) year Three (3) or four (4) years Two (2) years Five (5) or six (6) years | ubsidy for: Six (6) to ten (10) years 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? | |
| 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. | |
| Comments: | |
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