

CoC Customer Satisfaction Survey

Thank you for taking the time to tell us about your experience with the agency below. These questions are meant to help us improve the services provided within the Miami-Dade County, homeless Continuum of Care. Please answer the following questions about the services you received. Select only one option which best describes your feelings about each statement.

*** Required**

1. What is the name of the agency you are rating? *

Mark only one oval.

- Advocate Program, Inc.
- Better Way of Miami, Inc.
- Camillus House, Inc.
- Camillus Health Concern
- Carrfour Supportive Housing
- Chapman Partnership, Inc.
- Citrus Health Network, Inc.
- City of Miami (Homeless Assistance Program) aka. Green Shirts
- City of Miami Beach (Homeless Outreach Program)
- Douglas Gardens CMHC
- Fellowship House
- Legal Services of Greater Miami, Inc.
- The Sundari Foundation, Inc. dba LOTUS HOUSE
- Miami Rescue Mission
- New Horizons CMHC
- The Salvation Army
- Volunteers of America

2. What is the name of the project you are rating? *

3. Please evaluate EACH of the following statements and provide a response for EACH of the statements. (We ask that you provide a response to ALL of the statements below, indicating whether you Agree or Disagree) *

Mark only one oval per row.

	Agree	Disagree
I was informed of my rights and responsibilities, including the agency's grievance procedures	<input type="radio"/>	<input type="radio"/>
I was provided with information about different support services that are available to me	<input type="radio"/>	<input type="radio"/>
I was involved in making decisions about my service plan	<input type="radio"/>	<input type="radio"/>
I was able to talk with staff when I needed to	<input type="radio"/>	<input type="radio"/>
The building and facilities are kept clean, safe and comfortable	<input type="radio"/>	<input type="radio"/>
My rights were acknowledged, respected and protected	<input type="radio"/>	<input type="radio"/>
The staff cares about my wellbeing	<input type="radio"/>	<input type="radio"/>
Program staff are knowledgeable about available resources that could help me	<input type="radio"/>	<input type="radio"/>
I would recommend this program to others	<input type="radio"/>	<input type="radio"/>

4. Please tell us in your own words, how we can improve the housing and/or services being delivered? *

5. What category best describes the current level of care you are receiving? (Select one option from the drop-down list) *

Mark only one oval.

- Homeless Prevention
- Emergency Shelter
- Transitional Housing
- Short to Medium-term Rental Assistance (aka Rapid Re-Housing)
- Permanent Supportive Housing
- Stand-alone Support Services (for example: Street Outreach, legal services)

6. How long have you been a customer of the agency you are rating here? *

Mark only one oval.

- This is my first week in the program
- I have been in the program for more than one week but less than one month
- I have been in the program more than one month but less than six months
- I have been in the program between six months to a year
- I have been in the program for over 1 year

7. Optional: Provide name of person completing this survey

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