

Coordinated Entry Consumer Survey

Instructions: Please tell us how you were served while you were experiencing homelessness. Please answer as honestly as you can. This survey will help us improve services in our community.

This survey is optional, and you will remain nameless. Your answers will not be read by staff and will not impact the services you get from the agency. You may also choose to answer only some of the questions.

After you complete this survey, please put it in the envelope you are given and seal it. Then put the sealed envelope in the box your case manager shows you for gathering surveys.

If you would like help reading the questions on the survey or help writing your answers, you can ask staff at your agency for help. Or you can ask them to connect you with someone from a different agency for help. You may also complete this survey later or online.

Name of agency that gave you this survey:	
---	--

Name of the program you are enrolled in:	
--	--

Date:	
-------	--

1. Where was the first place you went to get help with housing? (List agency, program, or place)

2. How did you find out about the place you went? (check all that apply)

<input type="checkbox"/>	I had been there before.
--------------------------	--------------------------

<input type="checkbox"/>	I called 2-1-1.
--------------------------	-----------------

<input type="checkbox"/>	I heard about it from a someone else.
--------------------------	---------------------------------------

<input type="checkbox"/>	I found it on the internet.
--------------------------	-----------------------------

<input type="checkbox"/>	I was referred there by another agency. List agency:	
--------------------------	--	--

3. Which of the following things did the agency or program help you with? (check all that apply)

<input type="checkbox"/>	Referred me to emergency shelter
--------------------------	----------------------------------

<input type="checkbox"/>	Asked whether I needed help from a domestic violence agency
--------------------------	---

<input type="checkbox"/>	Asked about my medical needs or provided health care
--------------------------	--

<input type="checkbox"/>	Provided food
--------------------------	---------------

<input type="checkbox"/>	Helped me find new housing or referred me to housing program
--------------------------	--

4. During your housing crisis, what agency or program was the most helpful to you?

5. What did they do that was helpful?

6. Who did an assessment with you for housing programs or assistance? The assessment may have been called the VI-SPDAT. List the person and the agency, if you remember.

7. How long after you lost your housing where you asked questions about your need for housing programs (such as with the VI-SPDAT)?

<input type="checkbox"/>	1-2 weeks	<input type="checkbox"/>	1-2 months	<input type="checkbox"/>	3-6 months	<input type="checkbox"/>	6 months or more
--------------------------	-----------	--------------------------	------------	--------------------------	------------	--------------------------	------------------

8. When you did not have housing, where did you stay most of the time?

<input type="checkbox"/>	Stayed at a shelter
<input type="checkbox"/>	Stayed on the streets, in my car, in a tent, or in an abandoned building
<input type="checkbox"/>	Stayed somewhere else (please list) _____

9. Did you have any of the following happen to you while you were staying in a shelter? Check all that apply:

<input type="checkbox"/>	I was forced to leave a shelter
<input type="checkbox"/>	I could not get into the shelter I went to
<input type="checkbox"/>	I felt discriminated against by shelter staff
<input type="checkbox"/>	Shelter staff were not respectful or friendly toward me
<input type="checkbox"/>	I had problems with other shelter residents
<input type="checkbox"/>	I had other issues (please describe):
<input type="checkbox"/>	I had no problems while staying in shelter
<input type="checkbox"/>	None - I never stayed in a shelter

10. How long did you experience homelessness?

<input type="checkbox"/>	1-2 weeks
<input type="checkbox"/>	1-2 months
<input type="checkbox"/>	3-6 months
<input type="checkbox"/>	6 months or more
<input type="checkbox"/>	1 year or more

11. How long did it take from being assessed for housing programs to moving into housing?

<input type="checkbox"/>	1-2 weeks
<input type="checkbox"/>	1-2 months
<input type="checkbox"/>	3-6 months
<input type="checkbox"/>	6 months or more

12. Do you feel that you were offered housing options quickly?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

13. What assistance were you provided to help you find housing? Check all that apply.

<input type="checkbox"/> I was given a list of landlords to call
<input type="checkbox"/> Someone called landlords on my behalf
<input type="checkbox"/> I was taken to appointments with landlords
<input type="checkbox"/> I received help paying the security deposit
<input type="checkbox"/> I received help paying any utility deposits
<input type="checkbox"/> I received other help finding housing (please describe):
<input type="checkbox"/> I did not receive help finding housing.

14. Where these services helpful to you? Yes No

15. What would you change, if anything, about the services you're currently receiving?

16. What would you change about your experience getting into housing, if anything?

17. What gender do you identify as (select all that apply)?

<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Gender non-conforming/non-binary
<input type="checkbox"/> I do not wish to answer	<input type="checkbox"/> None of these apply to me	

18. Do you identify as transgender?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I do not wish to answer
------------------------------	-----------------------------	--

19. What race(s) do you identify as (check all that apply)?:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> I do not wish to answer

20. What ethnicity do you identify as (check all that apply)?

<input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> I do not wish to answer
--	--	--

21. Did you feel any pressure to complete this survey?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

22. Were you informed that you could file a complaint if you feel that someone providing you services or housing discriminated against you or mistreated you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

23. Have you felt discriminated against by any agency that you went to for housing or services?

Yes

No

If yes, please describe what happened to you.

Everyone who has received services in the NC Balance of State Continuum of Care may file a grievance if they have been discriminated against or mistreated while they've been homeless.

If you would like to file a grievance, please describe your complaint below and tell us how we can contact you to help address the complaint. If you do not want to write the complaint here, you can call 919-755-4393 extension 5009 to describe the complaint on the phone or you can email bos@ncceh.org to describe the complaint.

Complaint description:

Please list your contact information so we can contact you to help resolve the complaint:

If you are interested in joining NC Balance of State in talks about changes to the homeless response system, please call 919-755-4393 extension 5009 or email bos@ncceh.org for more information.