Coordinated Entry Consumer Survey

**Instructions:** This survey asks you to 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 completely optional and will remain anonymous. Your answers will not be read by any staff that you work with 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 or envelope your case manager shows you for collecting 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.

<table>
<thead>
<tr>
<th>Name of agency that gave you this survey:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the program you are enrolled in:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

1. When you first found yourself without a place to live, 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)

<table>
<thead>
<tr>
<th>I had been there before.</th>
<th>I called 2-1-1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I heard about it from a someone else.</td>
<td>I found it on the internet.</td>
</tr>
<tr>
<td>I was referred there by another agency. List agency:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Referred me to emergency shelter</th>
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</thead>
<tbody>
<tr>
<td>Asked whether I needed help from a domestic violence agency</td>
</tr>
<tr>
<td>Asked about my medical needs or provided health care</td>
</tr>
<tr>
<td>Provided food</td>
</tr>
<tr>
<td>Helped me find new housing or referred me to housing program</td>
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</tbody>
</table>

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. Approximately how long after you lost your housing were you assessed for housing programs (such as with the VI-SPDAT)?

- [ ] 1-2 weeks
- [ ] 1-2 months
- [ ] 3-6 months
- [ ] 6 months or more

8. When you didn’t have housing, where did you stay most of the time?

- [ ] Stayed at a shelter
- [ ] Stayed on the streets, in my car, in a tent, or in an abandoned building
- [ ] 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:

- [ ] I was forced to leave a shelter
- [ ] I couldn’t get into the shelter I went to
- [ ] I felt discriminated against by shelter staff
- [ ] Shelter staff were not respectful or friendly toward me
- [ ] I had problems with other shelter residents
- [ ] I had other issues (please describe):
  
  ________________________________________________________________

- [ ] I had no problems while staying in shelter
- [ ] None - I never stayed in a shelter

10. Approximately how long did you experience homelessness?

- [ ] 1-2 weeks
- [ ] 1-2 months
- [ ] 3-6 months
- [ ] 6 months or more
- [ ] 1 year or more

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

- [ ] 1-2 weeks
- [ ] 1-2 months
- [ ] 3-6 months
- [ ] 6 months or more
12. Do you feel that you were offered housing options quickly?

| Yes | No |

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

- I was given a list of landlords to call
- Someone called landlords on my behalf
- I was taken to appointments with landlords
- I received help paying the security deposit
- I received help paying any utility deposits
- I received other help finding housing (please describe):

I did not receive help finding housing.

14. What is going well with your current housing?

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

16. What services have you received to help you get into housing?

17. Are these services helpful to you?  Yes  No

18. What would you change, if anything, about the services you’re currently receiving?

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

- Man
- Woman
- Gender non-conforming/non-binary
- I do not wish to answer

20. Do you identify as transgender?

- Yes
- No
- I do not wish to answer

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

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- I do not wish to answer

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

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- I do not wish to answer
23. Did you feel any pressure to complete this survey?

- Yes
- No

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

- Yes
- No

25. 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.

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Everyone who has received services in the NC Balance of State Continuum of Care may file a grievance if they’ve 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 5013 to describe the complaint on the phone or you can email bos@ncceh.org to describe the complaint.

**Complaint description:**

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