

HOPWA CLIENT SATISFACTION SURVEY

Agency Name: _____

Date: _____

1. **How long have you been a client of this agency?**
 Less than 1 year 1 to 2 years 3 to 5 years More than 5 years
2. **What type of HOPWA assistance have you received in the past 12 months?** (Check all that apply)
 Rent Mortgage Utility Security deposit Transitional Housing
3. **For each month of assistance used, what event or circumstance led to the need for HOPWA assistance?** (Check all that apply).
 Lost wages due to being too ill to work Unexpected medical expenses
 Moved to stable, affordable housing Income too low to afford housing
 Waiting on disability determination Left unsafe living situation
 Other: _____
4. **Number of days you were homeless during the past 12 months?** _____
5. **Number of residences you were living in during the past 12 months?** _____
6. **How would you describe your overall health today?** Excellent Good Fair Poor
7. **What is your current living situation?**
 Own home Live with family/friend without rent
 Rent alone Live with and rent from family/friend
 Rent with family/partner Rent with roommate (not family/partner)
 Other: _____
8. **Have you and your case manager developed a housing plan that will result in a stable housing situation independent of future HOPWA assistance?**
 Yes No Not Sure
9. **Have you and your case manager discussed emergency preparedness?**
 Yes No Not Sure
10. **Are you able to contact your case manager quick enough to meet your needs?**
 All the time Most times Sometimes Rarely Never Does not apply
11. **Is your case manager responsible and professional?**
 All the time Most times Sometimes Rarely Never Does not apply
12. **Overall, are you satisfied with the HOPWA services you have received in the past 6 months?**
 All the time Most times Sometimes Rarely Never Does not apply
13. **Has the HOPWA program met your housing assistance needs?**
 All the time Most times Sometimes Rarely Never Does not apply

About You

14. **Your gender is** Male Female Transgender
15. **Your race/ethnicity is** White Black Asian Other
16. **Are you Hispanic?** Yes No
17. **How old are you?** Under 20 20-39 40-49 50-59 60-69 70+
18. **You have completed this survey** by yourself with help from agency staff with other help