

Client Feedback Survey

Anonymous and voluntary – We value your feedback.

Date: _____

1) The services I have received so far:

☐ Shelter ☐ Advocacy ☐ Resource Referral ☐ Counseling
☐ Other: _____

2) Because of the services I have received so far, I feel...	Yes	No
I know more about community resources.		
I know more ways to plan for my safety.		
more hopeful about the future.		
more confident about my decision-making.		

3) After meeting with an Advocate, I'd say that...	Very true	True	A little true	Not at all true
I felt heard, understood, and respected.				
the advocate sees my personal strengths.				
the advocate and I talked about the things <i>I wanted to focus on</i> and worked on them together.				
the advocate's way of helping is a good fit for me.				
overall, services here are right for me.				

4) Please feel free to share additional comments below: