

SPA 8 - COORDINATED ENTRY SYSTEM

CUSTOMER SERVICE SURVEY

Client Name: _____

Address: _____

Phone #: _____ Email: _____

1. What type of services did you receive?

- ☐ Crisis Housing
- ☐ Motel Voucher
- ☐ Permanent Housing / Housing Navigation
- ☐ Rapid Rehousing
- ☐ Financial Assistance (payment of security deposit, rent, utilities or furniture)
- ☐ Employment Assistance
- ☐ Benefits Assistance (Health Insurance, CalFresh, SSDI, General Relief, etc.)
- ☐ Referral (For what service _____)
- ☐ Other: _____

2. How would you rate the services you received? (Please circle one)

1 - Excellent 2 - Met Need 3 - Satisfactory 4 - Did not meet need 5 - Poor

3. What if anything could we improve on as a homeless service provider?

- ☐ Customer Service
- ☐ Availability
- ☐ Increased Services
- ☐ No improvements needed

4. What additional resources would you like to see available?

Date