

# Client Satisfaction 2013

## 1. Date

Date                      MM      DD      YYYY  
 /  /

## \*2. Agency name

## \*3. Program name

## 4. What is your age?

- |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> 14-18 | <input type="radio"/> 30-34 | <input type="radio"/> 55-64 |
| <input type="radio"/> 19-24 | <input type="radio"/> 35-44 | <input type="radio"/> 65+   |
| <input type="radio"/> 25-29 | <input type="radio"/> 45-54 |                             |

## 5. What is your gender?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="radio"/> Male   | <input type="radio"/> Other |
| <input type="radio"/> Female |                             |

## 6. What is your ethnic background?

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="radio"/> Caucasian         | <input type="radio"/> Filipino        | <input type="radio"/> Korean           |
| <input type="radio"/> Aboriginal        | <input type="radio"/> Latin American  | <input type="radio"/> Japanese         |
| <input type="radio"/> Chinese           | <input type="radio"/> Southeast Asian | <input type="radio"/> Don't know       |
| <input type="radio"/> South Asian       | <input type="radio"/> Arab            | <input type="radio"/> Refuse to answer |
| <input type="radio"/> African/Caribbean | <input type="radio"/> West Asian      |  |

Other (please specify)

## 7. How long have you been in Calgary?

- |  |   |
|--|---|
| <input type="radio"/> I was born here    | <input type="radio"/> Less than a year  |
| <input type="radio"/> More than 20 years | <input type="radio"/> Don't know        |
| <input type="radio"/> Between 5-19 years | <input type="radio"/> Refused to answer |
| <input type="radio"/> Between 1-4 years  |   |

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## 8. If you arrived in Calgary from another province, which province did you arrive from?

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="radio"/> BC           | <input type="radio"/> Quebec        |
| <input type="radio"/> Saskatchewan | <input type="radio"/> Maritimes     |
| <input type="radio"/> Manitoba     | <input type="radio"/> Territories   |
| <input type="radio"/> Ontario      | <input type="radio"/> Other country |

## 9. When I started the program what I needed most was .... (please check one response only)

- Re-housing from another program/unit
- Long term housing (more than 2 years) with support services
- Short term housing (less than 2 years) with support services
- Rapid Rehousing to leave shelter
- Emergency shelter stay
- Referral for addiction and/or mental health services
- Don't know
- Refused to answer

Other (please specify)

## 10. While in the program my Case Manager provided information about .... (please check all that apply)

- the rules and expectations of the program
- my rights as a program participant
- the program's grievance procedures
- other community or government services

Comment

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## 11. I have face to face contact with my Case Manager ... .

- More than three times a week
- Three times a week
- Twice a week
- Once a week
- Once every two weeks
- Once every three weeks
- Once a month
- Less than once a month

## 12. How satisfied are you with the amount of contact you have with your Case Manager?

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- No Response

Comment

## 13. My personal experience with my Case Manager is that she/he ..... (please check all that apply)

- treats me with respect
- is non-judgemental
- takes time to explain things to me
- is available when I really needed her/him
- upon my request, helped me to re-connect with my family/kin

Comment

## 14. How satisfied are you with the support you receive from your Case Manager?

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- No Response

Comment

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## 15. How satisfied are you with your current housing?

- Very Satisfied  Very Dissatisfied  
 Satisfied  No Response  
 Dissatisfied

Comment

## 16. How satisfied are you with the choice you had in your current housing?

- Very Satisfied  Very Dissatisfied  
 Satisfied  No Response  
 Dissatisfied

Comment

## 17. How confident are you that after leaving this program you will be able to maintain stable housing?

- Very confident  Not at all confident  
 Confident  Don't know  
 Not very confident  No Response

Comment

## 18. What type of community supports and resources have you accessed through the support of your Case Manager? (please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Basic Needs (food, clothing, furnitute) | <input type="checkbox"/> Education              |
| <input type="checkbox"/> Peer Support                            | <input type="checkbox"/> Employment             |
| <input type="checkbox"/> Counselling                             | <input type="checkbox"/> Language/ESL           |
| <input type="checkbox"/> Addiction Treatment                     | <input type="checkbox"/> Medical/Dental/Optical |
| <input type="checkbox"/> Cultural                                | <input type="checkbox"/> Legal                  |
| <input type="checkbox"/> Religion/Spiritual                      | <input type="checkbox"/> Not applicable         |

Other (please specify)

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## 19. What kinds of activities are you currently involved in?

- |  |   |
|--|---|
| <input type="checkbox"/> Employed (part time)  | <input type="checkbox"/> Reading                    |
| <input type="checkbox"/> Employed (full time)  | <input type="checkbox"/> Education courses          |
| <input type="checkbox"/> Bottlepicking/Binning | <input type="checkbox"/> Employment training        |
| <input type="checkbox"/> Volunteering          | <input type="checkbox"/> Cultural events/ceremonies |
| <input type="checkbox"/> Arts and crafts       | <input type="checkbox"/> Cooking Classes            |
| <input type="checkbox"/> Music                 | <input type="checkbox"/> None                       |
| <input type="checkbox"/> Recreation/fitness    |   |

Other (please specify)

## 20. Do you know what the Calgary Homeless Management Information System (HMIS) is?

- Yes
- No

## 21. Have you had any of your information put into the HMIS? If so, were you informed of why your information was collected and your privacy rights?

- No, I do not have information in the HMIS
- Yes, I have information in the HMIS – not fully informed
- Yes, I have information in the HMIS – fully informed
- I don't know

## 22. Are you aware of the opportunity to share your information with other service agencies through HMIS?

- Yes
- No

## 23. Do you think sharing your information with other service agencies might be beneficial for you?

- Yes
- No
- Not Sure

Do you have any suggestions on how we could improve services for those at risk of homelessness or experiencing homelessness?

Is there anything else you would like to share about your experiences in this program?