

## Telephone Survey Instrument of Multifamily Property Managers

Property ID: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Phone #: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Respondent Title: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Interviewer: \_\_\_\_\_

**Introduction:** This is a telephone survey of HUD's Multifamily assisted housing properties that are eligible for the Service Coordinator Program. By definition, a Service Coordinator is a social services staff person who is responsible for assisting the elderly and persons with disabilities to obtain needed supportive services. Supportive services are those that promote and enable independent living and aging in place.

**Purpose:** The purpose of this survey is to evaluate HUD's Service Coordinator Program. The survey will assess the current level of satisfaction with the provision of service coordination that links residents of Multifamily assisted housing to needed supportive services. This study involves a telephone survey administered to a nationally representative, statistical sample of Multifamily Housing property managers.

**Privacy:** This survey is being conducted by staff from the U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Program Evaluation Division. Thank you for agreeing to speak with me today. Your opinions and ideas are important for our study. In order to protect your privacy, the information you provide will be summarized in our research reports and will not identify you personally in any of our reports. I have a set of topics that I would like to discuss today, but please feel free to ask for clarification for any of the following questions. If you have any questions you can reach Carissa Janis in the Office of Multifamily Housing at (202) 708-2866.

1. WHAT TYPE OF PROPERTY DO YOU MANAGE (CHECK ALL THAT APPLY):
- Section 202/ PRAC
  - Section 202/ without rental assistance
  - Section 202/ 8
  - Section 8
  - Section 236
  - Section 221(d)(3) BMIR
  - Other

2. WHAT TYPE OF POPULATION DO YOU SERVE:
- Elderly
  - Non-elderly Disabled
  - Both

3. DO YOU MANAGE MORE THAN ONE PROPERTY?
- Yes
  - No [*skip to item 5*]

4. HOW MANY DO YOU MANAGE?
- \_\_\_\_\_  
[*Read to participant: FOR THIS SURVEY, WE WILL ONLY FOCUS ON (the sampled) PROPERTY*]

5. HOW MANY RESIDENTS CURRENTLY LIVE AT YOUR PROPERTY?
- \_\_\_\_\_

6. OVER THE PAST YEAR, WHAT WOULD YOU ESTIMATE IS THE OCCUPANCY RATE FOR YOUR PROPERTY?

\_\_\_\_\_ percent occupied.

7. WHICH OF THE FOLLOWING BEST DESCRIBES SERVICE COORDINATION AT YOUR PROPERTY?

- A. On-site service coordinator who is employed by the property owner or management agent.
- B. Off-site service coordinator who is employed by the property owner or management agent.
- C. On-site service coordinator who is employed by another organization.
- D. Off-site service coordinator who is employed by another organization.
- E. Residents receive no formal service coordination.
  - i. [*If "E" no service coordinator*] Have you ever had a service coordinator?
    - a. Yes
    - b. No [*skip to 10,B*]

8. NOW I WILL ASK YOU ABOUT TIME. WHEN DID A SERVICE COORDINATOR BECOME AVAILABLE AT THIS PROPERTY?

- A. Start date \_\_\_\_\_ [Month? Year?]  
 [Prompt: ESTIMATE IS FINE]
- B. Is service coordination on going?
  - i. Yes [skip to item 9]
  - ii. No
- C. When did service coordination end? \_\_\_\_\_ [Month? Year?]
- D. Why did service coordination end? \_\_\_\_\_

9.A. HOW MANY SERVICE COORDINATORS [DO or DID] YOU HAVE?

\_\_\_\_\_

9.B. HOW MANY HOURS PER WEEK [DO or DID] THEY WORK? [Prompt: ESTIMATE IS FINE]

QUANTITY	HOURS WORKED PER WEEK
SERVICE COORDINATOR 1:	
SERVICE COORDINATOR 2:	
SERVICE COORDINATOR 3:	
SERVICE COORDINATOR 4:	
SERVICE COORDINATOR 5:	

10. NOW I WILL ASK YOU ABOUT FUNDING FOR SERVICE COORDINATION.

C. HOW [IS or WAS] THIS POSITION FUNDED?

CHECK ALL THAT APPLY:	
	1. HUD Service Coordinator Grant Program
	2. Section 8 (HAP) or PRAC rental subsidy
	3. Operating Budget
	4. Residual Receipts or Excess Income
	5. Other, please describe
	6. Don't know

B. *[If they do not have a service coordinator]* HAVE YOU EVER APPLIED FOR THE HUD SERVICE COORDINATOR GRANT PROGRAM?

1. Yes *[skip to item 11]*
  2. No
    - a. IF NO, PLEASE TELL ME WHY NOT?  
*[PROMPT: DIDN'T KNOW HOW TO APPLY OR DIDN'T SEE THE NEED]*
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3. Don't know

C. DO YOU KNOW IF THE OWNER PLANS TO REQUEST FUNDING FOR A SERVICE COORDINATOR IN THE FUTURE?

1. Yes
2. No
3. Don't know

11. NOW I'M GOING TO ASK YOU ABOUT THE IMPACT OF SERVICE COORDINATION.

A. FOR YOUR RESIDENTS, PLEASE TELL ME WHICH OF THE FOLLOWING ITEMS *[ARE or WOULD BE]* IMPACTED BY SERVICE COORDINATION?

<b>CHECK ALL THAT APPLY:</b>	
<input type="checkbox"/>	Increase the range of services available.
<input type="checkbox"/>	Increase the quality of services available.
<input type="checkbox"/>	Residents stay independent longer.
<input type="checkbox"/>	No discernable impact.
<input type="checkbox"/>	Other: <i>[briefly describe]</i>

B. HAVE YOU RECEIVED TRAINING ON THE ROLES AND RESPONSIBILITIES OF SERVICE COORDINATORS?

1. YES
2. NO *[skip to item 11, D]*

C. WHERE AND FROM WHOM DID YOU RECEIVE THE TRAINING?

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**D. WHO RECEIVES SERVICE COORDINATION AT YOUR PROPERTY?**

<b>CHECK ALL THAT APPLY:</b>	
<input type="checkbox"/>	Available to all residents.
<input type="checkbox"/>	Only available to some residents.
<input type="checkbox"/>	Available to elderly and non-elderly members of the community who are not residents.
<input type="checkbox"/>	None (property does not offer service coordinator)
<input type="checkbox"/>	Other (please describe)

12. NOW I'M GOING TO ASK YOU ABOUT YOUR RESIDENTS. FOR EACH OF THE FOLLOWING QUESTIONS, PLEASE TELL ME TO WHAT EXTENT DO YOU AGREE THAT HAVING A SERVICE COORDINATOR [IMPROVES OR WOULD IMPROVE] YOUR RESIDENTS QUALITY OF LIFE?

A. AGING IN PLACE (RESIDENTS ARE ABLE TO STAY IN THEIR HOME RATHER THAN MOVING TO HOUSING WITH A HIGHER LEVEL OF CARE)?

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

B. MAINTAINING RESIDENTS' INDEPENDENCE (SUCH AS ACCESS TO ASSISTANCE WITH HOUSEKEEPING, SHOPPING, OR PERSONAL CARE TASKS)?

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

C. ACCESS TO SOCIAL/RECREATIONAL INTERACTION THAT BENEFITS RESIDENTS (SUCH AS PROMOTING RESIDENT GROUPS OR VOLUNTEERS TO PLAN ACTIVITIES)?

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

D. ACCESS TO TRANSPORTATION?

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

E. REDUCING NUMBER OF EMERGENCY/911 CALLS?

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

F. OVERALL, TO WHAT EXTENT DO YOU AGREE THAT HAVING A SERVICE COORDINATOR [*HAS ENABLED OR WOULD ENABLE*] YOUR RESIDENTS TO OBTAIN NEEDED SERVICES?

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

G. OVERALL, TO WHAT EXTENT DO YOU AGREE THAT A SERVICE COORDINATOR [*HAS IMPROVED* or *WOULD IMPROVE*] THE RESIDENTS' QUALITY OF LIFE?

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

H. BRIEFLY, PLEASE TELL ME WHY.

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13. IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT SERVICE COORDINATORS?

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THANK YOU.