



Supportive Services for Veteran Families (SSVF) Program

Participant Satisfaction Survey

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Department of Veterans Affairs

Supportive Services for Veteran Families (SSVF) Program Participant Satisfaction Survey

To assist VA in improving the SSVF Program, please complete this form and mail it back (postage pre-paid)

Date ____ / ____ / ____

Name of provider: _____

Number of individuals in household: 1 2 3 4+

Number of individuals in household receiving support services from this provider: 1 2 3 4+

Are you enrolled in the VA health care system? Yes No

Is this the first or second time completing this survey? First Second

1. How would you rate the quality of the services you have received from this supportive services provider?

Extremely Poor Below Average Average Above Average Excellent

2. If another Veteran or a friend were in need of similar help, would you recommend this supportive services provider to him or her?

Definitely Not Probably Not Probably So Definitely

3. How satisfied are you with the services you have received from this supportive services provider?

Very Dissatisfied Dissatisfied Neither Satisfied Nor Dissatisfied Satisfied Very Satisfied

4. If you needed help again and had a choice of where to go at no cost to you, would you return to this supportive services provider?

Definitely Not Probably Not Probably So Definitely

5. Did the supportive services provider involve you in creating an individualized housing stabilization plan?

Yes No

6. If you answered Yes to Question 5, do you feel that this housing plan is a good fit for your needs?

Yes No

7. Is there any other feedback about the supportive services provider that you wish to provide to the VA?

8. In the following table, please indicate which supportive services you received and indicate the quality of the supportive services received.

Supportive Services	Did you need this service?	Did you receive this service?	What was the quality of the service?				
			Extremely Poor	Below Average	Average	Above Average	Excellent
1. Case Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assistance in obtaining VA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assistance in obtaining & coordinating other public benefits							
a. Health care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Daily living	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal financial planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Income support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Did you need this service?	Did you receive this service?	What was the quality of service?				
f. Legal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extremely Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent
g. Child care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extremely Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent
h. Housing counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extremely Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent
4. Other Supportive Services							
a. Rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extremely Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent
b. Utility fee payment assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extremely Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent
c. Security and utility deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extremely Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent
d. Moving costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extremely Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent
e. Purchase of emergency supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extremely Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent
f. Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extremely Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent

Please answer questions 9 - 14 if you have recently begun receiving services from this provider. You do not need to answer these questions if this is the second time you are completing this survey.

9. Have you ever lived in one of the following places?

- Yes No On the street or a place not meant for human habitation
 Yes No In your car, boat, or an abandoned building
 Yes No Emergency shelter or drop-in center
 Yes No Transitional housing or halfway house
 Yes No Hotel/motel, Single Room Occupancy (SRO), Safe Haven
 Yes No In a family or friend's apartment or house because you had nowhere else to go

10. If you answered Yes to any of the places listed in Question 9, on how many separate occasions did you sleep in one of those places? 1 time 2-5 times 6-10 times More than 10 times

11. How many times did you move in the year before you requested help at this program? 0 1 2 3+

12. In the year before you requested help from this supportive services provider, was there a time when your income decreased so much that it became hard to pay your housing costs? Yes No

13. Did your employment status (employed full time, employed part time, unemployed) change significantly in the year before you requested help from this supportive services provider? Yes No

14. If you answered Yes to Question 13, did you start working or stop working? Start Working Stop Working

Please answer questions 15 - 18 if you are no longer receiving services from this provider or will no longer be receiving services from this provider in the immediate future. You do not need to answer these questions if you answered questions 9-14.

15. How many times have you moved since you started receiving services from this provider? 0 1 2 3+

16. Since you started receiving services from this supportive services provider, was there a time when your income decreased so much that it became hard to pay your housing costs? Yes No

17. Has your employment status changed significantly (employed full time, employed part time, unemployed) since you started receiving services from this supportive services provider? Yes No

18. If you answered Yes to Question 17, did you start working or stop working? Start Working Stop Working

Please place your completed survey in the envelope provided, seal the envelope and return it in accordance with the instructions you were given at the time you received the survey. Do not place your name on this survey or on the envelope. Thanks for your feedback. If you have any questions, please feel free to contact the SSVF Program Office at 1-877-737-0111 or via e-mail at SSVF@va.gov or visit <http://www.va.gov/homeless/ssvf.asp>.