

DEPARTMENT OF VETERANS AFFAIRS  
 SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) PROGRAM  
 PARTICIPANT SATISFACTION SURVEY

Number of individuals (including yourself) in household receiving support services from this provider:

1      2      3      4+

Are you enrolled in the VA health care system?

Yes      No

Were you enrolled in VA health care system prior to receiving services from this provider?

Yes      No

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

Yes      No

4A. If you answered Yes to Question 5, do you feel that this housing plan is a good fit for your needs?

Yes      No

3. 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 service?				
			Extremely Poor	Below Average	Average	Above Average	Excellent
1. Case Management	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
2. Assistance in obtaining VA Benefits	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
3. Assistance in obtaining and coordinating other public benefits							
a. Health care	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
b. Daily living	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
c. Personal financial planning	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
d.	Yes	Yes	Extremely	Below	Average	Above	Excellent

Transportation	No	No	Poor	Average		Average	
e. Income support	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
f. Legal	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
g. Child care	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
h. Housing counseling	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
<b>4. Other Supportive Services</b>							
a. Rental Assistance	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
b. Utility fee payment assistance	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
c. Security and utility deposits	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
d. Moving costs	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
e. Purchase of emergency supplies	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent

4. How many times have you moved since you started receiving services from this provider?  
0   1   2   3+
5. 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
6. How satisfied are you with the courteousness of the staff person that you initially spoke with when you contacted the provider? (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)
7. How satisfied are you with the courteousness of the staff person that you dealt with most often while you were working with this provider? (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)
8. How satisfied are you with the timeliness of communication with the staff person that you dealt with most often while you were working with this provider? (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)
9. If your experiences were positive with this supportive services provider, please tell us why.
10. If your experiences were negative with this supportive services provider, please tell us why.

Please list any additional suggestions as to how to improve the SSVF Program.