

VHA Homeless Programs Customer Feedback Survey

OMB No. 2900-2770 Estimated Burden: 10 Minutes Expiration Date: 9/30/2020

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 10 minutes. This includes the time it will take to follow instructions, gather the necessary facts, and respond to questions asked. The results of this online survey will lead to improvements in the coordination of care to Veterans who are homeless or at risk of homelessness. Participation in this survey is voluntary, and failure to respond will have no impact on benefits to which you may be entitled.

VHA Homeless Programs Customer Feedback Survey

Web Page Where Questions Will Reside: https://www.va.gov/homeless/

(The following statement should appear before the survey questions:)

VA appreciates your participation in this online survey. The results of the survey will lead to improvements in the coordination of care to Veterans who are homeless or at risk of homelessness. Through this data collection, we will be able to share strategies and tactics that are helping to prevent and end homelessness in communities across the United States. Submission of feedback is entirely voluntary. Any information you enter here is anonymous and will be kept private to the extent provided by law.

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. The OMB control number for this survey is 2900-0770. We anticipate that the time expended by all individuals who complete all questions in this survey will average 10 minutes.

Questions or comments concerning the accuracy of the burden estimate and any suggestions for reducing this burden should be sent to Susan Vieira @susan.vieira@va.gov.

Background Information

- 1. Are you a: (Select all that apply)
 - Veteran
 - Active Duty Servicemember
 - Spouse/Partner of a Veteran
 - Caregiver of a Veteran
 - Service Provider
 - Concerned Citizen
 - Other (specify):
- 2. If you are a Veteran, select your branch(es) of service:
 - Air Force
 - Air Force Reserve
 - Air National Guard
 - Army
 - Army Reserve
 - Army National Guard

		Coast Guard
		Coast Guard Coast Guard Reserve
		Marine Corps
		Marine Corps Reserve
		Navy
		Navy Reserve
		Navy Reserve
	3.	Enter city and state where you currently live:
	4.	What is your housing status?
		In Stable Housing
		 Homeless (e.g. shelter, transitional housing, couch-surfing, etc.)
		At Imminent Risk of Homelessness (e.g. housing payment past due or received)
		eviction notice or foreclosure notice, in home of another due to economic
		hardship, etc.)
		• Other:
		o other.
	5.	Are you a homeless service provider?
		• Yes
		• No
	6.	If yes, enter the city and state where your organization is located:
	7.	If you are a VA funded grant recipient or contractor, select all that apply.
	,.	 HUD-VA Supportive Housing (HUD-VASH) Program
		Supportive Services for Veteran Families (SSVF) Program
		Grant and Per Diem (GPD) Program
		· · · · · · · · · · · · · · · · · · ·
		Health Care for Homeless Veterans Program
		Health Care for Reentry Veterans Program
		Veterans Justice Outreach Program
		• Other:
		Not applicable
	Q	<u>uestions</u>
	۱ ۸ ،	to you aware that the LLC Department of Veterans Affairs (VA) is working to provent
•		re you aware that the U.S. Department of Veterans Affairs (VA) is working to prevent
	ar	nd end homelessness among Veterans?
		• Yes
		• No
	2. W	hat aspects of VA's policies and programs to prevent and end Veteran homelessness
-		e working well, especially those at your local VA medical center? (Choose all that
		oply)
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	 A Collaborating with the community 		
	□ B Housing support for Veterans who are homeless		
	□ C Employment Assistance		
	□ D Healthcare		
	□ E Other (Describe):		
3.	What aspects are not working well?		
	□ A Collaborating with the community		
	□ B Housing support for Veterans who are homeless		
	□ C Employment Assistance		
	□ D Healthcare		
	□ E Other (Describe):		
4.	Are you aware of any work that your local VA medical center is doing to prevent and end homelessness among Veterans? □ Yes		
	□ No		
5.	. What do you think your local VA medical center should do differently to accelerate progress in reducing homelessness among Veterans?		
6.	What should VA leadership do differently?		
7.	How would you rate the effectiveness of VA's services and programs for Veterans who are homeless or at risk of homelessness, especially those at your local VA medical center? • Excellent • Good • Average • Fair • Poor		
8.	How can we improve the way VA delivers services to homeless Veterans, nationally and locally?		
9.	Where are homeless and at-risk Veterans in your community most likely to access VA Homeless Programs? Assign number 1 to the place below where Veterans are most likely to access VA Homeless Programs and number 5 to the least likely. □ VA medical center		
	 VA Community Resource and Referral Center (CRRC) VA grantee's office (i.e. Supportive Services for Veteran Families Program Office or Grant and Per Diem Program Office) 		
	□ VA satellite office at local municipal building, apartment complex, etc. □ Other location: Please specify:		

- 10. Are you homeless and in need of assistance?
- 11. If yes, and you are a Veteran, contact the National Call Center for Homeless Veterans at (877) 4AID-VET (877-424-3838) for homeless assistance. If you do not have access to a phone or the internet, only then are you to visit your closest VA medical center without calling in advance.
- 12. Is the information on this website useful?
 - Extremely Useful
 - Very Useful
 - Moderately Useful
 - Slightly Useful
 - Not Useful at All