

EnVision Center Customer Satisfaction (Services Sought) Survey

1. What was the purpose of your visit today? Mark all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Employment opportunities | <input type="checkbox"/> VA benefits counseling | <input type="checkbox"/> Civic engagement |
| <input type="checkbox"/> Job training | <input type="checkbox"/> Education resources | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Financial literacy | <input type="checkbox"/> Healthcare services | <input type="checkbox"/> Mentorship |
| <input type="checkbox"/> Tax assistance | <input type="checkbox"/> Health information | <input type="checkbox"/> Youth programs |
| <input type="checkbox"/> Benefits counseling | <input type="checkbox"/> Family/dependent care services | <input type="checkbox"/> Other |

2. How did you learn about the EnVision Center?

- Friend/family
- Landlord/housing provider
- Social services program/Health and Human Services program
- Website/social media
- Other

3. Are you clear about the types of services and supports you can receive from the EnVision Center?

- Very clear
- Somewhat clear
- Not clear

4. How satisfied are you with the assistance you received from EnVision Center?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

5. What is the zip code in which you reside? _____

6. What is your gender?

- Male
- Female

7. What is your age? _____

8. Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, of Hispanic, Latino, or Spanish origin

9. What is your race? Mark all that apply.

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White