

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

The VA is seeking feedback regarding your experience with the Supportive Services for Veteran Families (SSVF) Program. Please take a few minutes to complete this survey – and do not reference information specific to you (such as any Personally Identifiable or Protected Health Information).

Paperwork Reduction Act of 1995 and Privacy Act Statement:

We are required to notify you that 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 this survey will average 15 minutes. Any information you enter here is anonymous and will be kept private to the extent provided by law. Participation in this survey is voluntary, and failure to respond will have no impact on benefits to which you may be entitled.

Customer satisfaction is used to gauge customer perceptions of VA services, as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of services and the patient experience. Thank you for your participation.

If you have questions about the survey or the estimated burden, please contact the SSVF Program Office via e-mail at SSVF@va.gov or via phone at 1-877-737-0111 (this is a toll-free number).

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 SSVF Agency?

Extremely Poor Below Average Average Above Average Excellent

2. Did the SSVF Agency involve you in creating your housing plan?

Yes No

2A. If you answered Yes to Question 2, do you feel that your 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?				
	Yes No	Yes No	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. Transportation	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
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
4. Other Supportive Services							
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
f. Emergency Housing	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 SSVF Agency?
0 1 2 3+
5. How helpful was the staff person that you first spoke with when you contacted this SSVF Agency? (very helpful, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)
6. How helpful was the staff person that you dealt with most often while you were working with this SSVF Agency? (very helpful, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)
7. How satisfied are you with how quickly and how often the SSVF Agency dealt with your needs? (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)
8. How easy or simple was it to reach a person at the SSVF agency for the first time?
8A. If not easy, then why?
9. Please tell us your positive experiences with this SSVF Agency, and please tell us why.
10. Please tell us your negative experiences with this SSVF Agency, and please tell us why.

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