



## **Coordinated Entry Rapid Re-housing and/or Permanent Supportive Housing Consumer Survey**

**Instructions:** Please tell us how you were served while you were experiencing homelessness. Please answer as honestly as you can. This survey will help us improve services in your community.

**This survey is optional, and you will remain nameless. Your answers will not be read by staff and will not impact the services you receive from the agency. You may also choose to answer only some of the questions.**

You can scan the above QR code to complete the survey electronically. If you complete the paper survey, please put it in the envelope you are given and seal it. Then put the sealed envelope in the box your case manager shows you for gathering surveys.

If you would like help reading the questions on the survey or help writing your answers, you can ask staff at your agency for help. Or you can ask them to connect you with someone from a different agency for help.

TTY-based Telecommunications Relay Services permit persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call persons with or without such disabilities. Please **dial 711** to access these services.

**Date:**

**Name of agency that gave you this survey:**

- 1. How did you find out about this agency?**
  - a. I had been there before.**
  - b. I heard about it from someone else.**
  - c. I called 2-1-1.**
  - d. I found it on the internet.**
  - e. I was referred there by another agency.**
- 2. Which of the following things did the agency or program help you with? (Check all that apply)**
  - a. Asked if I needed help from a domestic violence agency**
  - b. Asked about my medicals needs or provided health care**
  - c. Provided food**
  - d. Helped me find new housing or referred me to a housing program**
- 3. When you did not have housing, where did you stay most of the time?**
  - a. Stayed at a shelter**
  - b. Stayed on the streets, in my car, in a tent, or in an abandoned building**
  - c. Stayed somewhere else**

4. How long did you experience homelessness?
  - a. 1 – 2 weeks
  - b. 1 – 2 months
  - c. 3 – 6 months
  - d. 6 months – 1 year
  - e. 1 year or more
5. Were you assessed for resources by the Homeless Assessment Referral Tool (HART)?
  - a. Yes
  - b. No
6. If you were assessed by the HART, did you understand the questions?
  - a. Yes, I understood all the questions
  - b. Yes, I understood most of the questions
  - c. No, the questions were hard to understand
  - d. No, I was not assessed by the HART
7. If you were assessed by the HART, did you feel comfortable answering the questions?
  - a. Yes, I felt comfortable answering all the questions
  - b. Yes, I felt comfortable answering most of the questions
  - c. No, I did not feel comfortable answering the questions
  - d. No, I was not assessed by the HART
8. How long did it take from being assessed to move into housing?
  - a. 1 – 2 weeks
  - b. 1 – 2 months
  - c. 3 – 6 months
  - d. 6 months or more
9. What assistance were you provided to help you find housing? Check all that apply.
  - a. I was given a list of landlords to call
  - b. Someone called landlords on my behalf
  - c. I was taken to appointments with landlords
  - d. I received help paying the security and/or utility deposits
  - e. I did not receive help finding housing.
10. Were you informed you could file a complaint if you feel that someone providing you services or housing discriminated against you or mistreated you?
  - a. Yes
  - b. No
11. Have you felt discriminated against by any agency that you went to for housing or services?
  - a. Yes
  - b. No

**Everyone who has received services in the NC Balance of State Continuum of Care may file a grievance if they have been discriminated against or mistreated while they experienced homelessness.**

**If you have a grievance with an ESG or CoC-funded project, you must first complete any grievance process available through the relevant NC BoS CoC-funded agency prior to filing a grievance with the CoC.**

**If you are dissatisfied with the outcome of a grievance filed with an NC BoS CoC provider and wish to appeal this grievance with the CoC, you may submit a grievance in writing to NCCEH, the NC BoS collaborative applicant, via e-mail ([bos@ncceh.org](mailto:bos@ncceh.org)) or regular mail to NCCEH, RE: CoC Grievance, P.O. Box 27692, Raleigh, NC 27611.**

**Please use the space below to share any positive or negative experiences you had with accessing or finding permanent housing.**