Support Services & Advocacy Feedback Form

Thank you for your help. Your answers to these questions will help us improve our services. Please answer honestly—there are no right or wrong answers. Your answers are **confidential** and very important to us. Please do this right away. When you have finished, please put this survey in the envelope you were given, seal it, then put it in the confidential place the advocate showed you.

1. People come to our program for different types of help. The following list describes different types of services you may have wanted, and may have received from someone in this program. Every person wants and needs different things, so there are no “right” answers. Please rate each of the items on the list according to the help you received with the number from the box that describes your experience:

3 = I got **all** of the help of this kind that I wanted
2 = I got **some** of the help of this kind that I wanted
1 = I wanted this kind of help, but I didn’t get **any**
0 = it **doesn’t apply** to me—I didn’t want or need this

- ___ talking to someone who understands my situation
- ___ help figuring out how I can be safer
- ___ help keeping custody of my children
- ___ help with safe visitation for my children
- ___ help getting child support
- ___ help getting access to child care
- ___ help with child protection hearings or requirements
- ___ help with my children’s school (e.g. records, changing schools, etc.)
- ___ help with health insurance for my children
- ___ help getting access to health care
- ___ help getting medical benefits (e.g. Medicaid)
- ___ help getting access to mental health services
- ___ help getting access to substance abuse services
- ___ help with government benefits (e.g. welfare/ TANF, food stamps, others)
- ___ learning more about why/how domestic violence happens
- ___ help meeting my child’s disability-related needs
- ___ help meeting my needs related to my disability
- ___ help with budgeting
- ___ help getting safe & adequate housing
- ___ help getting job-related training
- ___ help getting a job
- ___ other (describe)
2. Our advocacy and support services are meant to help you to get what you need and to have your voice heard. About how many advocacy/support-related contacts with program staff have you had in the last year (your best guess)?

   one   two   three – ten   more than ten   none

3. Have you been a shelter resident during any part of this time?   ___ yes   ___ no

4. Have you completed this form before, during the past year?   ___ yes   ___ no   ___ I don’t remember

5. Because of the advocacy/support services I have received from this program so far, I feel (please check either yes or no):

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know more ways to plan for my safety</td>
<td></td>
</tr>
<tr>
<td>I know more about community resources</td>
<td></td>
</tr>
<tr>
<td>I know more about my rights and options</td>
<td></td>
</tr>
<tr>
<td>that I will achieve the goals I set for myself</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>more hopeful about the future</td>
<td></td>
</tr>
<tr>
<td>more comfortable asking for help</td>
<td></td>
</tr>
<tr>
<td>more confident in my decision-making</td>
<td></td>
</tr>
<tr>
<td>like I can do more things on my own</td>
<td></td>
</tr>
</tbody>
</table>

6. Please circle the number that best reflects your agreement or disagreement with the following statements.

<table>
<thead>
<tr>
<th>Program staff treated me with respect.</th>
<th>doesn’t apply</th>
<th>strongly disagree</th>
<th>disagree</th>
<th>agree</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program staff were caring and supportive.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Program staff spent enough time talking about my safety.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Over all, my religious/spiritual beliefs were respected.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Over all, my sexual orientation was respected.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Over all, my racial/ethnic background was respected.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Program staff helped address any needs related to my disability.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Program staff helped address any needs related to my youth or advancing age.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

7. Is there anything the program could do to improve our advocacy/support services?   yes   no

   If yes: Please describe: ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

8. Over all, thinking about my experience with this program so far, I would rate the help I have received as:

   very helpful   helpful   a little helpful   not at all helpful

   comments ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   ~~next page, please~~
9. If a friend of mine told me she was thinking of coming here for help, I would: (please check one)
   - strongly recommend she come
   - recommend she come
   - recommend she not come
   - strongly recommend she not come

   because:
   ____________________________________________
   ____________________________________________

*We ask the next questions to see if different groups of people have different experiences here, so we can continue to improve our services for ALL people. But please feel free to leave any item blank if you are concerned it will identify you.*

10. I consider myself to be:
   - African American/Black
   - Hispanic/Latina
   - Other (what?) _______________
   - Asian/Pacific Islander
   - Multiracial
   - Native American/Alaskan Native
   - White

   If there is a particular ethnic background that is important to you, please identify: _______________
   ____________________________________________

11. My age is:
   - 17 or younger
   - 18 – 24
   - 25 – 34
   - 35 – 49
   - 50 - 64
   - 65 or older

12. I have __________ minor children (age 17 or younger)

13. I consider myself to be:
   - heterosexual/straight
   - lesbian/gay
   - bisexual
   - other (please describe) _______________

14. The highest level of education I have so far is:
   - 8th grade or less
   - 9th – 11th grade
   - High school graduate or GED
   - Some college
   - College graduate
   - Advanced degree

15. I am:
   - female
   - male
   - transgender

*Thank you very much!*