

## 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

- |   |  |
|---|--|
| <input type="checkbox"/> talking to someone who understands my situation                        | <input type="checkbox"/> information about counseling options                                  |
| <input type="checkbox"/> help figuring out how I can be safer                                   | <input type="checkbox"/> support to make some changes in my life                               |
| <input type="checkbox"/> help keeping custody of my children                                    | <input type="checkbox"/> help with a protective order  |
| <input type="checkbox"/> help with safe visitation for my children                              | <input type="checkbox"/> information about the legal system process                            |
| <input type="checkbox"/> help getting child support   | <input type="checkbox"/> someone to go with me to court  |
| <input type="checkbox"/> help getting access to child care                                      | <input type="checkbox"/> information about my legal rights and options                         |
| <input type="checkbox"/> help with child protection hearings or requirements                    | <input type="checkbox"/> help supporting the court case against the person who abused me       |
| <input type="checkbox"/> help with my children's school (e.g. records, changing schools, etc.)  | <input type="checkbox"/> help stopping the court case against the person who abused me         |
| <input type="checkbox"/> help with health insurance for my children                             | <input type="checkbox"/> help with probation issues  |
| <input type="checkbox"/> help getting access to health care                                     | <input type="checkbox"/> help getting access to an attorney                                    |
| <input type="checkbox"/> help getting medical benefits (e.g. Medicaid)                          | <input type="checkbox"/> help with police issues   |
| <input type="checkbox"/> help getting access to mental health services                          | <input type="checkbox"/> help preparing to testify in court                                    |
| <input type="checkbox"/> help getting access to substance abuse services                        | <input type="checkbox"/> help dealing with my arrest   |
| <input type="checkbox"/> help with government benefits (e.g. welfare/TANF, food stamps, others) | <input type="checkbox"/> help dealing with sexual abuse services for me or my children         |
| <input type="checkbox"/> learning more about why/how domestic violence happens                  | <input type="checkbox"/> help understanding my rights & options related to my residency status |
| <input type="checkbox"/> help meeting my child's disability-related needs                       | <input type="checkbox"/> help getting benefits as an immigrant                                 |
| <input type="checkbox"/> help meeting my needs related to my disability                         | <input type="checkbox"/> help getting residency status   |
| <input type="checkbox"/> help with budgeting  | <input type="checkbox"/> help getting support from my faith community                          |
| <input type="checkbox"/> help getting safe & adequate housing                                   | <input type="checkbox"/> help arranging transportation to meet my needs                        |
| <input type="checkbox"/> help getting job-related training                                      | <input type="checkbox"/> help ending my relationship   |
| <input type="checkbox"/> help getting a job   | <input type="checkbox"/> help staying in my relationship safely                                |
| <input type="checkbox"/> other ( <i>describe</i> ) _____  |  |

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*):

Yes	No		Yes	No	
___	___	I know more ways to plan for my safety	___	___	more hopeful about the future
___	___	I know more about community resources	___	___	more comfortable asking for help
___	___	I know more about my rights and options	___	___	more confident in my decision-making
___	___	that I will achieve the goals I set for myself	___	___	like I can do more things on my own

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

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

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** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

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***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:* \_\_\_\_\_

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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:

- 8<sup>th</sup> grade or less                       High school graduate or GED                       College graduate  
 9<sup>th</sup> – 11<sup>th</sup> grade                       Some college                       Advanced degree

15 I am:

- female                       male                       transgender

***Thank you very much!***