CLIENT SATISFACTION SURVEY

Program: _____ **Date:** _____

Mid Florida Homeless Coalition always wants to offer the highest quality services. Your honest opinions will help us achieve this goal.
Please rate us on all the questions below.

Please place an X in the appropriate box to indicate your level of satisfaction:		**Strongly Disagree** 1	**Disagree** 2	**Neutral** 3	**Agree** 4	**Strongly Agree** 5
1.	I would recommend _____ (Agency) services to a friend or family member.					
2.	Staff was respectful and compassionate.					
3.	Staff was able to understand my needs and referral me to appropriate resources.					
4.	The service hours offered by the program accommodated my needs.					
5.	During my first contact with the Agency, staff showed a willingness to serve.					
6.	I was able to have an appointment with a case manager within two weeks of request for services.					
Please share any comments that you may have.						