

Volunteers of America of Greater Ohio

Residential Reentry Program Residential Client Satisfaction Survey

DIRECTIONS: We need your help! In order to ensure we provide you the best quality services, please take a moment to complete the following questions. To ensure your responses are confidential, please do not write your name on this survey.

1. From which facility are you receiving services? **Date of survey:** _____
 Cincinnati Dayton Mansfield Toledo
2. How long have you been in the program?
 Less than 30 Days 1-3 Months 4-6 Months 7-9 Months 10-11 Months 1+ Years
3. What services have you received from this facility? (check ALL that apply):
 Sex Offender Treatment Substance Abuse Treatment Thinking for a Change
 Introduction to Treatment (ITT) Employment Readiness Orientation
 Anger Management (ART) Advanced Practice Other: _____

Please rate your level of agreement with each of the following questions on a scale of 1-5:

4. FACILITY	5	4	3	2	1
	Strongly Agree				Strongly Disagree
Facility is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility is comfortable, regardless of weather outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms are clean & working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance concerns are handled in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. STAFF	5	4	3	2	1
	Strongly Agree				Strongly Disagree
Staff treat me with dignity & respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are interested in my success in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are knowledgeable about their duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff treat everyone equally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provide adequate notice for rescheduled meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments are made at convenient times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are culturally aware and/or competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. FOOD	5	4	3	2	1
	Strongly Agree				Strongly Disagree
Food portions are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the quality of meals served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals that are supposed to be served hot are hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PROGRAM SERVICES	5	4	3	2	1
	Strongly Agree				Strongly Disagree
Program & services address my personal needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program rules are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program rules are fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand what the program expects from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am receiving all of the services I need to be successful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to participate in religious activities if I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. OVERALL PROGRAM	5	4	3	2	1
	Strongly Agree				Strongly Disagree
The program is helping me make positive changes in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program is helping me to be more successful in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the program to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Overall, how satisfied are you with the services received?

- Very Satisfied Satisfied No Opinion Somewhat Dissatisfied Dissatisfied

10. Are you encountering any major problems obtaining permanent housing? Yes No Not Applicable

If YES – what problems are you encountering?

11. Are you encountering any major problems finding a job? Yes No Not Applicable

If YES – what problems are you encountering?

12. What parts of the program best meet your needs?

13. What parts of the program least meet your needs?

14. Is the program providing the services that you need? Yes No Not Applicable

If NO - What additional services do you need in order to achieve your goals and be successful?

15. Additional comments or suggestions about our program?

ADDITIONAL QUESTIONS

What is your age group?

- 18-24 yrs 25-34 yrs 35-44 yrs 45-54 yrs 55-64 yrs 65+ yrs

What is your race/ethnicity?

- African American/Black Caucasian/White Hispanic/Latino Native American/Eskimo
 Asian/Pacific Islander Bi/Multi-Racial Other (specify) _____

What is the highest level of education you completed?

- Grades 0-8 Grades 9-11 HS Diploma or GED Voc/Technical School
 Assoc. Degree 4-Year College Degree or Higher

What county are you from: _____

Thank you for your help!