

**CT Balance of State Continuum of Care  
Participant Satisfaction Survey Instructions**

**Background:**

The Connecticut Balance of State Continuum of Care (CT BOS) provides an opportunity each year for people who are receiving housing and/or services from a project funded by CT BOS to complete a satisfaction survey. Surveys along with other data are used to evaluate CT BOS funded projects. Provider agencies are responsible for offering people being served by their CoC funded projects with either a paper version of the survey or a link where a survey that can be completed on-line. Provider agencies are also responsible for collecting paper surveys and either entering those data into Survey Monkey or submitting surveys for data entry to CT BOS. Provider agencies that receive CT Department of Mental Health and Addiction Service (DMHAS) funding can opt to use the survey provided by DMHAS instead of the CT BOS survey. Each project receives a report showing their survey results, and the CT BOS Steering Committee reviews a summary report showing combined results for all projects. The summary report is also posted to the [CT BOS Renewal Evaluation](#) webpage.

**Instructions for Provider Agencies:**

CT BOS sends detailed instructions to all funded projects each year. Please consult these instructions for Survey Monkey links, deadlines, submission instructions and other important details. Please be sure to complete the information in the survey header prior to distributing the survey to participants. To ensure that you are receiving this and other important information from CT BOS, please be sure that all relevant staff have signed up for the “HUD Grantees” or “YHDP” email lists on the [CT BOS website homepage](#). To ensure confidentiality and encourage participants to provide honest feedback, please follow these guidelines:

- Reassure participants that you appreciate their honest feedback and that their responses are confidential.
- Offer participants a choice of completing a paper or on-line survey.
- Offer participants who opt to complete an on-line survey access to the technology needed.
- Offer participants assistance to complete the survey, including the option to get assistance from a different staff person than the person who usually provides their services.
- Offer participants privacy while they complete the survey.
- Make available a drop-box, mail-in option or other means for participants to complete the paper survey anonymously.

**Instructions for Project Participants:**

Thank you for taking the time to provide important information about the housing assistance and/or support services you receive from a project funded by the US Department of Housing and Urban Development (HUD) through the CT Balance of State Continuum of Care (CT BOS). Survey responses are used by agencies that provide housing and services to make improvements. We appreciate your honest feedback, and your responses are confidential. Please feel free to skip any questions that you do not want to answer. There is a comments section at the end. Feel free to comment on your housing/services, and/or the questions in this survey. We estimate that this survey will take about 10 minutes to complete. If you have any questions about the survey, please contact us at [ctbosoc@gmail.com](mailto:ctbosoc@gmail.com).

Agency Name: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Grant Number: CT \_\_\_\_\_

**CT Balance of State Continuum of Care  
Project Participant Satisfaction Survey**

1. How long have you been in this program? (Check one)

- Less than 1 month     1 to 6 months     7-12 months     13 months to 1 ½ years  
 More than 1 ½ years

2. These are the services I receive from this program:

- Housing Search     Rental Assistance     Utility Assistance  
 Employment     Substance Use     Medical     Mental Health Services     Educational  
 Case Management Services     Help with Benefits (SAGA, Social Security, Food Stamps, etc.)  
 Transportation     HIV Prevention Education     Other \_\_\_\_\_

2a. Are your service needs being met in this program? (Check one)

- Always     Most of the Time     Some of the Time     Never

2b. These are the services that were not available to me that I would like this program to provide in the future:

- Housing Search     Rental Assistance     Utility Assistance  
 Employment     Substance Use     Medical     Mental Health Services     Educational  
 Case Management Services     Help with Benefits (SAGA, Social Security, Food Stamps, etc.)  
 Transportation     HIV Prevention Education     Other \_\_\_\_\_

2c. Please describe other services you need that are not provided that you would like to see available in the future.

---

---

3. If you have requested a referral to other programs/services, did you receive the referral you requested?

- Yes     No     N/A

3a. Has staff followed up since the referral to see if you are getting the services and that they are meeting your needs?

- Yes     No     N/A

4. Are you treated with dignity and respect by the staff of this program?

- Always     Most of the Time     Some of the Time     Never

5. Do you feel that you can make decisions about what happens to you in this program without facing retaliation?

- Always     Most of the Time     Some of the Time     Never

6. Have you been given the opportunity to give input into how the program is running?  Yes     No

7. Has staff of this program given you information about any of the following ways you can give input (check all that apply):

- Advisory Board     Tenants' Council     Suggestion Box     Joining the Agency Board of Directors  
 Other \_\_\_\_\_

**Thank you for participating in this survey! Your opinion matters.**

Agency Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

Grant Number: CT \_\_\_\_\_

8. Have you received information about how to to make a complaint (also sometimes called a grievance)?  Yes  No

9. If you have made a complaint (also sometimes called filing a grievance), was the process:

Easy to access?  Yes  No  N/A

Handled in a timely manner?  Yes  No  N/A

10. Do you feel safe in this program/facility?

Always  Most of the Time  Some of the Time  Never

11. Is this program's facility clean and well maintained?

Always  Most of the Time  Some of the Time  Never

12. Has the quality of your life improved since you entered this program?

Greatly  Somewhat  Stayed the same  Gotten worse

Please explain the ways your quality of life has changed positively or negatively:

---

---

13. How confident are you that this program keeps your personal information secure and private?

Very confident  Somewhat Confident  Not Confident

14. Does staff in the program speak your language or has the program provided translators who speak your language?

Yes  No  N/A

15. Is there sensitivity to your cultural needs (for example: accommodating food habits, dress, other beliefs and practices)?

Yes  No

16. If you would like to provide this information, please choose all answers that best describe your race:

Black, African-American or African  White  Asian or Asian-American

American Indian, Alaska Native, or Indigenous  Native Hawaiian or Pacific Islander

17. If you would like to provide this information, please choose the answer that best describes your ethnicity:

Hispanic/Latina/Latino/Latinx  Non-Hispanic/Non-Latina/Latino/Latinx

18. This is what I like about this program / facility...

---

---

19. This is what I wish were different about this program / facility

---

---

20. Any other comments?

---

---

**Thank you for participating in this survey! Your opinion matters.**