



CITIZEN POTAWATOMI NATION HOUSE OF HOPE **SUPPORT SERVICES & ADVOCACY FEEDBACK**

1. People come to our program for different types of assistance. 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 with safe visitation for my children

_____ help getting medical benefits (e.g. Medicaid)

_____ help getting access to mental health services

_____ help with government benefits (e.g. welfare/TANF, food benefits)

_____ 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 a job

_____ information about counseling options

_____ help with a protective order

_____ someone to go with me to court

_____ help getting access to an attorney

_____ help understanding my rights & options related to my residency status

_____ help getting benefits as an immigrant

_____ help getting residency status

_____ help arranging transportation to meet my needs

_____ other _____

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?

If yes, what shelter? YWCA Womens Resource Project Safe House of Hope

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:

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

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

	Doesn't Apply	Strongly Agree	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
My religious/spiritual beliefs were respected	0	1	2	3	4
My sexual orientation was respected	0	1	2	3	4
My racial/ethnic background was respected	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. Overall, 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 mind told me she was thinking of coming here for help, I would:

strongly recommend

recommend she not come

recommend she come

strongly recommend she not come

Because:

Thank you very much!