



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!