**Support Services & Advocacy Feedback Form**

**Thank you for your help. Your answers to these questions will help us improve our services. Please answer honestly—there are no right or wrong answers. Your answers are confidential and very important to us. Please do this right away. When you have finished, please put this survey in the envelope you were given, seal it, then put it in the confidential place the advocate showed you.**

1. People come to our program for different types of help. 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 | \_\_\_ information about counseling options |
| \_\_\_ help figuring out how I can be safer | \_\_\_ support to make some changes in my life |
| \_\_\_ help keeping custody of my children | \_\_\_ help with a protective order |
| \_\_\_ help with safe visitation for my children | \_\_\_ information about the legal system process |
| \_\_\_ help getting child support | \_\_\_ someone to go with me to court |
| \_\_\_ help getting access to child care | \_\_\_ information about my legal rights and options |
| \_\_\_ help with child protection hearings or requirements | \_\_\_ help supporting the court case against the person who abused me |
| \_\_\_ help with my children’s school (e.g. records, changing schools, etc.) | \_\_\_ help stopping the court case against the person who abused me |
| \_\_\_ help with health insurance for my children | \_\_\_ help with probation issues |
| \_\_\_ help getting access to health care | \_\_\_ help getting access to an attorney |
| \_\_\_ help getting medical benefits (e.g. Medicaid) | \_\_\_ help with police issues |
| \_\_\_ help getting access to mental health services | \_\_\_ help preparing to testify in court |
| \_\_\_ help getting access to substance abuse services | \_\_\_ help dealing with my arrest |
| \_\_\_ help with government benefits (e.g. welfare/ TANF, food stamps, others) | \_\_\_ help dealing with sexual abuse services for me or my children |
| \_\_\_ learning more about why/how domestic violence happens | \_\_\_ help understanding my rights & options related to my residency status |
| \_\_\_ help meeting my child’s disability-related needs | \_\_\_ help getting benefits as an immigrant |
| \_\_\_ help meeting my needs related to my disability | \_\_\_ help getting residency status |
| \_\_\_ help with budgeting | \_\_\_ help getting support from my faith community |
| \_\_\_ help getting safe & adequate housing | \_\_\_ help arranging transportation to meet my needs |
| \_\_\_ help getting job-related training | \_\_\_ help ending my relationship |
| \_\_\_ help getting a job | \_\_\_ help staying in my relationship safely |
| \_\_\_ other (*describe)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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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? \_\_\_ yes \_\_\_ no

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 (please check either yes or no):

|  |  |  |  |
| --- | --- | --- | --- |
| Yes No | | Yes No | |
| \_\_\_ \_\_\_ | I know more ways to plan for my safety | \_\_\_ \_\_\_ | more hopeful about the future |
| \_\_\_ \_\_\_ | I know more about community resources | \_\_\_ \_\_\_ | more comfortable asking for help |
| \_\_\_ \_\_\_ | I know more about my rights and options | \_\_\_ \_\_\_ | more confident in my decision-making |
| \_\_\_ \_\_\_ | that I will achieve the goals I set for myself | \_\_\_ \_\_\_ | like I can do more things on my own |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| doesn’t  apply | strongly agree | agree | | disagree | strongly disagree |
| 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 |
| Over all, my religious/spiritual beliefs were respected. | 0 | 1 | 2 | 3 | 4 |
| Over all, my sexual orientation was respected. | 0 | 1 | 2 | 3 | 4 |
| Over all, my racial/ethnic background was respected. | 0 | 1 | 2 | 3 | 4 |
| Program staff helped address any needs related to my disability | 0 | 1 | 2 | 3 | 4 |
| Program staff helped address any needs related to my  youth or advancing age | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Over all, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. If a friend of mine told me she was thinking of coming here for help, I would: (please check one)

􀀀 strongly recommend she come 􀀀 recommend she come

􀀀 recommend she not come 􀀀 strongly recommend she not come

because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your answers to these questions will help to tell us in general who is coming to our program, so we can continue to improve our services. The information is not used to determine who specifically responded. Feel free to leave any item blank if you are concerned it would identify you.

10. I consider myself to be:

|  |  |  |
| --- | --- | --- |
| 􀀀 African American/Black | 􀀀 Hispanic/Latina | 􀀀 Other (what?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 􀀀 Asian/Pacific Islander | | 􀀀 Multiracial |
| 􀀀 Native American/Alaskan Native | 􀀀 White | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If there is a particular ethnic background that is important to you, please identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. My age is: 􀀀 17 or younger 􀀀 18 – 24 􀀀 25 - 34 􀀀 35 – 49 􀀀 50 - 64 􀀀 65 or older

12. I have \_\_\_\_\_\_\_\_\_\_ minor children (age 17 or younger)

13. I consider myself to be:

|  |  |  |
| --- | --- | --- |
| 􀀀 heterosexual/straight | | 􀀀 lesbian/gay |
| 􀀀 bisexual | 􀀀 other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

14. The highest level of education I have so far is:

|  |  |  |
| --- | --- | --- |
| 􀀀 8th grade or less | 􀀀 High school graduate or GED | 􀀀 College graduate |
| 􀀀 9th – 11th grade | 􀀀 Some college | 􀀀 Advanced degree |

1. 15 I am: 􀀀 female 􀀀 male 􀀀 transgender

***Thank you very much!***

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