



## Supportive Services for Veteran Families (SSVF) Program

### Participant Satisfaction Survey

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# Department of Veterans Affairs

## Supportive Services for Veteran Families (SSVF) Program Participant Satisfaction Survey

*Thank you for your willingness to complete this survey about the services you have received. Your responses will be used by VA to better understand the effectiveness of the program and where services might be either kept the same, or changed, to help other Veterans and their families. All answers you provide on this survey are confidential as survey data does not include names.*

Name of provider (Organization that provided you with SSVF Services): \_\_\_\_\_

Number of individuals in household: ☐ 1 ☐ 2 ☐ 3 ☐ 4+

Are you enrolled in the VA health care system? ☐ Yes ☐ No

Is this the first or second time completing this survey? ☐ First ☐ Second

1. How would you rate the quality of the services you have received from this supportive services provider?

☐ Poor ☐ Average ☐ Good ☐ Excellent

2. If another Veteran or a friend were in need of similar help, would you recommend this supportive services provider to him or her?

☐ Definitely Not ☐ Probably Not ☐ Probably So ☐ Definitely

3. If you needed help again would you return to this supportive services provider?

☐ Definitely Not ☐ Probably Not ☐ Probably So ☐ Definitely

4. Did the supportive services provider involve you in creating an individualized housing stabilization plan?

☐ Yes ☐ No

4A. If you answered Yes to Question 5, do you feel that this housing plan is a good fit for your needs?

☐ Yes ☐ No

5. Is there any other feedback about the supportive services provider that you wish to provide to the VA?

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6. In the following table, please indicate which supportive services you received and indicate the quality of the supportive services received.

Supportive Services	Did you need this service?	Did you receive this service?	What was the quality of the service?			
1. Case Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
2. Assistance in obtaining VA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
3. Assistance in obtaining & coordinating other public benefits						
a. Health care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
b. Daily living	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
c. Personal financial planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
d. Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
e. Income support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

	Did you need this service?	Did you receive this service?	What was the quality of service?			
f. Legal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
g. Child care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
h. Housing counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<b>4. Other Supportive Services</b>						
a. Rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
b. Utility fee payment assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
c. Security and utility deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
d. Moving costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
e. Purchase of emergency supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
f. Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

**Please answer questions 7-10B if you have recently begun receiving services from this provider. You do not need to answer these questions if this is the second time you are completing this survey.**

**7. Have you ever lived in one of the following places?**

- ☐ Yes ☐ No On the street or a place not meant for human habitation
- ☐ Yes ☐ No In your car, boat, or an abandoned building
- ☐ Yes ☐ No Emergency shelter or drop-in center
- ☐ Yes ☐ No Transitional housing or halfway house
- ☐ Yes ☐ No Hotel/motel, Single Room Occupancy (SRO), Safe Haven

**8. How many times did you move in the year before you requested help at this program?** ☐ 0 ☐ 1 ☐ 2+

**9. In the year before you requested help from this supportive services provider, was it sometimes hard to pay for housing due to a change in income?** ☐ Yes ☐ No

**10. Did your employment status (employed full time, employed part time, unemployed) change significantly in the year before you requested help from this supportive services provider?** ☐ Yes ☐ No

**10A. If you answered Yes to Question 11, did you start working or stop working?** ☐ Start Working ☐ Stop Working

**10B. If you answered No to Question 11, what is your employment status?** ☐ Employed full time ☐ Employed part time ☐ Unemployed

**Please answer questions 11-13B if you are no longer receiving services from this provider or will no longer be receiving services from this provider in the immediate future. You do not need to answer these questions if you answered questions 8-10B.**

**11. How many times have you moved since you started receiving services from this provider?** ☐ 0 ☐ 1 ☐ 2+

**12. Since you started receiving services was there a time when your income decreased so much that it became hard to pay your housing costs?** ☐ Yes ☐ No

**13. Has your employment status changed significantly (employed full time, employed part time, unemployed) since you started receiving services from this supportive services provider?** ☐ Yes ☐ No

**13A. If you answered Yes to Question 13, did you start working or stop working?** ☐ Start Working ☐ Stop Working

**13B. If you answered No to Question 11, what is your employment status?** ☐ Employed full time ☐ Employed part time ☐ Unemployed

Thanks for your feedback. If you have any questions, please feel free to contact the SSVF Program Office at 1-877-737-0111 or via e-mail at [SSVF@va.gov](mailto:SSVF@va.gov) or visit <http://www.va.gov/homeless/ssvf.asp>.