

Client/Customer Survey 2017

**Thank you so much for participating in this survey. Your participation is vital to the mission of the Balance of State Continuum of Care (BOSCO) to end homelessness in Wisconsin. The coalition of homelessness services providers (a.k.a. BOSCO) will use results from this survey to inform decisions to improve services in your community and throughout Wisconsin. Individual responses will only be identifiable by county/region. Your comments will be combined into a group of answers and will not be traceable back to you.**

1. Of the areas or counties listed, which best represents where you live or seek services?

- Brown
- Florence, Marinette, Menominee, Oconto, Shawano
- Marquette, Portage, Waupaca, & Waushara
- Ashland, Bayfield, Douglas, Iron, Price
- Adams, Columbia, Dodge, Juneau, & Sauk
- Forest, Langlade, Oneida, Vilas
- Crawford, La Crosse, Monroe, & Vernon
- Ozaukee
- Buffalo, Eau Claire, Jackson, & Trempealeau
- Rock & Walworth
- Calumet & Outagamie
- Grant, Green, Iowa, Lafayette, Richland
- Burnett, Clark, Rusk, Sawyer, Taylor & Washburn
- Washington
- Jefferson
- Waukesha
- Kenosha
- Barron, Chippewa, Dunn, Pepin, Pierce, Polk, St. Croix
- Door, Kewaunee, Manitowoc, Sheboygan
- Fond du Lac, Green Lake, Winnebago
- Lincoln, Marathon, Wood

2. Of the age categories listed, which represents you?

- 62+
- 24-34
- 55-61
- 18-24
- 45-54
- Under 18
- 35-44

3. Which gender do you identify with?

- Female  Trans Male (FTM or Female to Male)
- Male  I do not identify as female, male or Transgender
- Trans Female (MTF or Male to Female)

4. What race do you most identify with?

- American Indian or Alaska Native  Multiple Races
- Asian  White
- Black or African American  Other
- Native Hawaiian or Other Pacific Islander  I prefer not to answer

5. What is your ethnicity?

- Hispanic
- Non-Hispanic
- I prefer not to answer

6. What is the primary language spoken in your household?

- English
- Spanish
- Hmong
- I prefer not to answer
- Other (please specify)

7. What is your current relationship status?

- Single  Separated
- Married  Divorced
- Widowed  I prefer not to answer

8. Does your household have children under the age of 18?

- Yes
- No

9. If yes, what are the age ranges of the children in your household?(Please check all that apply)

- Under 5
- 5-12
- 13-17
- Not Applicable

10. If there are children in your household, do the children live in your household 50% or more of the time?

- Yes
- No
- Not Applicable

11. What is the highest level of education you have completed?

- Less than high school
- High school diploma or equivalent
- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree

12. What is your annual household income (total income for all adults living in the household)?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,000
- \$100,000 to \$149,000
- \$149,000 or more
- I prefer not to answer

13. How many people are in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8+

14. Do you have a disability?

- Yes
- No
- I prefer not to answer

15. If yes, please specify by selecting one more more of the options below.

- Alcohol Abuse
- Drug Abuse
- Chronic Health Condition
- HIV/AIDS
- Developmental
- Physical
- Not Applicable
- Other (please specify)

16. Are you a survivor of domestic violence or sexual assault?

- Yes
- No
- I prefer not to answer

17. In the past 12 months, have you been either homeless or at risk of becoming homeless?

- Yes
- No

18. If yes, please specify by selecting one more more of the options below.

- Literally homeless; in a shelter, living on the street, are staying in a motel paid for by a service agency.
- Received an eviction notice: Past due rent or fees
- Received an eviction notice: Dispute with tenants or landlord
- Received an eviction notice: Violation of lease agreement
- Other (please specify)
- Received a foreclosure notice
- Left at will
- Living with friends or family
- Were asked to leave

19. In the past 12 months, how many times have you applied for any of the following services?(Enter number next to the corresponding category).

Case management

Counseling

Financial Assistance

Gas cards or bus tokens

Housing Programs

Utility assistance

Food Assistance

Emergency Shelter

Dental Care

Mental Health Care

Medical Care

20. If you did apply for any of the above services, how many times were you denied?(Enter number next to the corresponding category).

Case management

Counseling

Financial Assistance

Gas cards or bus tokens

Housing Programs

Utility assistance

Food Assistance

Emergency Shelter

Dental Care

Mental Health Care

Medical Care

21. If you were denied services, were you provided with a reason?

Yes

No

22. If yes, select one more of the following reasons below:

Not eligible

Over income

Application period closed

Lack of funding

Shelter at capacity

History of non-compliance

Services not offered

Not Applicable

Other (please specify)

23. Did you seek housing assistance?

Yes

No

24. If yes, how many months did you wait, or have you been waiting, to be placed in the program?

12+ months

2-5 months

9-11 months

Less than 1 month

6-8 months

NA – I did not seek housing assistance

25. Did you seek emergency shelter?

Yes

No

26. If yes, how many days did you wait before getting access, or how many days have you been waiting for access?

31+ days

1-5 days

16-30 days

NA – I did not seek emergency shelter

6-15 days

27. Were there any additional services you needed but were unavailable or not offered to you?

Yes

No

28. If yes, please explain the services you needed.

29. Is your household returning for services after successful placement in housing?

Yes

No

30. If yes, what happened? *Please select one or more of the following options.*

Could not afford rent after payment assistance ended

Unexpected expenses

Lease was not renewed

Job loss

Other (please specify)

31. Accessing services was

Easy

Difficult

Somewhat east

Very difficult

Neutral

32. What, if anything, made accessing services difficult?

Hours of operation

Staff did not return phone calls

Lack of transportation

Lengthy paperwork

Long waits

Not Applicable

Other (please specify)

33. Please share any additional feedback you may have about your experience.