Resident and Staff surveys[[1]](#footnote-1)

# Resident Survey

**Conducted and Sponsored by the Lived Experience Advisory Board**

This response is confidential and will not affect your employment. The Lived Experience Advisory Board is a group of leaders with lived homelessness experience focused on advocacy, improving homeless services, and leadership development for its members (find out more here: http://www.destinationhomesv.org/leab)

The shelter requested that the Lived Experience Advisory Board conduct a process to learn how their shelter intake process is serving the needs of their residents and employees. The purpose of this survey is to gather information about your experiences participating in the shelter intake process at the shelter, to provide feedback to the shelter about what is working well, and where there are areas for improvement.

We appreciate your contributions, thank you! Your responses can be anonymous, or if you are comfortable with being contacted for follow up questions please include your name and contact information at the end of the survey.

**General Information**

1. With what race and/or ethnicity do you identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. With what gender do you identify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is this your first time at this emergency shelter? (circle) Yes No
	1. If No, roughly how many times have you stayed before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many nights have you been here (current stay)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Satisfaction Scale:**

 

**5 4 3 2 1**

**Overall Shelter Satisfaction**

1. Overall, how would you rate your experience at this shelter? (Satisfaction Scale 1-5) \_\_\_\_\_\_\_\_
2. Would you recommend this shelter to someone who is experiencing homelessness?

(circle) Yes No Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How safe do you feel at this shelter?

*Circle One:* Very unsafe, unsafe, neutral, safe, very safe

**Facility Satisfaction**

1. Using the Satisfaction Scale 1-5, how would you rate the following:

* 1. The overall cleanliness of the facility \_\_\_\_\_\_\_\_\_\_\_\_

* 1. The sleeping accommodations \_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Food services \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Accessibility of showers and bathrooms \_\_\_\_\_\_\_\_\_\_\_\_

**Check In and Intake Process**

1. Roughly, how long did the Check In Process take, from the time you got in line, to the time you were given a bed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Roughly, how long did the Intake Process take, from the time your name was called, to the point when all of the paperwork was complete?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Using the Satisfaction Scale 1-5, throughout the Check In and Intake process, how would you rate:
	1. The attitude of the staff \_\_\_\_\_\_\_\_\_\_
	2. The requirements to stay in the shelter \_\_\_\_\_\_\_\_\_\_\_
	3. Waiting accommodations \_\_\_\_\_\_\_\_\_\_\_\_
2. For the following, please indicate: *Strongly disagree, disagree, neutral, agree, strongly agree*
	1. During the intake process I felt respected \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. I understood what was going on throughout the entire process \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. I feel informed about:
		1. My rights as a Resident here of the shelter \_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Shelter policies and expectations \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. The services available to me while I’m here \_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. What will happen with my information (on paper and in the computer database) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. What options I have for additional services to achieve my goals \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staffing and Case Management**

1. For the following, please indicate: *Strongly disagree, disagree, neutral, agree, strongly agree*
	1. The staff treat me with respect \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. The staff treat me without any discrimination \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. The staff are genuinely interested in my wellbeing and safety \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. The staff appear to have the knowledge, training, and resources to adequately support my stay here \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you have a problem with a staff member or fellow resident, do you know how to file a grievance? (circle) Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In your experience, do staff enforce policies fairly? Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In your experience, do staff members handle issues or disagreements appropriately?

 Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the staff sensitive to your ethnic and cultural background?

 Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do the shelter services help you progress or move forward to a more stable housing situation? Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you know how to access additional case management and/or programs to help you achieve your goals (housing, employment, health, etc,)?

 Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any additional comments you would like to share?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional Contact Information**

1. First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is the best way to contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your time and responses!***

**Only Complete this Section If turned away from the shelter (survey conducted outside of shelter):**

1. Were you turned away? (circle) Yes No

**If Yes:**

* 1. What reason were you given?

* 1. Did the staff direct you towards other resources, accommodations, next steps?

Yes No

* 1. Did you feel respected by the staff? Yes No

* 1. Any other comments?

# Staff Survey

**Conducted and Sponsored by the Lived Experience Advisory Board**

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The shelter requested that the Lived Experience Advisory Board conduct a process to learn how their shelter intake process is serving the needs of their residents and employees. The purpose of this survey is to gather information about your experiences participating in the shelter intake process at the shelter, to provide feedback to the shelter about what is working well, and where there are areas for improvement.

We appreciate your contributions, thank you! Your responses can be anonymous, or if you are comfortable with being contacted for follow up questions please include your name and contact information at the end of the survey.

**General Information**

1. With what race and/or ethnicity do you identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. With what gender do you identify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How long have you worked at the shelter? \_\_\_\_\_\_\_\_\_\_\_

4. What shift (hours) do you typically work? \_\_\_\_\_\_\_\_\_\_\_\_

**Satisfaction Scale:**

 

 **5 4 3 2 1**

**Overall Shelter Satisfaction**

1. Overall, how would you rate your experience working at this shelter? (Satisfaction Scale 1-5) \_\_\_\_\_\_\_\_

1. Would you recommend this shelter to someone who is experiencing homelessness?

(circle) Yes No Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How safe do you feel while working at this shelter?

*Circle One:* Very unsafe, unsafe, neutral, safe, very safe

**Facility Satisfaction**

1. Using the Satisfaction Scale 1-5, how would you rate the following:

* 1. The overall cleanliness of the facility \_\_\_\_\_\_\_\_\_\_\_\_

* 1. Your primary workspace or workstation (enough space, necessary equipment/materials for doing your job, a safe place for your belongings, etc.) \_\_\_\_\_\_\_\_\_\_\_

* 1. The shelter resident’s sleeping accommodations \_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Food services for shelter residents \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Accessibility of showers and bathrooms for residents\_\_\_\_\_\_\_\_\_\_\_\_

**Check In and Intake Process**

1. Using the Satisfaction Scale 1-5, throughout the Check In and Intake process, how would you rate:
	1. Your knowledge of the process and required procedures \_\_\_\_\_\_\_\_\_\_

* 1. Your ability to conduct the process in a timely and dignified manner \_\_\_\_\_\_\_\_\_\_\_

* 1. Your ability to maintain privacy of shelter resident’s written, verbal, and digital information \_\_\_\_\_\_\_\_\_\_\_\_

1. For the following, please indicate: *Strongly disagree, disagree, neutral, agree, strongly agree*

* 1. I understood the purpose of each part of the client intake packet \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. I receive adequate and regular trainings on the procedures for conducting the Check In and Intake Processes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. I always have access to a manager or supervisor if I have questions or concerns during my shift \_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. I have enough time to adequately explain shelter policies and procedures, complete assessments, and built initial rapport with new shelter residents \_\_\_\_\_\_\_\_\_\_\_\_\_

1. I receive training or have access to trainings related to the following topics (please indicate: *Strongly disagree, disagree, neutral, agree, strongly agree*):

* + 1. Trauma and the impact of violence \_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Psycho-social services and mental health treatment \_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Health emergency responses \_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Flexibility and Individualized treatment \_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Community resources, referral processes and opportunities \_\_\_\_\_\_\_\_\_\_\_\_

* 1. I feel I have the necessary skills, resources, and experience to (please indicate: *Strongly disagree, disagree, neutral, agree, strongly agree*):

* + 1. Treat each shelter resident with respect and dignity \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Understand and enforce shelter rules equitably \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Serve individuals with cultural competence \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Inform shelter residents about what will happen to their information (on paper and in the computer database) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Connect shelter residents to additional resources to achieve their goals (housing, employment, health, etc.)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staffing and Case Management**

1. If you have a problem with a fellow staff member or shelter resident, do you know how to file a grievance? (circle) Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If a shelter resident comes to you with a problem with a fellow shelter resident or staff member, do you know how to help them file a grievance? (circle) Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you know how to handle a medical, psychiatric, or safety-related emergency within the shelter facility? Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you know how to handle a medical, psychiatric, or safety-related emergency outside of the shelter facility, in the courtyard, parking lot, or adjacent streets?

 Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In your experience, do all staff enforce policies fairly? Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is all staff sensitive to ethnic and cultural backgrounds?

 Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do the shelter services help residents progress or move forward to a more stable housing situation? Yes No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When individuals are turned away from shelter (no beds, not eligible, etc.), what is one resource you wish you could provide?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is one thing you would like to see changed related to your experience as a staff member?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is one thing you would like to see changed for shelter residents going through the shelter Check In and Intake Processes**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your career goal and what is one thing that would help you achieve it?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any additional comments you would like to share?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional Contact Information**

1. First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is the best way to contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your time and responses!***

1. The surveys were adapted by the Lived Experience Advisory Board from a survey developed by the City of Baltimore Mayor’s Office of Homeless Services in collaboration with the Consumer Advisory Work Group. [↑](#footnote-ref-1)