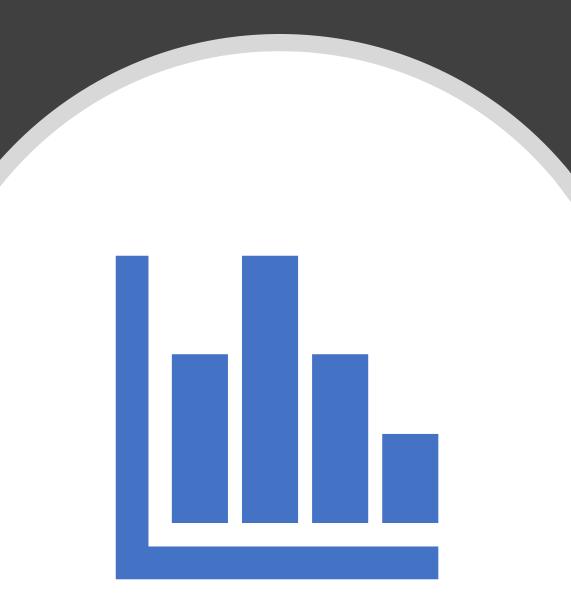
Client Programs and Services Survey

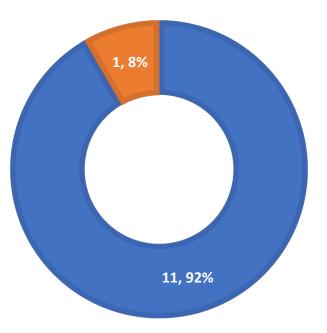
Q2 2022 Results



Response Summary

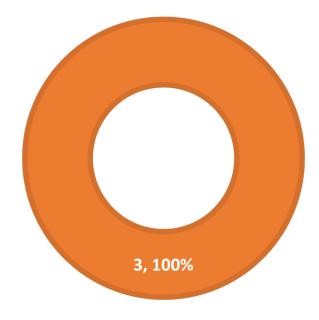
VALID SURVEYS (N=12) BY METHOD OF SURVEY ADMINISTRATION

■ Paper ■ Computer

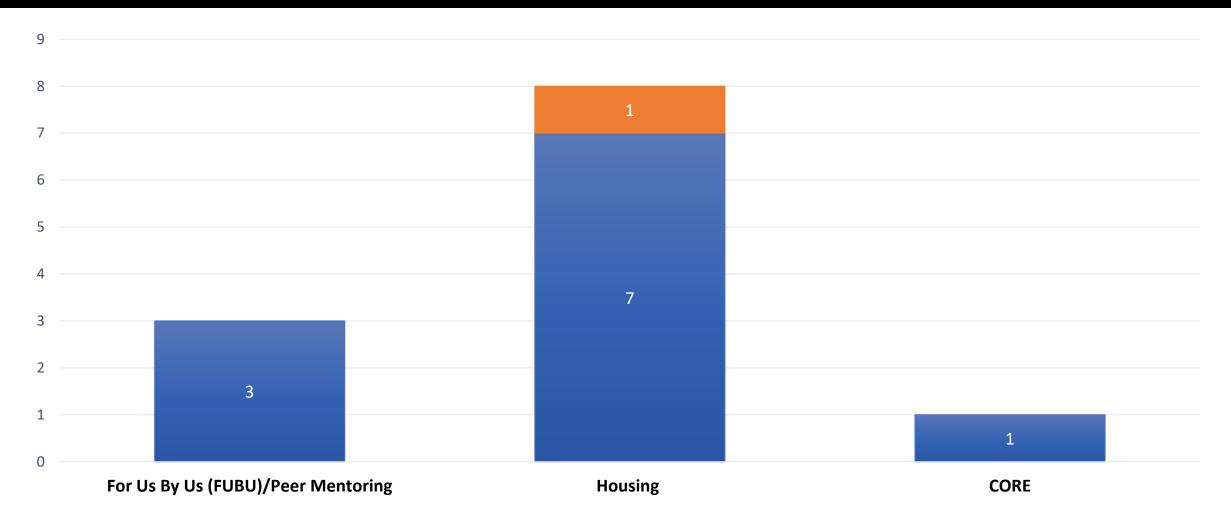


REJECTED SURVEYS BY REJECTION REASON (N=3)

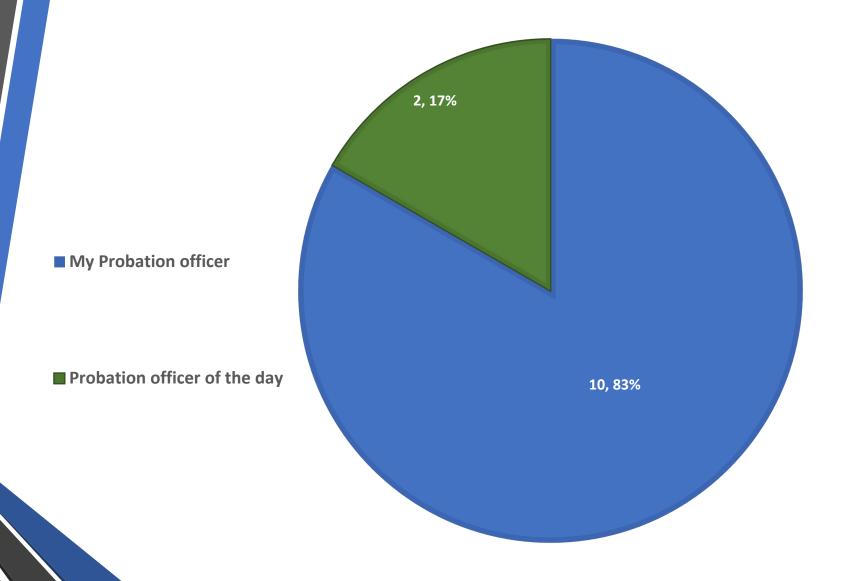
- Paper: Multiple selections on item 1
- Online: Only answered item 1



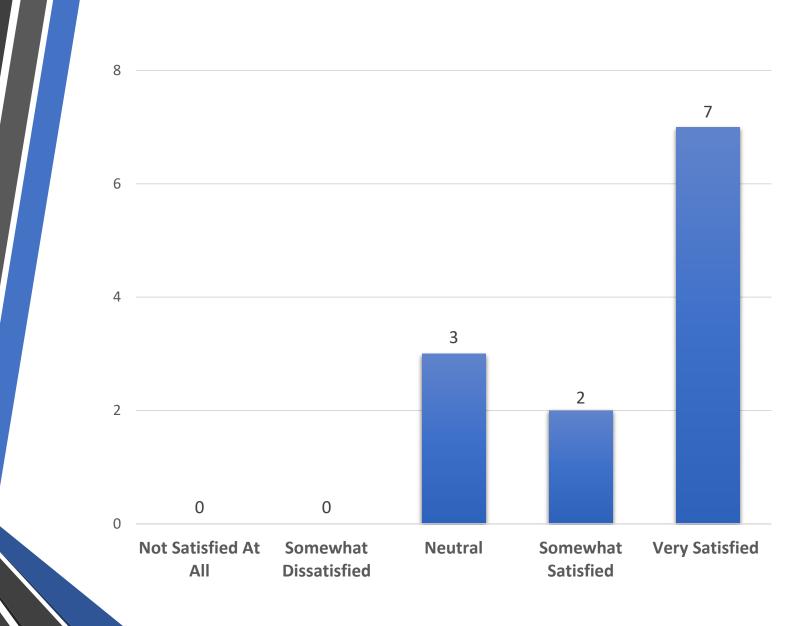
What program or service are you providing feedback about today?



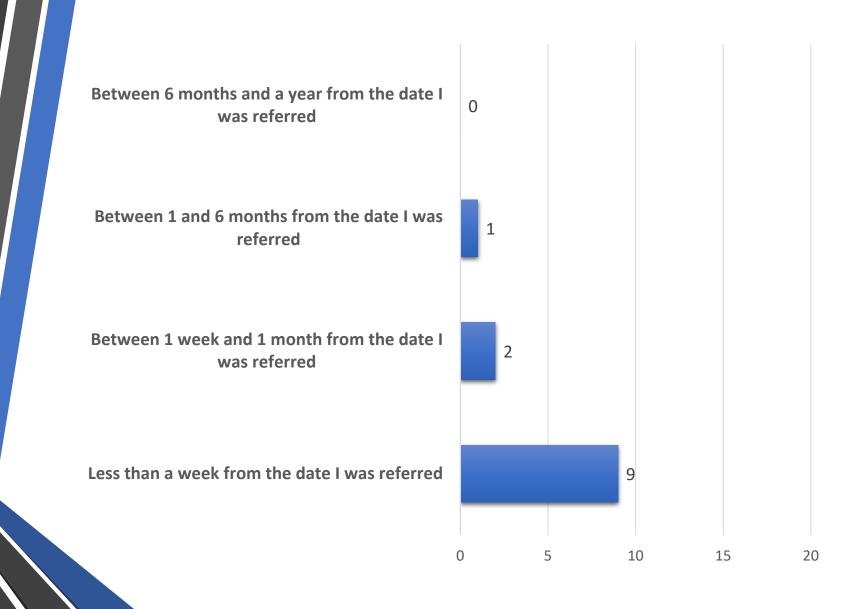
How were you referred to the program or service?



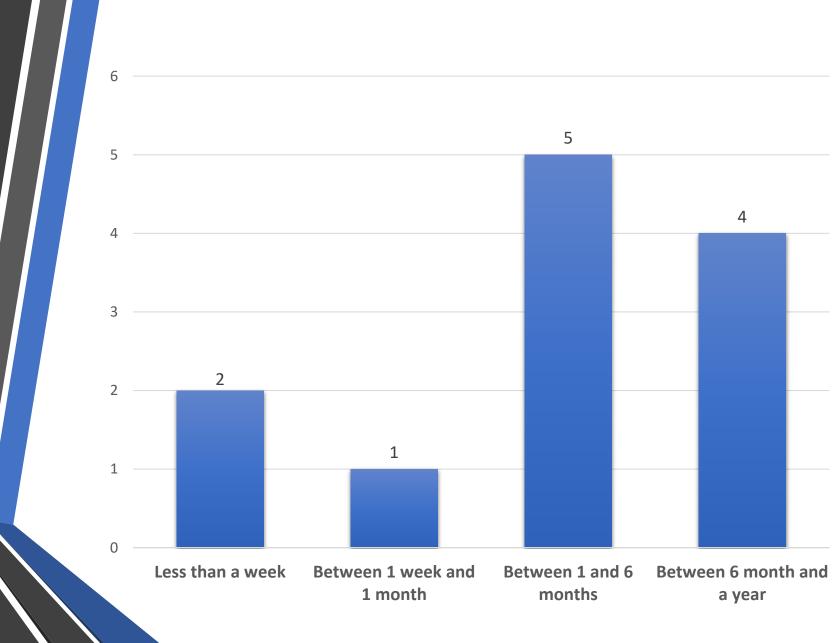
How satisfied were you with the referral process?



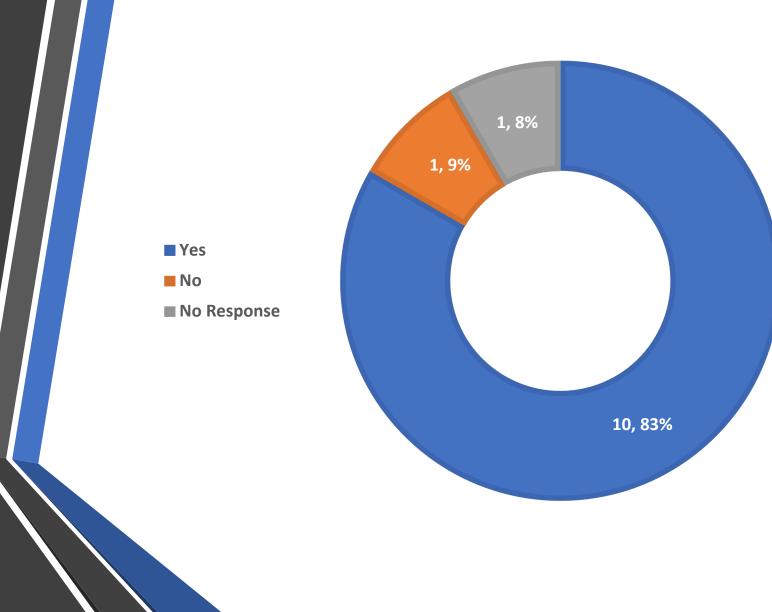
How long did it take for the provider to enroll you in the program/service?



How long did you participate in the program/service?



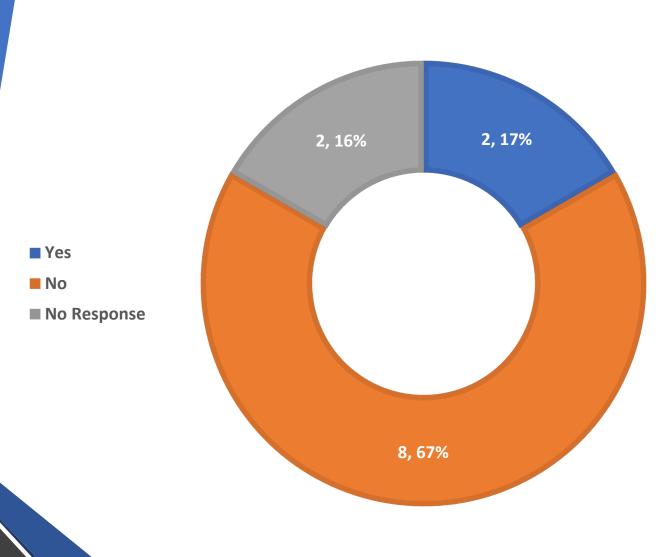
Did you find the program/service to be useful for you?



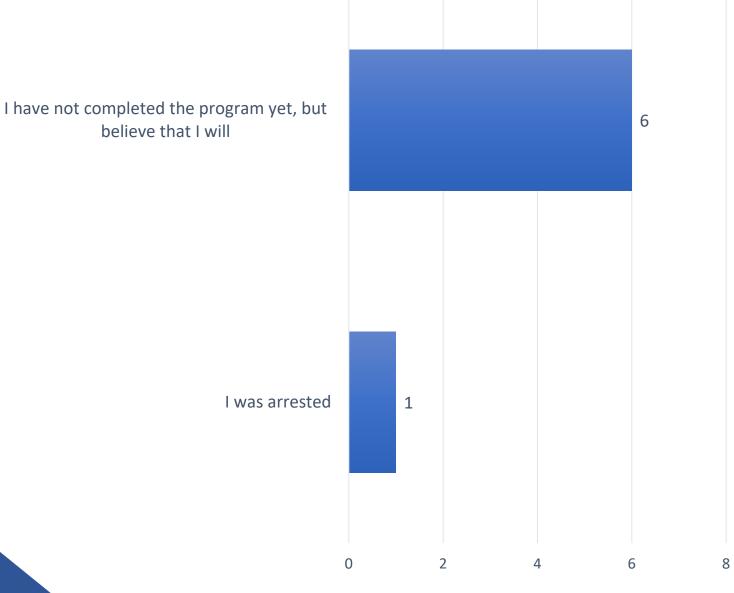
If not, what could have been done differently to make the program/service more useful? Select all that apply

• Incentives

Did you complete or graduate from the program/service?



Please tell us why you did not complete or graduate from the program/service. Select all that apply.

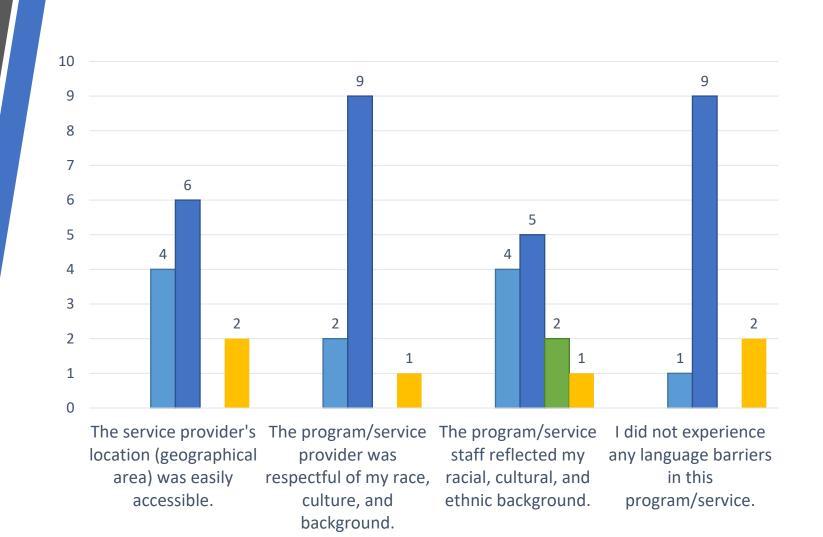


How could the program/service have been improved to better ensure that you finished? Select all that apply

N=1 for each response unless otherwise noted N=1 did not explain response

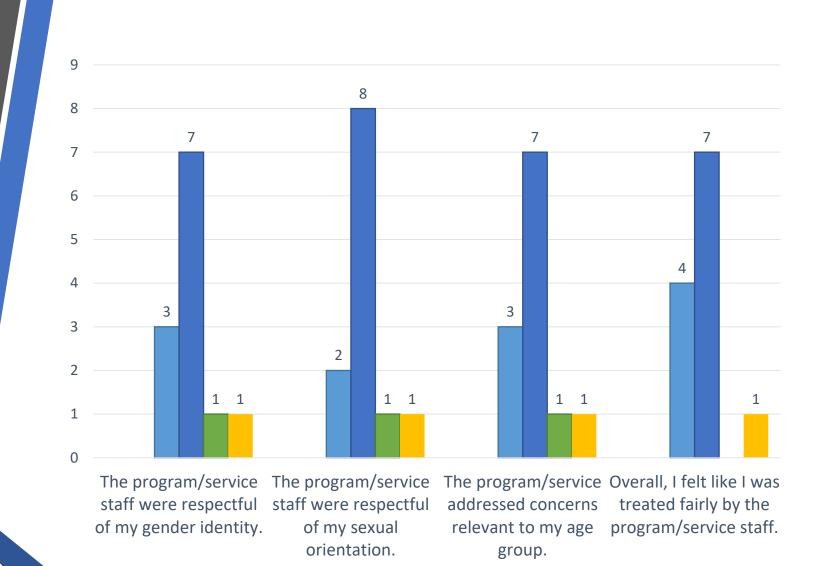
- More individualized service (n=2)
- Incentives
- Childcare
- More focus on mental health issues (n=2)
- Other: More time in program

Please indicate to what extent you agree or disagree with each of the following statements



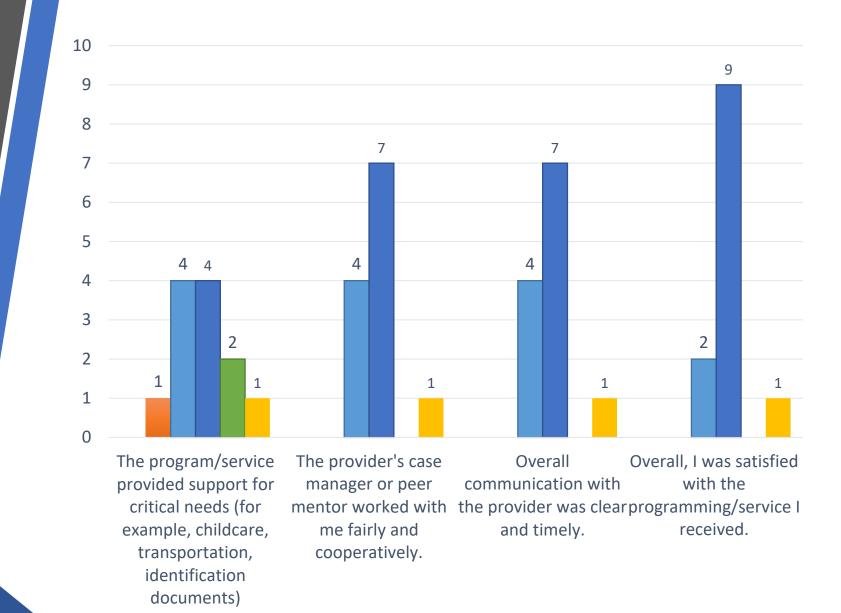
Strongly Disagree Disagree Agree Strongly Agree N/A No Response

Please indicate to what extent you agree or disagree with each of the following statements



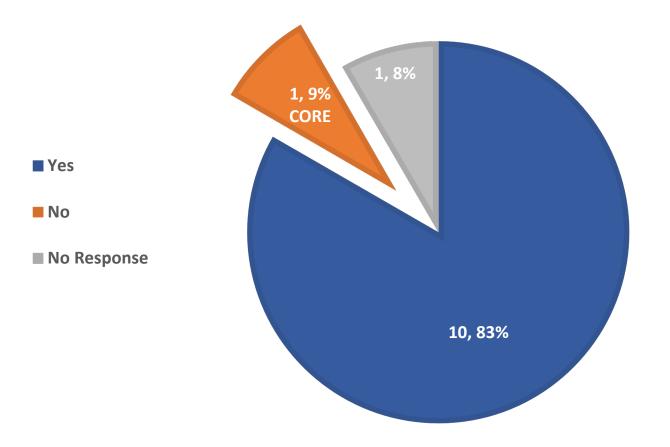
Strongly Disagree Disagree Agree Strongly Agree N/A No Response

Please indicate to what extent you agree or disagree with each of the following statements

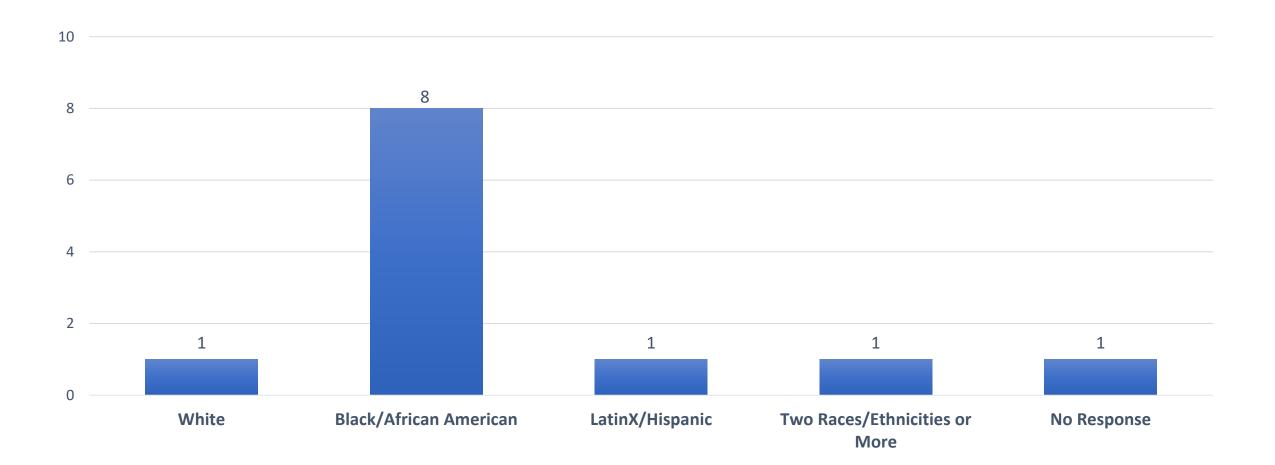


Strongly Disagree Disagree Agree Strongly Agree N/A No Response

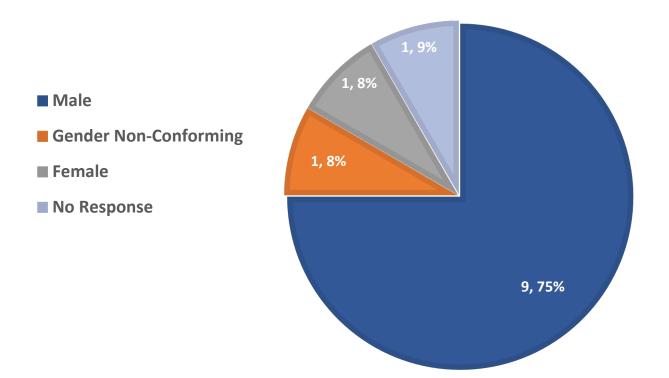
Did the program/service offer you any financial assistance (e.g. payments, vouchers, gift cards, bus passes/clipper cards, etc.)?



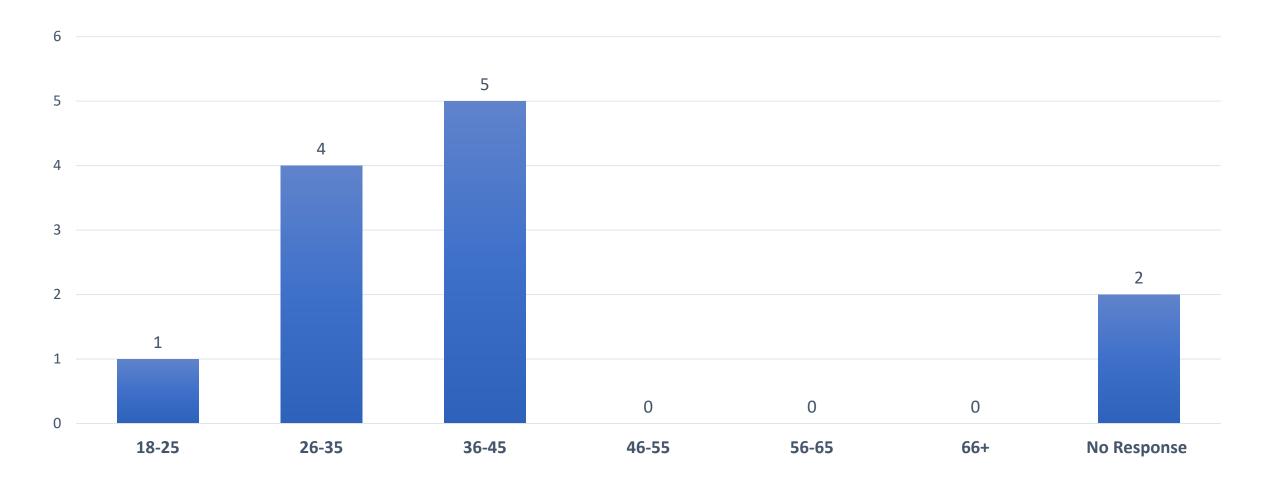
What is your race/ethnicity? Select all that apply



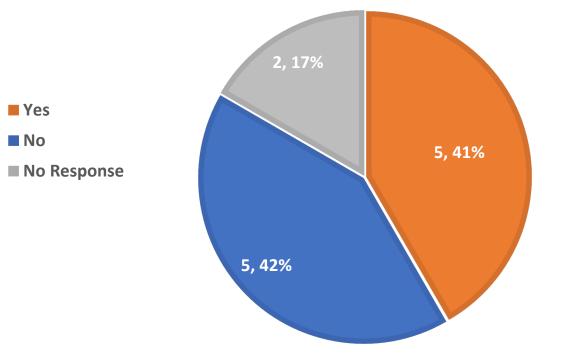
What gender do you identify with?



What is your age?



Do you currently have a job where you receive a regular paycheck?



Do you currently have a stable place to stay, live, or sleep?

