



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Participant Satisfaction Form

Purpose of Form: this information is being collected to help assess overall satisfaction with HPRP Kansas City Project Hope and to improve our services. Your participation in completing the survey is strictly voluntary. Your responses will in no way affect your ability to receive HPRP services. **Instructions:** Please complete each field as requested. Do not leave any blanks. Use “neutral or no opinion” as appropriate.

Name: (Optional) Your name will not be used in any reports and will be kept confidential. You may leave this field blank if you prefer. _____

Demographics

Zip Code: _____ **May we contact you if needed?** Yes No **If Yes, what is a good number to reach you? (include area code):** _____

Gender: Male Female **Age:** > 65 50-65 35-49 18-34 <18

Ethnicity:

African American or Black American Indian or Alaska Native Asian Hispanic or Latino
 Native Hawaiian or Other Pacific Islander Other Tribal Affiliation White None

Name of Agency: _____

For each statement listed below indicate how you feel about it by marking the boxes corresponding to your opinion.	Strongly Agree	Agree	Somewhat Agree	Neutral of No Opinion	Somewhat Disagree	Disagree	Strongly Disagree
The agency responded promptly after my application was initiated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, HPRP staff were courteous and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My or the case manager was courteous and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The case manager was knowledgeable about the recovery process and resources available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The case manager was understanding of my challenges and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm satisfied with the goal plan that I and my case manager developed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency did everything it could to help me address my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the referrals I was given and/or the information that was provided to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the service I received from this agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe I will be able to maintain as a result of the services provided to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think services such as I received should be made available to other people needing housing assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

