IMPACT 2-1-1 – Coordinated Entry Customer Survey

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Call Record:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of shelter referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Before your call to IMPACT 2-1-1 on (the date of referral) had you ever called IMPACT 2-1-1 before?
* If yes: Approximately how many times have you called 2-1-1 in the past? \_\_\_\_\_\_\_\_\_\_
* If no: How did you become aware of IMPACT 2-1-1? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What could have made the Coordinated Entry experience better?

Was the person from IMPACT 2-1-1 that you spoke with that day, courteous and polite to you?

* Yes
* No
* No Opinion

 4. Were you satisfied with the service provided by IMPACT 2-1-1?

* Yes
* No
* No Opinion

 3. Is your situation better, worse or about the same?

* It has gotten better
* It has gotten worse
* It is about the same

 2. Did you contact the referral? **YES**