| Date: |  |
|-------|--|
|       |  |

## St. Vincent's House Survey



Every so often we ask you to complete this survey in order to better understand your needs. We use this survey to recommend potential other services we could offer, and your responses will <u>not</u> keep you from receiving our services.

Please respond based on your **household's** current situation and let us know if you have any questions. Thank you!

| Your name      |                                   |  |
|----------------|-----------------------------------|--|
| Date of Birth  |                                   |  |
| Street Address |                                   |  |
| How many peop  | ole are living in your household? |  |

< This is the area where we could add questions that aren't as well suited for the matrix. For example, since Paula is interested in asking about outcomes, we could ask about how helpful SVH has been to them overall >

How helpful have you found St. Vincent's House services to be in improving your situation? (pick one)

- $\hfill\square$  Not helpful at all
- ☐ A little helpful
- ☐ Very helpful
- ☐ Extremely helpful

< Obviously a leading question, but not a terrible idea for grants >

We use this survey to recommend potential other services we could offer, and your responses will <u>not</u> keep you from receiving our services.

For each row in the table below, please circle the box that best describes your **household's** current situation. Thank you!

|                      | 1  | 2   | 3   | 4   | 5  |
|----------------------|--|---|---|---|--|
|                      | No food or relies on free/low cost food          | Receives Food Stamps / SNAP                       | Can meet basic needs with occasional assistance                               | Can meet basic needs without assistance                       | Able to purchase any food desired                              |
|                      |  |   |   |   | Has healthy foods  |
|                      | No income  | Not enough income to                              | Can meet basic needs  | Can meet basic needs  | Making enough  |
|                      | Not working                                      | meet <b>basic needs</b>                           | with occasional assistance  | without assistance  | money to build savings   |
|                      | Homeless   | Temporary housing                                 | Stable housing, but <b>not</b>  | Stable, safe housing  | Safe, stable, and  |
|                      | Has eviction notice                              | Rent / mortgage is over 1/3 of income             | safe  | Government housing  | unsubsidized<br>housing  |
| Medical              | No medical coverage *AND* need medical care soon | No medical coverage  *OR* difficulty getting care | Some (but <i>not everyone</i> ) in the household <b>has</b> medical insurance | Everyone in house has insurance, but coverage not good enough | Everyone in house has insurance and spends <10% of income care |
| Legal<br>(optional)  | Current outstanding tickets or warrants          | Current charges or pending trial                  | On probation/parole (in good standing)  | No new charges in past year                                   | Box #4 *AND* no<br>history of felony                           |
| Employment           | No job or work in past                           | Employed <b>part-time</b> ,                       | Working >32 hours a   | Works full time with  | Permanent full-time  |
| (if able to<br>work) | week   | but not enough pay                                | week but <b>not enough pay</b>  | enough pay to meet  | job (for past 3  |
|                      |  |   | No benefits   | basic needs   | months)  |