

# Flint/Genesee County CoC Coordinated Entry System Survey - Clients

HUD requires each CoC to conduct an annual evaluation of its Coordinated Entry System, focusing on the quality and effectiveness of the entire coordinated entry experience, including intake, assessment, prioritization, and referral processes-for both clients and agencies.

HUD recommends that the annual assessment include, at a minimum, review of the effectiveness and efficiency of the overall process, feedback regarding the ease of use from those who experienced a housing crisis and and an analysis of referral outcomes.

\* Indicates required question

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## **DEMOGRAPHICS**

### 1. **Household \***

*Mark only one oval.*

- Single Person
- Household with Children under 18
- Household with only adult

2. **Age \***

*Mark only one oval.*

18-24

25 or older

3. **Gender \***

*Mark only one oval.*

Female

Male

Gender Non-Conforming

Transgender

Questioning

Choose not to answer

4. **Race \***

*Mark only one oval.*

American Indian, Alaska Native, or Indigenous

Asia or Asian American

Black, African American, African

Native Hawaiian or Pacific Islander

White

Client Doesn't know

Choose not to answer

**5. Ethnicity \***

*Mark only one oval.*

- Hispanic/Latinx
- Non-Hispanic / Non-Latinx
- Client doesn't know
- Choose not to answer

**HOMELESSNESS EXPERIENCE****6. When you first found yourself experiencing homelessness, where was the first place you went to get help with housing? \***

*Mark only one oval.*

- Housing Crisis Helpline
- HARA / Catholic Charities One Stop
- Street Outreach
- Shelters (MBK, Shelter of Flint, Carriage Town, Traverse Place, YWCA)
- Family Promise
- St Lukes New Life Center
- Mercy House
- MDHHS, Corrections
- 211
- Mental Health Services (HOPE, GHS, TTI)
- Substance Use Services (New Paths, Flint Odyssey House)

**7. What did the agency you first went to help you with? \***

*Check all that apply.*

- Referred me to an emergency shelter
- Asked whether I needed help from a domestic violence agency
- Asked me about my medical needs or provided healthcare
- Food and other emergency need
- Helped me find new housing or referred me to housing program
- Referred me to the Helpline for Coordinated Assessment
- Asked me about my mental health
- Referred to prevention (rental assistance / utilities)

**8. Approximately how long did you experience homelessness? \***

*Mark only one oval.*

- 1-2 weeks
- 1-2 months
- 3-6 months
- 6 months - 1 year
- 1 year or more

9. **Thinking about the most recent time you became homeless, what could have prevented you from becoming homeless? \***

*Check all that apply.*

- Rental Assistance
- Help finding an apartment
- Help finding a job
- Other Financial assistance
- Mental Health treatment
- Substance Use treatment
- Health Care
- Support System
- Case Management
- Proof of Income
- Help with budgeting
- Choose not to answer

10. **When you did not have housing, where did you stay most often? \***

*Check all that apply.*

- Shelter
- On the streets
- In my Car
- In a tent
- Abandoned building
- Hotel
- Somewhere else

**ASSESSING COORDINATED ENTRY**

**11. Where or how did you hear about CE? \***

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**12. How did you complete the Coordinated Entry Assessment? \***

*Check all that apply.*

- By phone (the Helpline)
- Walk-in
- Scheduled Appointment
- With an outreach worker

**13. Was the assessment process clearly explained to you? \***

*Mark only one oval.*

- Yes
- No

**14. Was it explained to you that the assessment does not guarantee housing? \***

*Mark only one oval.*

- Yes
- No

15. **Did you feel the assessment was too long? \***

*Mark only one oval.*

Yes

No

16. **Did you feel comfortable answering the questions? \***

*Mark only one oval.*

Yes

No

17. **Did you feel comfortable with the staff person that did your assessment? \***

*Mark only one oval.*

Yes

No

18. **Did you feel the questions were confusing? \***

*Mark only one oval.*

Yes

No

**19. The Housing Crisis Helpline staff were friendly and courteous. \***

*Mark only one oval.*

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**20. Do you feel there was good communication with the Coordinated Entry staff after the assessment process was over while you were waiting for housing options \***

*Mark only one oval.*

- Yes
- No

**HOUSING SEARCH****21. What assistance were you provided to help you find housing? \***

*Check all that apply.*

- I was given a list of landlords to call
- Someone called landlords on my behalf
- I was taken to appointments with landlord
- I received help paying my security deposit
- I received help paying any utility deposits
- I recieved other help finding housing



22.

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**How could the process with getting housing be better? (Check all that apply)**

*Check all that apply.*

- For someone to call landlords on my behalf
- Receive other help finding housing
- Receive help paying security deposit
- Receive help paying utility deposit
- Be taken to appointments with landlords
- Staying in connection with other resources
- Increase follow-up with clients
- Be given a list of land lords to call
- Other: \_\_\_\_\_

### **CURRENT HOUSING**

23. **Are you currently housed through a housing program? \***

*Mark only one oval.*

- Yes
- No

24. **If you are in a housing program, do you think that you may become homeless again in the future? \***

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*Mark only one oval.*

- Yes
- No

25. **If you are in a housing program, what do you think you need to remain in your current housing?** \*

*Check all that apply.*

- Rental Assistance
- Help finding a job
- Other financial assistance
- Mental health treatment
- Help with budgeting
- food assistance
- healthcare
- case management
- utilities assistance
- substance use treatment

**RATING EXPERIENCE**

26. On a scale of 1-5 - with 1 being the least satisfied and 5 being the most satisfied, how do you feel about the assistance you received in meeting your housing needs? \*

*Mark only one oval.*

- 1
- 2
- 3
- 4
- 5

27. **Do you have any recommendations that would make it easier for people to get the housing services they need?** \*

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28. **If there was anything that could be done to make CE better for you what would it be?** \*

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29. **Are there any suggestions or comments you would like to make?** \*

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**CLIENT INFORMATION (Optional)**

30. Your Name

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31. email address

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32. **Thank you for taking the time to complete this survey. We appreciate your time and feedback! Your feedback will help improve your experience with Coordinated Entry.**

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