

## Services Questionnaire (FVPSA)

Date: \_\_\_\_\_

**The following questions are asked in order to improve our program, services and advocacy. Participation is voluntary. Your anonymity is protected: do not provide your name and please place this form in the folder or envelop provided. If you would like assistance in answering, please ask a group member or staff person who does not provide the service. You can skip any question you want. Thank you for your help in making our organization the best it can be!**

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**Please circle one:**

- I have stayed in the [Program Name] shelter.
  - I have received [Program Name] support services/advocacy, but not stayed in the shelter.
  - I have attended [Program Name] support groups, but not stayed in the shelter or received support services/ advocacy.
  - I have received counseling from a [Program Name] counselor.
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1. Have you learned more about community resources through [Program Name]?  
Please circle: YES NO If no, what would you like to learn more about?

2. Do you know more ways to plan for your and your family's safety?  
Please circle: YES NO If no, what would you like to learn more about?

3. What has [Program Name] provided or done that has been **most** helpful to you?

4. What other resources or services would be helpful to you?