

Attachment C

Coordinated Entry EXIT Evaluation Survey

Date: _____

(Optional)

Name: _____

Address: _____

Phone Number: _____

Please circle which number best represents your beliefs
(1 is not good to 5 is very good)

- | | | | | | |
|--|---|---|---|---|---|
| 1. Adequacy of housing services in regards to you and your children's needs (if applicable)? | 1 | 2 | 3 | 4 | 5 |
| 2. Assistance with any barrier experienced while in the CE program? | 1 | 2 | 3 | 4 | 5 |
| 3. How beneficial was the Housing Navigator for you and your children (it applicable)? | 1 | 2 | 3 | 4 | 5 |
| 4. Did you call the hotline and how long till you received a call back. | 1 | 2 | 3 | 4 | 5 |
| 5. Did you contact CE online? | 1 | 2 | 3 | 4 | 5 |
| 6. Overall rating of the Housing Navigator and services | 1 | 2 | 3 | 4 | 5 |

Please write your comments for the following questions.

What did you like best about the services received?

Return to: mburrell.westtncoc@gmail.com