



Emergency Financial Assistance Program
Client Satisfaction Survey

Name/URN #: _____

Date: _____

Case Manager: _____

Referring Agency: _____

Which category of assistance did you request? *Check all that apply.*

- Rent/Mortgage/Utility Assistance Move- in Assistance Hotel/Motel Assistance
 Legal Documents Employment Assistance Transportation Other: Medication or Medical Co-pay

Do you have questions about your assistance, and were answers clearly explained to you? Yes No

In your opinion, did the staff at Golden Rainbow treat you with respect? Yes No

Are you having challenges adhering to your medication? Yes No

Are you having challenges understanding your lab results? Would you need help navigating your lab results? Yes No

Would you or your partner need access to PrEP medication? Yes No

How would you rate your overall experience with Golden Rainbow? (Please check one)

- No Opinion Below Average Average Good Excellent

Please take a moment to offer any comments, suggestions you may have: _____

Do you identify as: Male Female Transgender M to F Transgender F to M Non-binary

How old are you? _____ Do you live alone? Yes No Who resides with you? _____

Ethnicity/Race: *How do you identify yourself? (Select all that apply)*

- Asian Black/African American American Indian/Alaskan Native Middle Eastern Native Hawaiian/Pacific Islander
 North African Other Multi-Racial White

Are you of Hispanic or Latino descent (*Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture*)?

Yes or No

Are you a Veteran? Yes No

What is your monthly income? \$ _____

Number of Dependents: _____

Living Situation prior to assistance: Rent Own Stay with friends/relatives Shelter Homeless Jail/Prison
 Hospital/Facility

If you'd like to be invited to events, promotions, or activities please provide an email address: _____