**Section I:** *For each statement, indicate the extent to which you agree, or disagree, by circling the appropriate number. How do you feel about each of the following statements?*

***(1= Strongly Disagree, 2= Disagree, 3= neither Agree or Disagree, 4= Agree, 5= Strongly Agree)***

1. **My overall experience at the Gate House was positive? 1 2 3 4 5**

1. **The Gate House helped me transition back into independence? 1 2 3 4 5**
2. **The Gate House helped me improve my life skills, including but**

 **not limited to, budgeting, time management, & workforce training? 1 2 3 4 5**

1. **I would recommend the Gate House to individuals or families**

 **in need of transitional housing and support? 1 2 3 4 5**

**Section II:** *The following questions are open ended. Please write your opinion in the space provided after each question. If more space is needed, please utilize the back of this form.*

1. **How did you first learn about the Gate House?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What advice would you give to individuals or families in need?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What programs or resources could the Gate House add to help those in need transition into housing and/or employment?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Since leaving Gate House, have you been able to maintain employment?**

**Yes** **No** *(If No, please explain)***:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section III:** *Personal Demographics.*

1. **What is your age? \_\_\_\_\_\_\_**
2. **What is the highest level of education completed?**

**GED** **High School** **Other** **Some College** **College Graduate**

1. **Contact Information:** *If you would prefer to remain Anonymous, please do not complete*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**