

Safe Harbor Crisis Nursery Survey

Last Name		First Name		MI	
How many kids do you have?		Names and birth date? (mm/dd/yyyy)			
What services do you currently participate in? Please circle all that apply <input type="checkbox"/> Lourdes <input type="checkbox"/> GAL <input type="checkbox"/> Nueva Esperanza <input type="checkbox"/> Safe Babies Safe Mom's <input type="checkbox"/> WIC <input type="checkbox"/> Housing authority <input type="checkbox"/> Neurological Center <input type="checkbox"/> Lutheran Social Services <input type="checkbox"/> DCFS <input type="checkbox"/> Head Start <input type="checkbox"/> DSS Medical and Stamps <input type="checkbox"/> Developmental Center <input type="checkbox"/> First Steps <input type="checkbox"/> Sunderland <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Work Source <input type="checkbox"/> CBCV <input type="checkbox"/> Other _____					
How often do you use these Services?	Regularly	Infrequently	As needed	No comment	
What services did SHCN refer you to use? Please circle all that apply <input type="checkbox"/> DSHS <input type="checkbox"/> Sails outlet <input type="checkbox"/> Education <input type="checkbox"/> Salvation Army <input type="checkbox"/> SARC-Sexual Abuse <input type="checkbox"/> DCFS <input type="checkbox"/> State Patrol <input type="checkbox"/> CAC Utilities <input type="checkbox"/> Housing Authority <input type="checkbox"/> Crisis Resource and Contact <input type="checkbox"/> WIC <input type="checkbox"/> Lourdes <input type="checkbox"/> Legal Aid <input type="checkbox"/> Private Investigator <input type="checkbox"/> Parenting Support Groups <input type="checkbox"/> DVR <input type="checkbox"/> First Steps <input type="checkbox"/> Counseling <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Woman's Resource Center <input type="checkbox"/> CBCV <input type="checkbox"/> Work Source <input type="checkbox"/> Sunderland <input type="checkbox"/> Childcare Resources <input type="checkbox"/> ARC-Delayed Development <input type="checkbox"/> DDD <input type="checkbox"/> Head Start <input type="checkbox"/> Tri-city Harold <input type="checkbox"/> GAL Coordinator <input type="checkbox"/> CAC Resources & Referral Line <input type="checkbox"/> UGM <input type="checkbox"/> Other _____					
Did you follow up on these services?	Yes	No	What did you think		
Was the amount of time that your child spent in crisis care sufficient for you to deal with issues that led you to need care? Please circle the one that most applies					
Completely	Mostly	A little bit	Not really	Not at all	
Without services from Safe Harbor, are you able to access safe and reliable child care in an emergency? Please circle the one that most applies					
All if the time	Most times	Some times	Barely	Not at all	
Did you feel that the Safe Harbor staff treated you with respect and in a way that was non-judgmental? Please circle the one that most applies					
Completely	Mostly	A little bit	Not really	Not at all	
Safe Harbor took good care of my child.	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Child care available when I needed it.	Strongly agree	Agree	Neither	Disagree	Strongly disagree
I received the support that I needed.	Strongly agree	Agree	Neither	Disagree	Strongly disagree
What was most valuable about the services you received from Safe Harbor?					
How can Safe Harbor improve its services?					
Any additional comments?					
Would you use Safe Harbor's services again?	Yes	No			