

# 2026 Coordinated Entry Emergency Shelter Consumer Survey

**Instructions:** Please tell us how you were served while you were experiencing homelessness. Please answer as honestly as you can. This survey will help us improve services in your community.

**This survey is optional, and you will remain nameless. Your answers will not be read by staff and will not impact the services you receive from the agency. You may also choose to answer only some of the questions.**

If you would like help reading the questions on the survey or help writing your answers, you can ask staff at your agency for help. Or you can ask them to connect you with someone from a different agency for help.

TTY-based Telecommunications Relay Services permit persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call persons with or without such disabilities. Please **dial 711** to access these services.

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\* Indicates required question

1. Date \*

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*Example: January 7, 2019*

2. Name of agency that gave you this survey \*

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3. Is there an emergency shelter in the location you experienced homelessness?

*Mark only one.*

Yes

No

4. How many shelters did you try to access before you entered this emergency shelter?

*Mark only one.*

Zero, this was the first shelter I went to

1 - 5 shelters

6 - 10 shelters

11 - 20 shelters

5. How did you find out about the emergency shelter you are currently in? Check all that apply

*Check all that apply.*

- I had been there before
- I heard about it from someone else
- I called 2-1-1
- I found it on the internet
- I was referred by another agency

6. Was this shelter open at a convenient time for you to be able to get a bed?

*Mark only one.*

Yes, it was open when I got there

No, it was difficult to get there in time to get a bed

No, I was turned away or missed the deadline and had to come back another day

7. Was the shelter accessible to persons with varying levels of abilities?

*Mark only one.*

Yes

No

8. Did that agency do any of these when you went there? Check all that apply

*Check all that apply.*

Asked if I needed help from a domestic violence agency

Asked about my medical needs or provided health care

Provided food

9. Were you assessed for resources by the Homeless Assessment Referral Tool (HART)?

*Mark only one.*

Yes

No

10. If you were assessed by the HART, did you understand the questions?

*Mark only one.*

Yes, I understood all the questions

Yes, I understood most of the questions

No, the questions were hard to understand

No, I was not assessed by the HART

11. If you were assessed by the HART, did you feel comfortable answering the questions?

*Mark only one.*

Yes, I felt comfortable answering all the questions

Yes, I felt comfortable answering most of the questions

No, I did not feel comfortable answering the questions

No, I was not assessed by the HART

12. Have you been treated respectfully by shelter staff?

*Mark only one.*

I am never treated respectfully by shelter staff

I am rarely treated respectfully by shelter staff

I am sometimes treated respectfully by shelter staff

I am usually treated respectfully by shelter staff

I am always treated respectfully by shelter staff

13. What assistance were you provided to help you find housing? Check all that apply.

*Check all that apply.*

- I was given a list of landlords to call
- Someone called landlords on my behalf
- I was taken to appointments with landlords
- I received help paying the security and/or utility deposits
- I did not receive help finding housing.

14. Were you informed you could file a complaint if you feel that someone providing you services or housing discriminated against you or mistreated you?

*Mark only one.*

Yes

No

15. Have you felt discriminated against by any agency that you went to for housing or services?

*Mark only one.*

Yes

No

16. Everyone who has received services in the NC Balance of State Continuum of Care may file a grievance if they have been discriminated against or mistreated while they experienced homelessness.

If you have a grievance with an ESG or CoC-funded project, you must first complete any grievance process available through the relevant NC BoS CoC-funded agency prior to filing a grievance with the CoC.

If you are dissatisfied with the outcome of a grievance filed with an NC BoS CoC provider and wish to appeal this grievance with the CoC, you may submit a grievance in writing to NCCEH, the NC BoS collaborative applicant, via e-mail ([bos@ncceh.org](mailto:bos@ncceh.org)) or regular mail to NCCEH, RE: CoC Grievance, P.O. Box 27692, Raleigh, NC 27611.

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17. Please use the space below to share any positive or negative experiences you had with accessing or staying in emergency shelter.

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