

# Testimonial Collection Form

Your feedback is important. Please answer Yes or No to the following questions. For each “Yes”, please share more about your story and how this program has impacted you. Thank you for your time.

**Agency/Project Name:**

**Name:**

**Address or City:**

Confidentiality form signed:  Yes  No

- 1. Has this program changed how you feel about yourself and what you can do, such as your self-esteem, confidence, or motivation?**  Yes  No

If yes, please share more about how this program impacted you, providing as much detail as possible:

- 2. Has this program helped you to get access to the things you need, such as food, housing, transportation, or child care?**  Yes  No

If yes, please share more about how this program impacted you, providing as much detail as possible:

- 3. Has this program had an impact on your connection with other people, such as your level of community involvement, relationships with friends or family, or your support network?**  Yes  No

If yes, please share more about how this program impacted you, providing as much detail as possible:

**4. Has this program impacted your ability to work or participate in the community through the development of skills and knowledge or improvement in health?** Yes No

If yes, please share more about how this program impacted you, providing as much detail as possible:

**5. Has this program impacted your financial wellbeing, such as your income level, financial knowledge and skills, or the amount of money available to you?** Yes No

If yes, please share more about how this program impacted you, providing as much detail as possible:

**6. Is there anything else (positive or negative) that you would like to share about your experience with this program?**

**Thank you!**