

Attachment B: Client Survey to Evaluate Services

PAGE

Agency Name: BVCAP

Name of person completing survey (optional) _____

Race (optional): _____ Ethnicity (optional): Hispanic Non-Hispanic

Age (optional): _____ City and County where you live: _____

Please provide your feedback to help improve our services and plan future services.

1. Please place an X next to the service(s) received from our agency:

- Case Management _____
- Education Related Assistance _____
- Employment Related Assistance _____
- Food _____
- Other Emergency Assistance _____
- Referral _____
- Rent Assistance _____
- Utility Assistance _____
- Weatherization _____
- Other Services – please explain: _____

2. Rate how satisfied you are with the services you received from our agency by circling the rating which best

Rating	No Opinion 0	Poor 1	Fair 2	Good 3	Excellent 4
How did staff treat you?	0	1	2	3	4
Did staff do what they said they would do to assist you?	0	1	2	3	4
Did staff assist you in a timely manner?	0	1	2	3	4
How was your overall service experience?	0	1	2	3	4

3. Are there other types of assistance or services which you are seeking that our agency did not provide?

Yes _____ No _____

If yes, please describe what the assistance or services are in the space below.

4. Do you have any recommendations to improve how we serve you?

Thank you for taking time to provide us your feedback.