

**CONCERNED, INC.**

**SATISFACTION SURVEY FOR GUARDIANS/FAMILY MEMBERS**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please check the following services in which you work with**

Adult Day Services     
  Community Employment     
  Hourly/Respite Services  
 Organizational Employment     
  Residential (Site)

Please rate the following statements concerning services you and your client receive	ADS	CE	Hrly/Respite	ORG	Site
(1) Being Excellent (2) Being Good (3) Being Fair (4) Needs improvement (5) Not Applicable					
1. If I am the <b>GUARDIAN</b> , I am kept informed on the progress of the member.					
2. I am treated courteously by the staff from Concerned, Inc.					
3. Concerned, Inc. coordinates services with all team members assuring quality outcomes and services outlined in the member's Person's Centered Plan.					
4. I feel the person served receives quality services.					
5. If I am the <b>GUARDIAN</b> , I receive prompt and accurate reports from Concerned, Inc.					
6. I know whom to contact if I have questions regarding services.					
7. The staff of Concerned, Inc. are competent and knowledgeable about my family member's needs.					
8. Concerned, Inc. staff spend enough time with the person served					
9. I can contact Concerned, Inc. when I have a problem or a question & receive assistance timely. Their staff and services are accessible when I need them.					
10. Regarding the services your family member receives, do you feel he or she has choice regarding activities?					
11. Do you feel your family member engages in enough activities?					
12. Do you feel your family member's Person Centered Plan meeting is set at a time and place that is convenient for your family member.					

10. Do you feel that Concerned, Inc. has rules in place to be sure that this agency is doing the right thing?

**Yes                      No                      I don't know**

11. Do you feel as though Concerned, Inc. follows these rules?

**Yes                      No                      I don't know**

12. Concerned, Inc. does the right thing for members regarding providing services?

**Never                  Sometimes                  Always                  I don't know**

13. What do you see as our strengths and weaknesses? (If weaknesses, please identify the program and or as whole agency)

Thank you very much for taking the time to complete this questionnaire. Your input is extremely important to us. We will use this information to continue providing quality services to you now and in the future.

Nick Margritz-Peters, Adult Day Coordinator, Patty Pope, Community Employment, Nicki Farrell, Hourly/Respite Coordinator, Deb Henrich, Organizational Employment Coordinator, and Alisha Edgecomb, Residential (Site) Coordinator

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14. How do you rate our services overall?                      **EXCELLENT**                      **GOOD**                      **FAIR**                      **POOR**
15. Would you recommend our services to a friend/family member who needed services?                      **YES**                      **NO**
16. Do you have any other comments or questions that we can help you with now?

17. Are there any other services that you might want your family member involved in like:

Community Employment

PreVoc Workshop Services

Residential Services

Respite Services

Adult Day Services

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