

CONCERNED, INC.
SCL Hourly Services 2017
SATISFACTION SURVEY FOR CLIENTS

Name: _____

Date: _____

Please rate each of the following statements below concerning the services you receive from the SCL Hourly Department.

Statement	Yes	No	I don't know
1. Do you feel safe with the staff that work with you?			
2. Do you feel the staff assist you in meeting your goals?			
3. Do you get to do what you want to do in the community?			
4. I feel comfortable talking to my staff or the Hourly supervisor when I have a problem or a question.			
5. I lead my Person-Centered Plan meeting and choose my goals.			
6. I have the opportunity to see and visit my family.			
7. I have the opportunity to see and visit my friends.			
8. Do you feel that Concerned, Inc. has rules in place to be sure that this agency is doing the right thing?			
9. Do you feel Concerned, Inc. follows these rules?			
10. Do you feel Concerned, Inc. does the right thing for members regarding providing services?			
11. If you need help from staff, do they help you?			
12. Do you feel you have the freedom to choose your daily activities?			
13. Do you feel you choose the days and times you engage in Hourly activities?			
14. Would you ever want Hourly services on a Holiday?			
15. Do you feel only the right staff have keys to your home?			
16. Do you spend enough time with your staff and are able to use all of your hours allowed?			

17. If "No" to any of the above questions, please explain: _____

18. Why do you choose to receive services from Concerned, Inc.? _____

19. Please list any activities that you might wish to engage in that could potentially be scheduled

20. Are there any accommodations you need from Concerned, Inc.? _____

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21. How do you rate our services overall? **EXCELLENT** **GOOD** **FAIR** **POOR**

22. Do you have any questions or concerns about your rental agreement? _____

23. If so, what? _____

24. Would you recommend our services to a friend or family member who needs services? **YES** **NO**

25. Do you have any other questions or comments that we can help you with at this time? _____

Thank you very much for taking the time to fill out 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

Nicki Farrell, SCL Hourly Coordinator