${\color{red}\textbf{CONCERNED}, \textbf{INC}.}$ **SCL Site Services 2017** SATISFACTION SURVEY FOR CLIENTS

Name: Date:						
Please rate each of the following statements below concerning your "housing" and the services you receive from the SCL Site Department.						
State	ment	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 house staff or the house supervisor when I have a					
	lem 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. s	Do you feel Concerned, Inc. does the right thing for members regarding providing ervices?					
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 have privacy in your bedroom?					
14.	Do you feel that you have input into your daily routine?					
15.	Do you feel only the right staff have keys to your home?					
16. a	Do you feel you can decorate and furnish our own home per the rental greement?					
15.lf "	No" to any of the above questions, please explain:					
16.W	hy do you choose to receive services from Concerned, Inc.?					
17. F	Please list any activities that you might be wish to engage in that could potentially be s	scheduled	I			
18. A	are there any accommodations you need from Concerned, Inc.?					
19. F	low do you rate our services overall? EXCELLENT GOOD		FAIR	POOR		

Alisha Edgecomb, SCL Site Coordinator

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

20. Do you have any questions or concerns about your rental agreement?		
21. If so, what?		
20. Would you recommend our services to a friend or family member who needs services?	YES	NO
21. 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.