

**CONCERNED, INC.**  
**SATISFACTION SURVEY FOR REFERRING AGENCIES**

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

**Concerned, Inc. Satisfaction Survey for the following programs**

(ADS) -Adult Day Services                      (CE)- Community Employment                      Hourly/Respite

(Org) Organizational Employment                      (Site) Residential

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. I am kept informed on the progress of the person served.					
2. I am treated courteously by the staff from Concerned, Inc.					
3. My member(s) receives prompt services.					
4. The staff at Concerned, Inc. are qualified and competent to serve my member(s).					
5. I receive prompt and accurate reports from Concerned, Inc.					
6. I receive cost effective services from Concerned, Inc.					
7. Concerned, Inc. possesses a positive public image in its community					
8. There is job diversity available to my member(s)					
9. Services are coordinated with all team members alleviating duplication and assuring quality outcomes.					
10. I can contact Concerned, Inc. when I have a problem or a question & receive assistance in a timely manner. Their staff and services are accessible to me when I need them.					
11. Do you feel the Person Centered Plan meeting is offered at a time and place most convenient to the member served?					

11. Do you feel that Concerned, Inc. has policies in place to prevent illegal and/or unethical conduct and follows these policies?  
**YES                      NO                      I DON'T KNOW**

13. Concerned, Inc. does the right thing for the people they serve about service delivery?  
**NEVER                      SOMETIMES                      ALWAYS                      I DON'T KNOW**

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

16. Would you recommend our services to a person in need of services?                      **YES                      NO**

17. How do you rate our services overall?                      **Excellent                      Good                      Fair                      Poor**

Do you have any additional questions or comments that we can assist you with at this time?

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.

**CONCERNED, INC.**

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Nicki Farrell, Hourly/Respite Coordinator, Deb Henrich, Organizational Employment Coordinator and Alisha Edgecomb, Site Coordinator