



Client Satisfaction Survey

How are we doing?

We're committed to monitoring the quality of the services and products we provide, as part of an ongoing improvement process. We would appreciate your feedback on our performance. (All submissions are anonymous)

* 1. Date of visit to JFCAC?

Date / Time MM DD YYYY
 / /

* 2. What county do you live in?

* 3. What was the purpose of your visit?

- Apply for help with utility bills.
- Apply for help with rent/mortgage
- Sign up for Head Start / Early Head Start (pre-school)
- Apply for Weatherization on home
- Housing appointment
- WIC appointment
- To ask about employment
- Other (please specify)

* 4. How did you learn about JFCAC?

- Family/Friend
- Local Church
- Internet/Website
- United Way 211
- Social Service Agency
- Other (please specify)

* 5. What JFCAC service(s) have you utilized as a client?

- Housing/Rental assistance
- Weatherization
- Energy Assistance/LIHEAP
- WIC
- Head Start / Early Head Start
- Other (please specify)

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6. Please rank the following aspects of your visit/contact with JFCAC.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The office was easy to find, well-marked, and convenient.	<input type="radio"/>				
The JFCAC office was clean, tidy, and comfortable.	<input type="radio"/>				
I met with staff at our near the time of my appointment.	<input type="radio"/>				
I didn't have an appointment, but was served in a timely manner.	<input type="radio"/>				
Staff were courteous, respectful, friendly, and helpful.	<input type="radio"/>				
My need or reason for visit was taken care of.	<input type="radio"/>				
JFCAC could not meet my need(s), but I was referred to other provider(s).	<input type="radio"/>				
Staff offered information about other services.	<input type="radio"/>				



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* 7. Since participating in JFCAC services, are you and your family:

- More self-supporting
- Less self-supporting
- No change
- Prefer not to answer

* 8. Overall, how do you rate the quality of services we provide?

- Excellent
- Good
- Adequate
- Poor
- Unacceptable

* 9. What barriers did you have when accessing services?

- Language/Interpreter needed
- Disabled/Physical limitations
- None

* 10. Would you be interested in sharing your story?

- No Sure
- No
- Yes



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11. Address - Please share your information so that we may contact you and hear your story.

Name	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>



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12. If you have any suggestions regarding how we could improve services we provide to you, please fill out the below box.