Center for Social Change, Inc.

Satisfaction Survey

In order for us to better serve you we would like to get some general input regarding your satisfaction of our services. If you could please answer the following questions, it would be greatly appreciated. Please fax to (410)796-1201 no later than ____________. Thank you for taking the time to complete and return this survey.

Sent by: ________________________________, ______________________ ______________

Name Title Date

Identify yourself-Please check one:

◯ Physician ◯ Day Program ◯ Hospital Staff ◯ DHS Rep

◯ Pharmacy ◯ Health Care Provider ◯ Network Facilitator ◯ Service Coordinator

◯ Community Recreational Center ◯ Parent/Guardian

◯ Other
Please specify: ________________________________

1) Are you familiar with CSC and its programs?

◯ Yes ◯ No ◯ Not Applicable

2) How many individuals have you provided supports/services to over the past year?

◯ 0-20 ◯ 21-40 ◯ 40+ ◯ N/A

3) Are you pleased with CSC's response to your needs?

◯ Yes ◯ No ◯ Not Applicable

4) Do you receive information needed to adequately provide services (i.e., medical cards, releases, background information, etc.)?

◯ Yes ◯ No ◯ Not Applicable

5) Does this individual appear to have a positive relationship with staff providing support?

◯ Yes ◯ No ◯ Not Applicable

What do you believe are CSC's strengths? ____

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Do you have any comments or suggestions for improvements? ______________________________________

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