

TUSCARAWAS COUNTY JOB & FAMILY SERVICES

October 1 – December 31, 2008

13 Responses

Your opinion is important to us. Please complete the following survey to help us improve our services. We will use this information to assist with our future planning. Your response will be confidential and anonymous.

1. Agency services you are currently receiving (as applicable):

14	Food Stamps	3	Medicaid (aged, blind, disabled)
1	Disability Assistance	3	Medicaid (Healthy Families)
<input type="checkbox"/>	Ohio Works First	3	Medicaid (Healthy Start)
1	PRC	1	Child Care Assistance
3	Adoption Services	1	Child Protective Services
1	Kinship Care	<input type="checkbox"/>	Adult Protective Services
<input type="checkbox"/>	Other (please specify): _____		

2. How did you learn about our agency and services?

3	Friend	1	Radio
3	Family	<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Other Agency	<input type="checkbox"/>	Attorney
<input type="checkbox"/>	Minister	1	Physician
<input type="checkbox"/>	Phone Book	2	Other (please specify):

-Adoption at Beechbrook
-Internet
-Foster Care
-Self
-Word of mouth

3. Please indicate level of agreement with each statement:

Agree = 1 Neutral = 2 Disagree = 3

<u>1.5</u>	I received prompt attention.
<u>1</u>	Agency staff was courteous.
<u>1.4</u>	Agency staff was skilled and knowledgeable.
<u>1.3</u>	First appointment occurred in reasonable time.
<u>1.4</u>	Caseworker was professional.
<u>1.5</u>	I felt comfortable with my caseworker.
<u>1.3</u>	Caseworker encouraged family participation.
<u>1.6</u>	Services were helpful.
<u>1.5</u>	I would recommend the agency to others.

4. How many agency staff did you see before receiving your initial assistance or service?

-An average of 1.9 workers seen

-Variety
