

TUSCARAWAS COUNTY JOB & FAMILY SERVICES

January 1 – March 31, 2009

10 Responses Received

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):

- | | | | |
|--------------------------|-------------------------|--------------------------|----------------------------------|
| 6 | Food Stamps | <input type="checkbox"/> | Medicaid (aged, blind, disabled) |
| <input type="checkbox"/> | Disability Assistance | 3 | Medicaid (Healthy Families) |
| 2 | Ohio Works First | 2 | Medicaid (Healthy Start) |
| <input type="checkbox"/> | PRC | <input type="checkbox"/> | Child Care Assistance |
| <input type="checkbox"/> | Adoption Services | 2 | Child Protective Services |
| <input type="checkbox"/> | Kinship Care | <input type="checkbox"/> | Adult Protective Services |
| 1 | Other (please specify): | | |

Nothing yet. I have been waiting for nearly 4 months to get medical for my kids and recently started the process for food stamps.

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

- | | | | |
|--------------------------|--------------|--------------------------|-------------------------|
| 2 | Friend | <input type="checkbox"/> | Radio |
| 4 | Family | <input type="checkbox"/> | Newspaper |
| 1 | Other Agency | <input type="checkbox"/> | Attorney |
| <input type="checkbox"/> | Minister | 1 | Physician |
| <input type="checkbox"/> | Phone Book | 2 | Other (please specify): |
- Schools
-Have known about services for years.**
-

3. Please indicate level of agreement with each statement:

Agree = 1 Neutral = 2 Disagree = 3

- 1.56** I received prompt attention.
1.44 Agency staff was courteous.
1.44 Agency staff was skilled and knowledgeable.
1.56 First appointment occurred in reasonable time.
1.33 Caseworker was professional.
1.30 I felt comfortable with my caseworker.
1.44 Caseworker encouraged family participation.
1.33 Services were helpful.
1.33 I would recommend the agency to others.

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

- 1.83 staff**
-just my caseworker
-Don't know.
-

-One or two, I don't remember to many years ago.

-Receptionist at desk to get an app.

5. Were there any services you needed or expected that you did not receive?

-NO – 5 responses

-My caseworker has always been wonderful.

-Yes, but they (caseworkers) will not help.

-Yes, medical

-A better caseworker that does not stab you in the back.

-Yes, to be seen timely during initial emergency request. I was here 3 hours.

6. A. Were there any barriers to receiving services (transportation, hours, etc.)?

-NO – 6 responses

-Weather

B. How can these barriers be eliminated?

-Move my child to this county.

7. If you left a message (voice mail) with a worker, was your call returned in a timely manner? **5-Yes 1-No 1-Not Always**

8. Overall rating of the agency:

5- Very Good

2-Good

Fair

Poor

9. What do you feel are the agency's strengths/good points?

-Helping you get what you need as much as possible.

-None

-All

-Agent friendly

-Very good

-Services offered.

10. In what areas could the agency improve?

-Have better people in CPS

-None

-Time management – Pending cases handled faster.

11. Demographics (optional):

Age 37.5 yrs.

Male

Female

Race/Ethnicity: White

Black

Hispanic

Asian

Native American

The results of the quarterly surveys are posted on the bulletin board in our reception. Also, the results are posted on our public agency website.