

TUSCARAWAS COUNTY JOB & FAMILY SERVICES
4/1/06 – 6/30/06 (11 responses)
July 2006

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):

<u> 5 </u> Food Stamps	<u> 1 </u> Medicaid (aged, blind, disabled)
<u> 1 </u> Disability Assistance	<u> 4 </u> Medicaid (Healthy Families)
<u> 1 </u> Ohio Works First	<u> 3 </u> Medicaid (Healthy Start)
<u> 1 </u> PRC	<u> 0 </u> Child Care Assistance
<u> 2 </u> Adoption Services	<u> 2 </u> Child Protective Services
<u> 0 </u> Kinship Care	<u> 0 </u> Adult Protective Services

Other (please specify) _____

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

<u> 3 </u> Friend	<u> 4 </u> Family	<u> 2 </u> Other Agency
<u> 0 </u> Minister	<u> 1 </u> Phonebook	<u> 0 </u> Radio
<u> 0 </u> Newspaper	<u> 0 </u> Attorney	<u> 0 </u> Physician
<u> 2 </u> Other (please specify): Self; Walk-in; Me		

3. Please indicate level of agreement with each statement:

Agree = 1 Neutral = 2 Disagree = 3

 1.27 I received prompt attention.

 1.27 Agency staff was courteous.

 1.27 Agency staff was skilled and knowledgeable.

 1.27 First appointment occurred in reasonable time.

 1.36 Caseworker was professional.

 1.36 I felt comfortable with my caseworker.

 1.36 Caseworker encouraged family participation.

 1.45 Services were helpful.

 1.45 I would recommend the agency to others.

4. How many agency staff did you see before receiving your initial assistance or service? **average of 2 staff members**
-Front desk ladies and Jackie Tripp
-Not sure, I think one or two
5. Were there any services you needed or expected that you did not receive?
NO - 10
-Yes, any help. We were told to fix our problem ourself by Child Protective Services.
6. A. Were there any barriers to receiving services (transportation, hours, etc.)?
NO - 9
-Not at this time
-Transportation, work hours, schedule differences
- B. How can these barriers be eliminated?
N/A - 1
-Cooperation of Protective Services
7. If you left a message (voice mail) with a worker, was your call returned in a timely manner? **6 - Yes** **3 - No** **Sometimes - 1**
8. Overall Rating of Agency
6 - Very Good **4 - Good** **1 - Fair** **0 - Poor**
9. What do you feel are the agency's strengths/good points?
N/A - 1
-Helpful on a lot of things
-Prompt attention
-They try to help others
-Dealing with so many people and being patient
-Caring
-They care about what you think
-Good people who care about people
10. In what areas could the agency improve?
NONE - 11
N/A - 1
-Be more friendly and more helpful
-Not sure
-Keep helping

11. Demographics (optional):

Age **Average Age 29**

Female - **10**

Male - **0**

Race/Ethnicity: White - **10**

Black - **0**

Hispanic - **0**

Asian - **0**

Native American - **0**

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**c: Lynn
CQI/Haverfield**