

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES**  
**Surveys October – December 2009**  
**15 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):
- |   |  |
|---|--|
| <p><b>12</b> Food Stamps</p> <p>Disability Assistance</p> <p>Ohio Works First</p> <p>PRC</p> <p><b>3</b> Adoption Services</p> <p>Kinship Care</p> <p>Other (please specify):</p> | <p><b>2</b> Medicaid (aged, blind, disabled)</p> <p><b>8</b> Medicaid (Healthy Families)</p> <p><b>1</b> Medicaid (Healthy Start)</p> <p>Child Care Assistance</p> <p>Child Protective Services</p> <p>Adult Protective Services</p> <p><b>-Care Source for family</b></p> <hr/> |
|---|--|

2. How did you learn about our agency and services?
- |   |  |
|---|--|
| <p><b>7</b> Friend</p> <p><b>3</b> Family</p> <p><b>3</b> Other Agency</p> <p>Minister</p> <p><b>2</b> Phone Book</p> | <p>Radio</p> <p>Newspaper</p> <p>Attorney</p> <p>Physician</p> <p>Other (please specify): <b>1</b></p> <hr/> |
|---|--|

3. Please indicate level of agreement with each statement:

Agree = 1      Neutral = 2      Disagree = 3

- 1.13** I received prompt attention.
- 1.07** Agency staff was courteous.
- 1.13** Agency staff was skilled and knowledgeable.
- 1.27** First appointment occurred in reasonable time.
- 1.20** Caseworker was professional.
- 1.27** I felt comfortable with my caseworker.
- 1.27** Caseworker encouraged family participation.
- 1.13** Services were helpful.
- 1.07** 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 2 people from the responses**  
**-I think maybe two.**
- 

5. Were there any services you needed or expected that you did not receive?  
**-15 responses said NO**
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6. A. Were there any barriers to receiving services (transportation, hours, etc.)?  
**-We had to go drive to classes for adoption but that was no problem.**  
**-12 responses said NO**

B. How can these barriers be eliminated?  
**-You do what needs to be done, the reward is your KIDS!**  
**-None to eliminate**

7. If you left a message (voice mail) with a worker, was your call returned in a timely manner?      **10---Yes      4---No**

8. Overall rating of the agency:  
**11--Very Good      2--Good      1--Fair       Poor**

9. What do you feel are the agency's strengths/good points?  
**-They are a united front. They treat you with respect and they truly care.**  
**-Friendly workers**  
**-The happy workers.**  
**-Everything.**  
**-They keep you updated regularly.**  
**-That it's here to help.**  
**-Friendly and non-judgmental**  
**-Great Staff!!!!**  
**-Prompt and friendly**  
**-Working together to help children**  
**-Yes**

10. In what areas could the agency improve?  
**-Offer more help, you don't give benefits like you used to.**  
**-Turning phone calls back**  
**-Call back in a timely manner.**  
**-Being understanding to people with real needs.**  
**-None to my knowledge.**  
**-Deal with people better.**  
**-Short term help with rent**  
**-Don't need to!!!**  
**-Not sure**  
**-Can't think of anything. I'm not on that level.**  
**-3 responses said NONE**

11. Demographics (optional):  
**37 years      1 Male      Race/Ethnicity: 14 White**  
**Average age      13 Female      1 Black**  
**Hispanic**  
**Asian**  
**Native American**

Thank you for your time and input.

Please return this form to the receptionist or mail in the provided envelope.

**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.**