

TUSCARAWAS COUNTY JOB & FAMILY SERVICES
4/1/07 – 6/30/07 (10 responses)
June 2007

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

Other (please specify) _____

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

<u> 1 </u> Friend	<u> 3 </u> Family	<u> 1 </u> Other Agency
<u> </u> Minister	<u> </u> Phonebook	<u> </u> Radio
<u> </u> Newspaper	<u> </u> Attorney	<u> </u> Physician

 5 Other (please specify):

-Adopt

-Northeast Ohio Adoption Services

-PIPP

-School/Kent

-Protective Services has my step daughter. She is in foster care.

3. Please indicate level of agreement with each statement:

Agree = 1 Neutral = 2 Disagree = 3

 1.1 I received prompt attention.

 1.1 Agency staff was courteous.

 1.1 Agency staff was skilled and knowledgeable.

 1.1 First appointment occurred in reasonable time.

 1.1 Caseworker was professional.

 1.1 I felt comfortable with my caseworker.

 1.1 Caseworker encouraged family participation.

1.1 Services were helpful.

1.1 I would recommend the agency to others.

4. How many agency staff did you see before receiving your initial assistance or service? 1.2

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

-NO 8

-Help with gas bill

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

-NO 9

a. How can these barriers be eliminated?

- No responses given.

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

8. Overall Rating of Agency

6 Very Good 3 Good _____ Fair _____ Poor

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

-Everyone is extremely professional and treats you like family.

-Polite, helpful

-Prompt service

-Friendly staff

-They help people in need.

-Prompt, very helpful

-Courteous, polite

-They help out in a timely manner.

10. In what areas could the agency improve?

-None.

-New Building ☺

-Have more people go out and get jobs instead of depending on the agency to pay for everything.

-Giving fathers right to have children after being taken from mothers who have drug and drinking problems.

-Have emergency funding

11. Demographics (optional):

Average Age	<u>38</u>	Male	<u>1</u>	Race/Ethnicity: White	<u>8</u>
		Female	<u>8</u>	Black	<u>1</u>
				Hispanic	_____
				Asian	_____
				Native American	_____

Thank you for your time and input.

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