

# TUSCARAWAS COUNTY JOB & FAMILY SERVICES

January 1 – March 31, 2008

(18 Client 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):

<b>9</b>	Food Stamps	<input type="checkbox"/>	Medicaid (aged, blind, disabled)
<b>1</b>	Disability Assistance	<b>7</b>	Medicaid (Healthy Families)
<input type="checkbox"/>	Ohio Works First	<b>5</b>	Medicaid (Healthy Start)
<input type="checkbox"/>	PRC	<b>1</b>	Child Care Assistance
<b>4</b>	Adoption Services	<b>1</b>	Child Protective Services
<input type="checkbox"/>	Kinship Care	<input type="checkbox"/>	Adult Protective Services
<b>1</b>	Other (please specify):	<b>-Nothing as of now</b> <b>-Medicaid for adopting</b>	

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

<b>6</b>	Friend	<input type="checkbox"/>	Radio
<b>7</b>	Family	<input type="checkbox"/>	Newspaper
<b>2</b>	Other Agency	<b>1</b>	Attorney
<b>1</b>	Minister	<input type="checkbox"/>	Physician
<b>1</b>	Phone Book	<b>2</b>	Other (please specify): <u>Walk-in,</u>

3. Please indicate level of agreement with each statement:

Agree = 1    Neutral = 2    Disagree = 3

**1.16** I received prompt attention.  
**1.0** Agency staff was courteous.  
**1.18** Agency staff was skilled and knowledgeable.  
**1.06** First appointment occurred in reasonable time.  
**1.19** Caseworker was professional.  
**1.25** I felt comfortable with my caseworker.  
**1.19** Caseworker encouraged family participation.  
**1.11** Services were helpful.  
**1.0** I would recommend the agency to others.

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

**Average of 1.5 staff members**

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

**NO - 13**

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- Not as of now
  - Medical card pending, cash assistance pending
  - Help with bills
  - Still working out issues on Medicaid for our daughter.
  - Expect medical
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6. A. Were there any barriers to receiving services (transportation, hours, etc.)?

**NO - 16**

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- No, They worked around my schedule.
  - Transportation, no vehicle
  - Hours
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B. How can these barriers be eliminated?

- Need vehicle
  - Can't be eliminated just need to work around
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7. If you left a message (voice mail) with a worker, was your call returned in a timely manner?                      **12- Yes**                      **6 - No**

8. Overall rating of the agency:

**7- Very Good**                      **9- Good**                      **2- Fair**                       **Poor**

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

- Quick action, great workers**
  - Transportation-Good; Communication - Poor**
  - They try to help as much as possible.**
  - Very helpful, considerate**
  - Fast, courteous, professional service, knowledgeable**
  - A lot of good friendly people**
  - Helping people feel comfortable about getting help when needed**
  - Offering good service**
  - Cooperation, tries to assist with all issues**
  - Really nice, helpful, whatever we needed, you guys were there.**
  - Nice people.**
  - Very helpful, nice people-**
  - Nice people in most parts of the agency.**
  - Good**
  - They are organized and helpful.**
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10. In what areas could the agency improve?

**-Less wait time**

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**-Set up a support service for parents who have lost their (child/ren) or are in the process of it.**

**-Not sure**

**-Be less like doctor's office less wait time**

**-Agency should have more information on hand with family counseling or places you can go if there are problems with an adopted child.**

**-The person we dealt with most at first was not always truthful. Had us thinking she had our foster parent license for close to a year when in fact she didn't. (She was a previous foster care worker no longer with the agency.)**

**No other complaints.**

**-Being faster.**

**-More helpful**

**-Everything good**

**-Letting people know what is going on with my case.**

**-I don't know.**

**-Evening hours**

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11. Demographics (optional):

Average Age-**35**      **2** Male  
   **15** Female

Race/Ethnicity:    **16** White  
                                  Black  
                                  Hispanic  
                                  Asian  
                                 **1** 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.**