

Consumer Survey Questionnaire

Dear Consumer;

Lehigh County office of _____ and the Department of Human Services is conducting a survey of individuals and families who receive our services. This survey is part of a statewide project to improve human services. The goal of our office and department is to provide services that promote healthy growth and development of individuals and families.

Your participation in this project is very important. Participation is voluntary and confidential. Your name will not be put on the survey. We are asking all individuals, parents, and children 14+ years old to participate. This survey will take between 5-10 minutes. Would you like to participate?

1. Consumer Parent Child, Age _____

2. Which County Offices are you currently involved with or were previously involved with?

- | | | |
|--|---|---|
| <input type="checkbox"/> Aging Services | <input type="checkbox"/> Adult Services | <input type="checkbox"/> Children & Youth |
| <input type="checkbox"/> Drug & Alcohol | <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Adult Mental Health | <input type="checkbox"/> Children’s Behavioral Health | <input type="checkbox"/> SPORE Special Offenders in
Rehabilitation and Education |
| <input type="checkbox"/> Juvenile Probation | <input type="checkbox"/> Adult Probation | <input type="checkbox"/> Information & Referral |
| <input type="checkbox"/> Magellan / Health Choices | <input type="checkbox"/> Veteran’s Affairs | <input type="checkbox"/> Adult Probation |

3. What did you like or dislike about the services provided? *Please specify to which office the comment is related.*

4. Of the services provided, what could be done differently to improve service?

5. What type of help do you / did you need that was not available or could not be provided?

6. If involved with multiple offices at the same time, do you believe the offices worked together as a team? *If no, go to #7* Y N

- Did you have a meeting which included all offices? Y N
- If yes, was the meeting helpful? Y N

- If not, would you like to have a meeting with everyone? Y N
- 7. Did you participate in the creation of your service / care plan? Y N
- 8. Were you asked what you or your family's needs were? Y N
- 9. Are there any services you think you might need after our services to you and/or your family end? *(Not applicable for Mental Retardation consumers.)*

10. How did you find out about our services?

11. In your dealings with the Department of Human Service offices and/or Juvenile Probation:
When calling or visiting, were you connected to someone in a timely manner? ___ Y N

Was the staff courteous? _____ Y N

Were your phone calls returned in a timely manner? _____ Y N

12. We welcome any other comments you may have:

Thank you for participating. Your responses will help us to improve services for Lehigh County residents. If you would like to discuss your responses with a member of our evaluation committee, please provide your name and phone number below. Confidentiality will be respected.

Name: _____
Address: _____
Phone #: _____