



Far Southeast Family Strengthening Collaborative

2041 Martin Luther King, Jr., Ave., SE #304

Washington, DC 20020

(202) 889-1425

(202) 889-2213 Fax

HFTCC CLIENT SATISFACTION SURVEY

To improve our services, we want your comments. Please give us your opinion. This information is confidential.

Please check one of the following:

- I am a parent receiving services
- I am a youth receiving services
- I am _____ (please identify)

GENDER

- Female
- Male

OPTIONAL: RACE/ETHNIC GROUP

- African American Caucasian Asian
- Native American Hispanic Other

Please place a check in the block that best reflects your opinion

Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

1. The Collaborative office is easy for me to reach					
2. The staff at the Collaborative are professional and welcoming					
3. The staff at the Collaborative treat me with respect					
4. I have a positive relationship with my Collaborative worker					
5. My concerns were attended to in a timely manner					
6. I am satisfied with services received from the Collaborative					
7. I benefited from the services provided by the Collaborative					
8. I would recommend Collaborative services to others					
9. Overall, I had a good experience with the Collaborative					
10. Collaborative staff is sensitive to my cultural background (race, religion, language, etc.)					

In Which Ward Do You Reside? 1 2 3 4 5 6 7 8 (please circle)

Do you have a concern and would like to be contacted by the Collaborative? YES NO

If yes, please complete the following:

Name: _____ Phone: (____) _____

The best hours to call me are: _____

COMMENTS/CONCERNS:

Place a check next to the services you were provided or referred to that you found most helpful

- | | |
|--|--|
| <input type="checkbox"/> Caregiver Education | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Children's Education | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Medical Health |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Emergency Shelter Grant | <input type="checkbox"/> Parenting Support |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Parent/Child Interaction |
| <input type="checkbox"/> Family Decision Making | <input type="checkbox"/> Partner Relations |
| <input type="checkbox"/> Food | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Homemaker Services | <input type="checkbox"/> Youth Recreational Activities |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> No Services Helpful | → _____ |