

## Community Living Care, Inc. Annual Satisfaction Survey

Consumer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

To help us improve the services being provided by Community Living Care, we are asking that you complete the following questions. Please mark the appropriate box in the column under 'yes, no or don't know' that corresponds to YOUR answer. In addition: any additional comments you may have can be written in the 'comments' column.

Please return the completed form to: Community Living Care, Inc.

Attn: Eric Noel  
115 Vannear Avenue  
Greensburg, PA 15601

Thank you for  
your assistance.

|  | YES | NO | Don't Know | Comments: |
|--|-----|----|------------|-----------|
| 1. Are you (individual or representative) satisfied with the services provided by CLC??  |     |    |            |           |
| 2. If applicable: Are you and/or the consumer satisfied with your/their day program services??                                   |     |    |            |           |
| 3. Do you (individual or representative) feel you are treated with respect by CLC employees??                                    |     |    |            |           |
| 4. Do you know who to ask if you have questions??  |     |    |            |           |
| 5. Are your questions adequately answered?   |     |    |            |           |
| 6. Does CLC work cooperatively with you to support your needs?   |     |    |            |           |
| 7. Do you (individual or representative) feel 'part of the team' in the decision making process?                                 |     |    |            |           |
| 8. In response to the annual Program Planning/ISP meeting, do you feel CLC follows through on things that are important to you?? |     |    |            |           |

|   |  |  |  |  |
|---|--|--|--|--|
| 9. Do the supports CLC offers reflect the needs of the family as well as the needs of the consumer? |  |  |  |  |
| 10. Does CLC encourage and provide choice in your (or your family members) life?                    |  |  |  |  |
| 11. Do you feel CLC promotes community involvement?<br>(shopping, movies, community events, etc...) |  |  |  |  |

Any additional comments:

Please check the box(es) that identify the type of service being evaluated:

Home Based Waiver

Day Program (ATF/SADLC)       Residential

Printed Name of person completing this survey: \_\_\_\_\_

Your relationship to this consumer: \_\_\_\_\_

Signature of person completing this survey: \_\_\_\_\_

If you would like to E-mail this form click the submit button below, otherwise print and mail to the address at the top of the page. Signature not required.