



Adult Disability and Resource Network Client Satisfaction Survey

Client Name:

1. What service(s) did you receive from the Adult Protective Services Program?

- ☐ Options Counseling
- ☐ Housing Counseling
- ☐ Medicare Counseling - Senior Health Insurance Program (SHIP)
- ☐ Medicare Savings Program
- ☐ Medicaid & SNAP
- ☐ Extra Help with Prescription Drugs
- ☐ Energy Assistance Programs
- ☐ Benefit Access Program (Senior Ride Free Transit Benefit, Secretary of State License Plate Discount)
- ☐ CEDA's Energy Assistance Program

2. Have these services met your needs? Yes or No

Please circle one and explain how they have or have not helped below.

3. Did you receive help from the Aging and Disability Resource Network in making a purchase such as cleaning supplies, a bathing aid, etc? If so, please list the purchase.

4. How well were Solution for Care staff member(s) able to answer questions about services and benefits? Please select one:

Unsatisfactory 1 2 3 4 5 Excellent



5. Rate the courtesy and professionalism of the Solutions for Care staff member(s) who assisted you today. Please select one:

Unsatisfactory 1 2 3 4 5 Excellent

6. Do you need to be referred to any other services provided by Solutions for Care (i.e Adult Protective Services, Community Care Program)? If so, please list them.

7. If you are a recipient of Chore Services, how satisfied are you with your services? Circle one.

Very unsatisfied Unsatisfied Satisfied Very satisfied

8. If you are a recipient of Home Repair Services, how satisfied are you with the services? Circle one.

Very unsatisfied Unsatisfied Satisfied Very satisfied

9. Would you be willing to donate to the Aging & Disability Resource Network?

Yes or No

Please share any additional suggestions or thoughts to help us improve the Adult Protective Services Program and to help us meet your needs.