

## Client Satisfaction Survey (11/2013)

Care Coordinators are responsible for ensuring that all clients complete this satisfaction survey at the time the Follow-up GPRA is completed. Completed surveys can be faxed to ADAA at (410) 402-8601 or mailed to ADAA, 55 Wade Ave. Catonsville MD 21228 ATTN: ATR Sara Roberson prior to billing for the Follow-up GPRA Interview.

Region: \_\_\_\_\_

Care Coordination Agency: \_\_\_\_\_

Date \_\_\_\_\_

For each statement listed below, please check the box that most closely describes your experience with our program.

<b>How satisfied were you the assistance you received to obtain the following Recovery Support Services?</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Slightly Satisfied</b>	<b>Not Satisfied</b>	<b>Does Not Apply</b>
Recovery Housing					
Employment Coaching					
Transportation (Bus passes, gas cards...)					
Vital Documents (ID, Birth Certificates, Social Security card...)					
Halfway House					
<b>If you received other/gap services please tell us which types of service you received.</b> _____ _____					
<b>Were you</b> ___ <b>Very satisfied</b> ___ <b>Satisfied</b> ___ <b>Slightly satisfied</b> ___ <b>Not satisfied</b> ___ <b>Does Not Apply</b>					
<b>Thinking about the Care Coordination services you received... How satisfied are you</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Slightly Satisfied</b>	<b>Not Satisfied</b>	<b>Does Not Apply</b>
That the Care Coordinator allowed you to choose your service provider(s)					
With the help you received from your care coordinator to get the recovery support services you needed					
With the way you were treated by your Care Coordinator (treated you with respect).					
That your Care Coordinator made contact with you on a regular basis					
With the progress you are making toward your personal recovery goals.					
<b>Overall, how satisfied are you with the Recovery Support and Care Coordination services you received?</b>					
<b>Please add any additional comments here:</b> _____ _____					