

Client Satisfaction Survey

Care Coordinators are responsible for ensuring that all clients complete this satisfaction survey at the time of discharge. Completed surveys can be faxed to (410) 402-8601, mailed to the Behavioral Health Administration (BHA), 55 Wade Ave. Vocational Rehabilitation Building Catonsville MD 21228 ATTN: Maryland RecoveryNet Trish Konyeaso, or emailed to mdrn.info@maryland.gov.

Region: _____

Care Coordination Agency: _____

Date _____

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

How satisfied were you with the assistance you received to obtain the following Recovery Support Services?	Very Satisfied	Satisfied	Slightly Satisfied	Not Satisfied	Does Not Apply
Recovery Housing					
Employment Services					
Transportation (Monthly card)					
Vital Documents (ID, Birth Certificates, Social Security card...)					
Halfway House					
If you received other/gap services please tell us which types of service you received. _____					

Were you ___Very satisfied ___Satisfied ___Slightly satisfied ___Not satisfied ___Does Not Apply					
Thinking about the Care Coordination services you received... How satisfied are you	Very Satisfied	Satisfied	Slightly Satisfied	Not Satisfied	Does Not Apply
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.					
Overall, how satisfied are you with the Recovery Support and Care Coordination services you received?					
Please add any additional comments here:					

