

**RISE CLIENT SATISFACTION SURVEY**

<b>Date (mm/dd/yyyy):</b>		<b>Survey Number (agency initials-number, XYZ-0000):</b>						
<p><b>Purpose:</b> RISE needs your opinion about the services you received so we can continue to improve them and direct help where its most needed. You are not obligated to participate in the survey. Your responses will in not in any way affect your ability to receive disaster recovery services. If you wish to refrain from sharing your opinions at this time, you may fill out just the items labeled A – E.</p> <p><b>Instructions:</b> Please complete each field as requested and do not leave any blanks, instead use “neutral or no opinion” as appropriate. Where prompted, please indicate the strength of your agreement for each statement listed.</p>								
<b>A. Information about yourself</b>	<b>GENDER:</b>	<input type="checkbox"/> Male			<input type="checkbox"/> Female			
	<b>AGE:</b>	<input type="checkbox"/> Under 18	<input type="checkbox"/> 18 - 34	<input type="checkbox"/> 35 - 49	<input type="checkbox"/> 50 - 64	<input type="checkbox"/> 65 or older		
	<b>Race/Ethnicity:</b>	<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Other				
	<input type="checkbox"/> White	<input type="checkbox"/> Tribal Affiliation						
<b>B. Location</b>	What city and state are you currently residing in? _____							
<b>C. From what agency did you receive case management services?</b>								
<b>D. I prefer not to share my opinions</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No					
<b>E. May we contact you later, if needed?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No					
<b>If Yes, what is your name? <i>Optional</i></b>								
<b>What is your phone number? <i>Optional</i></b>	Area code and number: _____							
<b>What is your email? <i>Optional</i></b>								
<i>For each statement listed below, indicate how you feel by marking the box corresponding to your opinion with an X.</i>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Neutral</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Opinion</b>
Agency responded promptly after my case was initiated.								
Overall, Agency staff was courteous and professional.								
Case Manager was courteous and professional (the one you worked with the most).								
Case Manager was knowledgeable about the disaster recovery process and resources available.								
Case Manager understood my challenges and concerns.								
The Agency did everything it could to help me address my needs.								
I received information and services that met my needs. (e.g. satisfied with the referrals I was given and/or the information that was provided to me.)								
Overall, I am satisfied with the service I received from this Agency.								
Overall, I am satisfied with the way various agencies assisting my recovery from Hurricane Ike have responded.								
In the future, I think Case Management Services, such as I received, should be made available to people recovering from a disaster.								

