

Person Centered Service Plan Meeting Survey

Please take a few moments to tell us about your recent person centered service plan meeting with your Case Manager. Complete the survey and send it back to us in the self-addressed stamped envelope. Your responses are anonymous and are used to help us do a better job in serving you. Please check the box that best describes your response to the questions.

NO.	(1) YES	(2) NO	(3) NOT SURE	DDA PERSON CENTERED SERVICE PLAN MEETING SURVEY
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you get to choose who came to your meeting?
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you get to choose the time and place of your meeting?
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you given the opportunity to lead your meeting?
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were your personal goals discussed in developing your plan?
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you given a choice of services?
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you choose where and how the services will be provided?
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your case manager review last year's plan and ask what supports you want to continue and what should change?
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were any concerns you may have had addressed in your new plan?
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive information about resources and services available to meet your goals?
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you given a choice of providers?
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were plans made to meet any health and safety concerns you may have had?
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive information regarding planning for emergencies, such as an earthquake or other natural disaster
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know who to contact if your needs change before the next assessment?
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know you can call 1-866-END-HARM if someone is harming you?
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your case manager explain that you will receive a Planned Action Notice (PAN) that tells you how to appeal your services?
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you happy with the services you receive?
17.	Please use the space below to provide information about what went well or to tell us what suggestions you have to improve your meeting.			

Please return using the enclosed stamped, addressed envelope, or mail to:

Department of Social and Health Services
Developmental Disabilities Administration (DDA)
Attention: Quality Assurance
PO Box 45310
Olympia WA 98504-5310