

DSHS Community Services Survey

The Community Services Division within the Department of Social and Health Services has developed a survey to gather customer feedback. By participating, you will help us learn about how we can improve your experience with the department. This survey is voluntary and anonymous, and will not affect your eligibility for benefits. This survey will take about three minutes to complete.

1. How did you connect with us?

- | | |
|--|---|
| <input type="checkbox"/> Alternate DSHS Service Site (Tribal office, medical clinic, etc.) | <input type="checkbox"/> Mobile Community Services Office |
| <input type="checkbox"/> Call Center | <input type="checkbox"/> Worker Home Visit |
| <input type="checkbox"/> DSHS Office (CSO) | <input type="checkbox"/> Worker Phone Call |

2. How would you prefer to have contact with us? Select all that apply. **Note:** Not all options are currently available.

- | | |
|--|--|
| <input type="checkbox"/> Alternate DSHS Service Site (Tribal office, medical clinic, etc.) | <input type="checkbox"/> Mobile Phone App |
| <input type="checkbox"/> Call Center | <input type="checkbox"/> Online Chat |
| <input type="checkbox"/> DSHS Local Office (CSO) | <input type="checkbox"/> Text Messaging |
| <input type="checkbox"/> Mobile Community Services Office | <input type="checkbox"/> Worker Home Visit |

3. Please choose how strongly you agree or disagree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Business hours are good for me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My worker tried to find community resources for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My worker found resources for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was listened to, heard and understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My worker did their best to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I had a positive experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **Compliments and Concerns.** Please let us know what we are doing right and how we can improve.

If you have a specific concern about your case, please call Constituent Relations at 800-865-7801.

Thank you for your valuable feedback.

We will use your input to improve our services to serve you better.

You can also access the survey online at: <http://www.research.net/r/SurveyCSD>

