

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. The survey is anonymous. It may be completed by you or by someone else on your behalf and is used to help us do a better job in serving you. Please check the box that best describes your response to each question and send the survey back to us in the self-addressed envelope provided.

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"/>	Did your input guide the 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"/>	Did your case manager talk to you about what service choices were available to you?
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you given a choice of your service providers?
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you choose where and how the services will be provided?
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your case manager review last year's plan to ask you what supports are working and which are not?
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were any concerns you may have had addressed in your new plan?
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive information about resources and services available to meet your goals?
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 your case manager talk with you about your plan for emergencies?
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"/>	Did your case manager tell you that you can call 1-866-END-HARM (1-866-363-4276) any time to report abuse or neglect?
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your case manager explain the Planned Action Notice and how to appeal if you disagree with DDA about 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

