



HOW ARE WE DOING?

*Please complete and mail back using the envelope provided.
You do not need to use a postage stamp.*

When it comes to service, nobody's opinion is more important than our consumers. Our simple survey takes about two minutes to complete and we would really appreciate your feedback. Your comments are valuable, helping to improve our Older Individuals who are Blind or Visually Impaired (OIB) program and keep us in check, that we are doing the best job.

Thank you for your time.

What Skills have you gained through the OIB program to help you live independently?

During my visit the staff...

I strongly agree I agree I disagree

...Was kind and courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Was knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Was sensitive to my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Encouraged me to create a Service Plan (set goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Followed up in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5251 Office Park Drive 200 Bakersfield CA 93309
FOR ASSISTANCE FILLING OUT THIS SURVEY PLEASE CALL 325-1063.

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Did you benefit from the services you received? PLEASE CHECK ONE

Yes

No

Other (please explain):

What service(s) do you need that the agency does not provide? PLEASE EXPLAIN _____

Do you have any suggestions for improvements? PLEASE EXPLAIN

Added comments:

I have a question, please contact me:

Name _____ Phone/VRS# _____

PRINT (Only if you want to be contacted.)

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