



# Participant Survey System

## Perceptions of Quality and Results for Community Action Agencies

Dear Weatherization Participant:		<b>Your Opinion Counts!</b>			
Your Community Action Agency is committed to providing you and your family with quality services and facilities. Please take a moment to complete the survey below to let us know how well our services meet your expectations. After you've completed the card, just drop it in the mail. No postage is required. Your responses will be kept strictly confidential. We appreciate your involvement with the Weatherization program and thank you for responding to these questions.					
Sincerely, Your Name and Title					
Please fill in ONE circle for each item below. Use dark ink.					
Incorrect mark: ☒ Correct mark: ■ #0501		Excel- lent	Satis- factory	Needs Improving	Unaccep- table
1) Gaining access to CAA services was:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) How prompt was the delivery of service?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) How satisfied were you with the services you received?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) If you weren't satisfied with the services, how was your complaint handled?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) The quality of services was:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) How knowledgeable were staff about the services?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) How well did staff explain the available services to you?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) How well did the program help you become more self-sufficient?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) The staff were courteous and respectful to me and my property:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Please write Comments here and provide details for your responses to questions 3 and 4:					

*Sample of a survey on Weatherization*

### What do people think about the quality and the results of the services they receive from your agency?

*Now You Can Find Out!*

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## Overview of the Participant Survey System for CAAs

The **Participant Survey System** measures participant perceptions of the quality and results of your agency's services. The **CAA Survey System** is a simple system that:

- Lets you find out how people feel about the variety and quality of services of your CAA;
- Reports the results of the services as perceived by participants;
- Works for multiple literacy levels;
- Is available in Spanish;
- Is a proven system specifically for CAA's;
- Encourages responses through use of postage-paid response cards;
- Is the most affordable system available to CAA's to accurately measure customer satisfaction;
- Provides you with expert analysis of survey findings in a detailed and understandable written report.

It does this by asking customers a set of questions that are designed to measure the major dimensions of service quality. It also lets you ask questions specifically about your program.

## The Process Steps

1. You tell us which **programs** you want surveyed.
2. Review the **questions** we drafted about service quality and results.
3. Tell us which **locations** you want surveyed. We use this to code the response cards.
4. For each location, you can select the specific questions from our list, or you can **draft your own questions**. We will work with you to make them as specific as possible.
5. You estimate the **numbers of people** served at each program location. We tell you how many respondents are needed for a valid sample.
6. You **select or adapt "the message"** that will be printed on the card. This is printed on the top of the postcard and explains the purpose of the survey.
7. You select the method for **distributing** the surveys to participants that works for you.
8. Mail or fax us the completed worksheet (enclosed) when you have made your selections.

9. We draft the surveys and send them to you to get your approval. Then, we print the survey cards or forms and send them to you. We print enough for all participants, even though we know that not all will respond.
10. The participants fill out the cards and mail them back to us, using our Business Reply Mail permit number which includes pre-paid postage. This increases the number of responses.
11. We tabulate the responses and analyze the results. We will work with you on report formats, types of tables, etc.
12. We can compare:
  - different programs with each other,
  - different locations with each other, e.g. different county offices or Head Start centers
  - overall totals and averages for the agency.
13. We prepare the confidential report and mail it to you. Our turn-around time from receiving the last survey card to mailing you the Report is typically less than one week.
14. We provide you with specific recommendations about how to improve customer perceptions of the quality of your services.
15. You read the report, call us to discuss any portion of it -- and use the findings to improve services in your agency.
16. We store the surveys confidentially for 12 months and then dispose of them.

### **Report Format.**

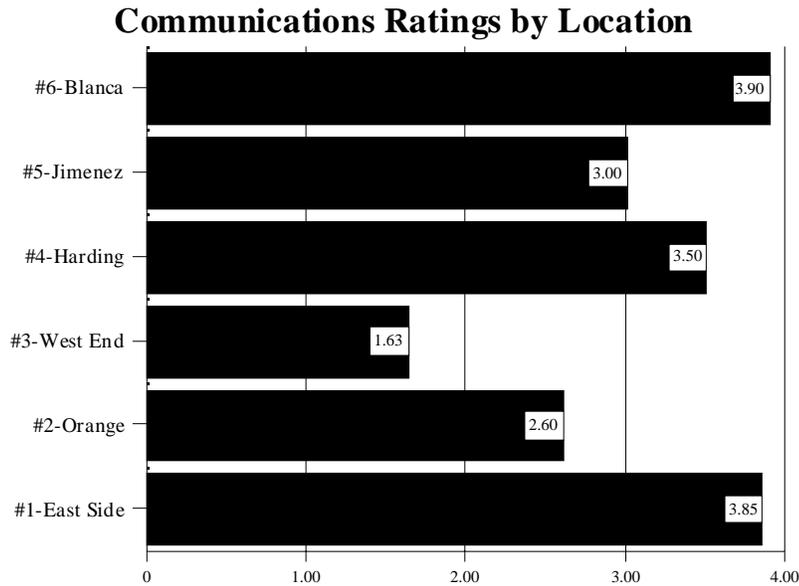
The report consists of narrative and numerical information based on the survey responses. The survey results are summarized in pie charts, bar graphs, and tables. All numerical information is accompanied by a brief narrative which explains the data.

The charts, graphs and tables will show:

- All the responses from each program by location.
- Comparisons of locations for a program by question (all locations on all questions).
- Comparisons of programs with each other, e.g. Weatherization, Food, LIHEAP, Head Start, etc.
- Comparisons of your programs/locations with state, regional, and national averages, if available.
- Analysis of responses that may merit additional inquiry or follow-up.

- Percentage of responses for each question for each program or location (e.g. N = 31 or 42% of people served there).

The narrative for each chart provides an interpretation of the data. Report findings are based on accepted statistical methodologies. A sample page from the report of the hypothetical "California Community Action Agency (CCAA)" follows.



**Figure 1. Weatherization Program Ratings for "Communication"**

Figure 1 shows how respondents answered the question, “How well do staff answer your questions?” The possible answers were: Excellent (4), Satisfactory (3), Needs Improvement (2), and Unacceptable (1). This shows the average for each site.

Although the Blanca, Jimenez, Harding and East Side locations are rated satisfactory or better with regard to Communication, at West End communication could probably improve, as could Orange. It may be that the West End rating on this one program is also causing the overall rating of CCAA’s quality to be lowered as well. The West End center should develop ways to provide more effective communication. (Review the responses to the other survey questions from Orange to figure out if that location also needs to improve communication systems.)

**Report Timing: How Long Does it Take?** There are a few factors that affect the length of the survey process:

- Upon receipt of your selections, Teresa Wickstrom immediately prepares the draft survey/s for your approval.

- As soon as you approve the draft survey, Teresa prepares and prints them. Depending on the number of programs to survey and the number of surveys at each location, this can take between **one day and four days**.
- As soon as the surveys are printed, Teresa ships them to you via First Class mail for distribution to participants (**2 to 5 days**). If you choose an alternate distribution method, such as sending us mailing labels for those you wish to survey, the time factor increases and depends on the number of envelopes required.
- Once the surveys have been distributed to participants, we allow a **minimum of two weeks and a maximum of four weeks** for responses to come in via our Business Reply Mail permit.
- Survey responses are entered into the database immediately upon receipt.
- When **three consecutive days** have passed without receiving any additional surveys, we then begin the data analysis and report writing process. Typically it takes less than **5 working days** to produce the Report.
- We mail you the Report via First Class Mail (**2 to 5 days**), unless you specifically request another shipping method (via e-mail, Fax, FedEx, UPS, or Priority Mail).

Our turn-around time is top-notch.



**Costs**

The cost of the Customer Survey System is a **one-time only setup fee of \$295**, plus **\$1.92 per response** that we receive. That includes: the initial design of the survey questions, the printing of the survey cards, the return postage for each card, database setup and our data entry, analysis and report preparation. The table below shows examples of total costs for numbers of surveys received.

If this many surveys were received:	30	100	300	500	1000
<i>Setup fee (first year only)</i>	\$295.00	\$295.00	\$295.00	\$295.00	\$295.00
<i>Cost of surveys received:</i>	\$57.60	\$192.00	\$576.00	\$960.00	\$1,920.00
<b>This would be Year One's Total cost:</b>	<b>\$352.60</b>	<b>\$487.00</b>	<b>\$871.00</b>	<b>\$1,255.00</b>	<b>\$2,215.00</b>

Typically, somewhere between 5% and 30% of the total number of cards that you distribute will be returned. If you leave a pile on the counter, about 5% will be returned. If staff distribute the cards **and explain the purpose and value of the survey**, then the response rate will go up. We will work with you to identify the numbers needed for a valid survey. You can pre-determine the numbers to be included.

\* \* \*

**COMMUNITY ACTION AGENCY Participant Survey System IMPLEMENTATION**

To get started with the Participant Survey System for your CAA, fill in the information on pages 6-20 and FAX the completed pages to Teresa Wickstrom at 909.790.0670.

Your Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

**Tell us about the programs you want to survey.** Use the table to below to indicate which programs you want to have surveyed. For the programs selected (those you want surveyed), please include all requested information. *You can add locations under each program; attach additional sheets.*

<b>Head Start:</b> ( ) Yes, survey this program. ( ) No. <b>Name of Site/Location:</b>	<b>Number Served, ENGLISH</b>	<b>Number Served, SPANISH</b>
1.		
2.		
3.		
4.		
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See Page 19 for sample messages and circle one choice below. **For the Head Start program, we want to use Message #** 1      2      3      Our Own      None

**The Survey Questions for Head Start.** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. How easy was it for you and your family to enroll in the Head Start program?
- ( ) ( ) 2. How well do staff answer your questions?
- ( ) ( ) 3. How well does Head Start meet your family’s needs?
- ( ) ( ) 4. What is the Head Start program’s reputation in your community?
- ( ) ( ) 5. How would you describe communication between staff and parents?
- ( ) ( ) 6. How do you rate Head Start’s role in preparing your child for kindergarten?
- ( ) ( ) 7. How well did parent meetings meet your needs and interests?
- ( ) ( ) 8. What is your level of satisfaction with the Head Start program in general?
- ( ) ( ) Comments: *(highly recommended)*

Here are questions written by other Head Start programs that you might consider:

**Yes No**

- ( ) ( ) A. How well do staff keep you informed of your child’s health?
- ( ) ( ) B. How well do staff keep you informed of your child’s development?
- ( ) ( ) C. How well is your culture and language included in program activities?
- ( ) ( ) D. How well has the program provided nutritious food to your child?
- ( ) ( ) E. How well has Head Start helped you know the services available in the community?

To include additional questions, please write them in below.

<b>Weatherization:</b> ( ) Yes, survey this program. ( ) No. <b>Name of Site/Location:</b>	<b>Number Served, ENGLISH</b>	<b>Number Served, SPANISH</b>
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See Page 19 for sample messages and circle one choice below. **For the Weatherization program, we want to use Message #** 1    2    3    Our Own    None

**The Survey Questions for Weatherization.** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. The application process was:
- ( ) ( ) 2. The staff responses to your questions were:
- ( ) ( ) 3. The staff's attention to detail was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about Weatherizing your residence was:
- ( ) ( ) 6. How well did the staff do in providing you with Weatherization services?
- ( ) ( ) 7. The safety of Weatherization products is:
- ( ) ( ) 8. The familiarity of Weatherization staff with the needs of your home is:
- ( ) ( ) 9. Comments: (*highly recommended*)

To include additional questions, please write them in below:

ECIP: ( ) Yes, survey this program. ( ) No. Name of Site/Location:	Number Served, ENGLISH	Number Served, SPANISH
1.		
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See Page 19 for sample messages and circle one choice below. **For the ECIP program, we want to use Message #** 1    2    3    Our Own    None

**The Survey Questions for Energy Crisis Intervention Program (ECIP).** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. The application process was:
- ( ) ( ) 2. The staff responses to your questions were:
- ( ) ( ) 3. The staff's attention to your needs was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about ECIP was:
- ( ) ( ) 6. How well did the staff do in providing you with ECIP services?
- ( ) ( ) 7. How timely was/were the ECIP payment/s?
- ( ) ( ) 8. How adequate was/were the ECIP payments in meeting your needs?
- ( ) ( ) 9. Comments: (*highly recommended*)

To include additional questions, please write them in below:

<b>LIHEAP:</b> ( ) Yes, survey this program. ( ) No. <b>Name of Site/Location:</b>	<b>Number Served, ENGLISH</b>	<b>Number Served, SPANISH</b>
1.		
2.		
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See Page 19 for sample messages and circle one choice below. **For the LIHEAP program, we want to use Message #** 1    2    3    Our Own    None

**The Survey Questions for the Low Income Housing Energy Assistance Program (LIHEAP).**

The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. The LIHEAP application process was:
- ( ) ( ) 2. Staff responses to your questions were:
- ( ) ( ) 3. Staff attention to your needs was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about LIHEAP was:
- ( ) ( ) 6. How well did the staff do in providing you with LIHEAP payment?
- ( ) ( ) 7. How timely was the LIHEAP payment?
- ( ) ( ) 8. How adequate was the LIHEAP payments in meeting your needs?
- ( ) ( ) 9. Comments: (*highly recommended*)

To include additional questions, please write them in below:

<b>CSBG:</b> ( ) Yes, survey this program. ( ) No. <b>Name of Site/Location:</b>	<b>Number Served, ENGLISH</b>	<b>Number Served, SPANISH</b>
1.		
2.		
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See Page 19 for sample messages and circle one choice below. **For the CSBG program, we want to use Message #** 1    2    3    Our Own    None

**The Survey Questions for the Community Services Block Grant (CSBG) Program.** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. The CSBG application process was:
- ( ) ( ) 2. Staff responses to your questions were:
- ( ) ( ) 3. Staff attention to your needs was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about CSBG was:
- ( ) ( ) 6. How well did the staff do in providing you with CSBG assistance?
- ( ) ( ) 7. How timely was the CSBG assistance?
- ( ) ( ) 8. How adequate was the CSBG assistance in meeting your needs?
- ( ) ( ) 9. Comments: (*highly recommended*)

To include additional questions, please write them in below:

<b>Elderly Services:</b> ( ) Yes, survey this program. ( ) No. <b>Name of Site/Location:</b>	<b>Number Served, ENGLISH</b>	<b>Number Served, SPANISH</b>
1.		
2.		
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10.		

See Page 19 for sample messages and circle one choice below. **For the Elderly Services program, we want to use Message #** 1    2    3    Our Own    None

**The Survey Questions for the Elderly Services Program.** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. The application/enrollment process for Elderly services was:
- ( ) ( ) 2. Staff responses to your questions were:
- ( ) ( ) 3. Staff attention to your needs was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about Elderly services was:
- ( ) ( ) 6. How well did the staff do in providing you with services?
- ( ) ( ) 7. How timely was the assistance?
- ( ) ( ) 8. How adequate was the assistance in meeting your needs?
- ( ) ( ) 9. Comments: *(highly recommended)*

To include additional questions, please write them in below:

<b>Housing:</b> ( ) Yes, survey this program. ( ) No. <b>Name of Site/Location:</b>	<b>Number Served, ENGLISH</b>	<b>Number Served, SPANISH</b>
1.		
2.		
3.		
4.		
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8.		
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10.		

See Page 19 for sample messages and circle one choice below. **For the Housing program, we want to use Message #** 1    2    3    Our Own    None

**The Survey Questions for the Housing Program.** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. The application/enrollment process for Housing services was:
- ( ) ( ) 2. Staff responses to your questions were:
- ( ) ( ) 3. Staff attention to your needs was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about the Housing program was:
- ( ) ( ) 6. How well did the staff do in providing you with housing services?
- ( ) ( ) 7. How timely was the assistance?
- ( ) ( ) 8. How adequate was the assistance in meeting your needs?
- ( ) ( ) 9. Comments: (*highly recommended*)

To include additional questions, please write them in below:

<b>Family:</b> ( ) Yes, survey this program. ( ) No. <b>Name of Site/Location:</b>	<b>Number Served, ENGLISH</b>	<b>Number Served, SPANISH</b>
1.		
2.		
3.		
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10.		

See Page 19 for sample messages and circle one choice below. **For the Family program, we want to use Message #** 1    2    3    Our Own    None

**The Survey Questions for the Family Program.** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. The application/enrollment process for Family services was:
- ( ) ( ) 2. Staff responses to your questions were:
- ( ) ( ) 3. Staff attention to your needs was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about the Family program was:
- ( ) ( ) 6. How well did the staff do in providing you with services?
- ( ) ( ) 7. How timely was the assistance?
- ( ) ( ) 8. How adequate was the assistance in meeting your needs?
- ( ) ( ) 9. Comments: (*highly recommended*)

To include additional questions, please write them in below:

<b>Food Services:</b> ( ) Yes, survey this program. ( ) No. <b>Name of Site/Location:</b>	<b>Number Served, ENGLISH</b>	<b>Number Served, SPANISH</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
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10.		

See Page 19 for sample messages and circle one choice below. **For the Food Services program, we want to use Message #** 1   2   3   Our Own   None

**The Survey Questions for Food Services.** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:   Unacceptable   Needs Improvement   Satisfactory   Excellent   N/A

**Yes No**

- ( ) ( ) 1. The application/enrollment process for Food Services was:
- ( ) ( ) 2. Staff responses to your questions were:
- ( ) ( ) 3. Staff attention to your needs was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about Food Services was:
- ( ) ( ) 6. How well did the staff do in providing you with food?
- ( ) ( ) 7. How timely was the assistance?
- ( ) ( ) 8. How adequate was the assistance in meeting your needs?
- ( ) ( ) 9. Comments: (*highly recommended*)

To include additional questions, please write them in below:

<b>Youth:</b> ( ) Yes, survey this program. ( ) No. <b>Name of Site/Location:</b>	<b>Number Served, ENGLISH</b>	<b>Number Served, SPANISH</b>
1.		
2.		
3.		
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6.		
7.		
8.		
9.		
10.		

See Page 19 for sample messages and circle one choice below. **For the Youth program, we want to use Message #** 1    2    3    Our Own    None

**The Survey Questions for Youth Program.** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. The application/enrollment process for the Youth program was:
- ( ) ( ) 2. Staff responses to your questions were:
- ( ) ( ) 3. Staff attention to your needs was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about Youth Services was:
- ( ) ( ) 6. How well did the staff do in providing you with Youth services?
- ( ) ( ) 7. How timely was the assistance?
- ( ) ( ) 8. How adequate was the assistance in meeting your needs?
- ( ) ( ) 9. Comments: *(highly recommended)*

To include additional questions, please write them in below:

<b>Transportation:</b> ( ) Yes, survey this program. ( ) No. <b>Name of Site/Location:</b>	<b>Number Served, ENGLISH</b>	<b>Number Served, SPANISH</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

See Page 19 for sample messages and circle one choice below. **For the Transportation program, we want to use Message #** 1    2    3    Our Own    None

**The Survey Questions for Transportation.** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. The application/enrollment process for Transportation services was:
- ( ) ( ) 2. Staff responses to your questions were:
- ( ) ( ) 3. Staff attention to your needs was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about the Transportation program was:
- ( ) ( ) 6. How well did the staff do in providing you with transportation?
- ( ) ( ) 7. How timely was the assistance?
- ( ) ( ) 8. How adequate was the assistance in meeting your needs?
- ( ) ( ) 9. Comments: (*highly recommended*)

To include additional questions, please write them in below:

Other Program 1 _____ Name of Site/Location:	Number Served, ENGLISH	Number Served, SPANISH
1.		
2.		
3.		
4.		
5.		
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8.		
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10.		

See Page 19 for sample messages and circle one choice below. **For the Other program above, we want to use Message #** 1      2      3      Our Own      None

**The Survey Questions for Any Other CAA Program.** The survey will have the following questions printed on it if you check Yes by the corresponding question -- or you can remove a question by checking No. If you wish to add questions of your own, please write neatly in the space provided.

Answer Types:    Unacceptable    Needs Improvement    Satisfactory    Excellent    N/A

**Yes No**

- ( ) ( ) 1. The application/enrollment process for the \_\_\_\_\_ program was:
- ( ) ( ) 2. Staff responses to your questions were:
- ( ) ( ) 3. Staff attention to your needs was:
- ( ) ( ) 4. Staff courtesy was:
- ( ) ( ) 5. Staff knowledge about this program was:
- ( ) ( ) 6. How well did the staff do in providing you with services?
- ( ) ( ) 7. How timely was the assistance?
- ( ) ( ) 8. How adequate was the assistance in meeting your needs?
- ( ) ( ) 9. Comments: (*highly recommended*)

To include additional questions, please write them in below:

**Message From You to Recipients.** Each survey can have a message from you to the participants. You may adapt a message from the examples below or construct a message of your own. If you don't want a message on the survey card, "X" out this section. If you do want a message on the survey card, circle the number of the Message you want, or write your own message below. Message #1 is the default message if no indication is made.

Sample Message # 1. Dear (XYZ Program) Participant:  
Your opinion is important to us. Please let us know how we are doing by rating the quality of our services. Your responses will be kept strictly confidential -- this card goes to an independent survey service. Thank you for your cooperation. Your input will help us provide continued quality service to the community.  
Sincerely,  
John Frank, Executive Director, CAA

Sample Message #2. Dear (XYZ Program) Participant:  
Your opinion counts! Please complete the attached survey and drop it in the mail today. The survey you complete will be kept strictly confidential. Your responses on this brief questionnaire will help us to better serve you. Thank you for sharing your comments.  
Sincerely,  
John Frank, Executive Director, CAA

Sample Message #3. Dear (XYZ Program) Participant:  
The (Name of CAA) is committed to providing you and your family with quality services and facilities. Please take a moment to complete the attached survey card to let us know how well our services meet your expectations. After you've completed the card, just drop it in the mail. No postage is required. Your responses will be kept strictly confidential. We appreciate your involvement with the program/agency and thank you for responding to these questions.  
Sincerely,  
John Frank, Executive Director, CAA

Or Construct Your Own Message Here: *(Please write neatly!)*

**Survey Distribution Method.** We will mail the prepared surveys directly to you for distribution to program participants. If you want to use another method of distribution (e.g. mailed to each participant), please describe it below. We will work with you to insure statistical validity for the option you choose.

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**Do you have any special requests, further instructions, or questions for us?**

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Now that you've completed pages 6-20, please FAX them to Teresa Wickstrom (909) 790-0670 or mail them to:

Teresa Wickstrom  
Center for Community Futures  
P.O. Box 5309, Elmwood Station  
Berkeley, CA 94705

When we receive this from you we will prepare your draft survey/s and mail them to you for final approval before printing. Questions? Email [teresa@cencomfut.com](mailto:teresa@cencomfut.com) or call 909-790-0670.

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For more information about the Center for Community Futures, visit our web site at

[www.cencomfut.com](http://www.cencomfut.com)

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