

Client Outcome Survey

Introduction: Please help us improve our services by sharing your experience with us.

Directions: Please indicate your level of agreement with the following statements:

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

As a result of the services I have received:

1. This agency helped me learn how to access benefits or community resources. (5) (4) (3) (2) (1)
2. I am satisfied with the services I have received through this program. (5) (4) (3) (2) (1)

Thank you for your assistance in completing our survey!