## SCSEP Host Agency Customer Satisfaction Survey

## **HOST AGENCY CUSTOMERS**

OMB Approval Number: 1205-0040

**Expiration Date: 08/31/09** 

The Older Worker Program, also known as the Senior Community Service Employment Program (SCSEP), wants to provide the highest quality services to its customers. You can help improve services by answering the following questions. Please be completely honest. Your answers are strictly confidential. No one in the agency will see your individual responses. Unless directed otherwise, please answer based on your most recent experience with the Older Worker Program.

Choose the number on the scale below each question that best represents your opinion. Thank you in advance for your help.

1. Utilizing the scale of 1 to 10 below, what is your overall satisfaction with the services provided by the Older Worker Program? (Choose one number)

Very									Very	Didn't
dissatis	fied								satisfied	receive
1	2	3	4	5	6	7	8	9	10	90

2. Considering all of the expectations you may have had about the services of the Older Worker Program, to what extent have the services met your expectations? (Choose one number)

Falls									Exceeds	Didn't
short										receive
1	2	3	4	5	6	7	8	9	10	90

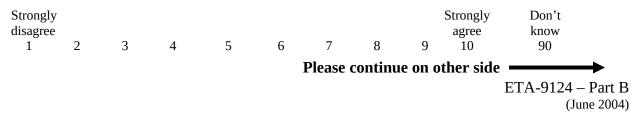
3. Now, think about the ideal services for people in your circumstances. How well do you think the services you received compare with the ideal services? (Choose one number)

Not at all									Very	Didn't
close									close	receive
1	2	3	4	5	6	7	8	9	10	90

4. The Older Worker Program staff gave me all the information I needed to understand the Older Worker Program. (Choose one number)

Strongly									Strongly	Not
disagree									agree	applicable
1	2	3	4	5	6	7	8	9	10	90

5. The Older Worker Program staff made the community service assignment process easy for me to use. (Choose one number)



Your responses are confidential, and we appreciate your time and assistance. This voluntary information has been approved by the Office of Management and Budget under OMB approval number 1205-0040, expiring 08/31/2009. Without this approval, we would not be able to conduct this survey. The time needed to complete the survey is estimated to average six (6) minutes. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden; please send them to the U.S. Department of Labor, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (Paperwork Reduction Project 1205-0040)

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			Program 100se one			the ass	ignment	had	a good und	lerstanding of my
Strong disagre 1		3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
			informat cy. (Cho				story and	d edu	cation of th	ne participant
Strong disagre 1	•	3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
8. I ha	d suffici	ient choi	ce about	the par	ticipant	assigne	ed to my	agen	cy. (Choos	se one number)
Strong disagre		3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
	particip nber)	ant assi	gned to m	ıy agen	cy had t	he nece	essary co	ompu	ter skills. (	Choose one
Strong disagre	-	3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
	e partici <sub>]</sub> nber)	pant assi	gned to r	ny ager	ıcy was	a good	match v	with n	ny agency.	(Choose one
Strong disagre 1	-	3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
	ne Older nmber)	Worker	Program	staff w	as helpf	ful in re	esolving	any p	oroblems I	had. (Choose one
Strong disagre		3	4	5	6	7	8	9	Strongly agree 10	Not applicable 90
ass	istance v	with tran		n, medi					upportive s uccessful i	services, such as n their
	Yes		No (Ski	p to ques	tion #14)		Don't k	now (	Skip to quest	tion #14)
		-	estion 12 portive s							Program provide
	1 None		2 Few		S	3 Some			4 ly all	9 Don't know

Please continue on next page

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14. Do p									se one answe	
	Yes		No (	Skip to que	stion #16)		Don't l	know (S	Skip to question	n #16)
	e answe ing? (C	-			s," does tl	he Old	er Worl	ker Pr	ogram provi	de the needed
	1 provides nal trainin			2 imes provid onal trainin		3 ften prov itional tr			4 ays provides ional training	9 Don't know
				am staff s Choose on			vith my	ageno	cy to make sı	are the
Strongly disagree 1	2	3	4	5	6	7	8	9	Strongly agree 10	Don't know 90
				ogram ev were read						n your agency
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provide 1 Decrea Signific 19. Wot (Cho Definitel no 1 20. For 21. Wh	services sed cantly  uld you pose one  y  2  how lose at do you	s to the 2 Somey Decrea recommender numb	what used mend ther) 4 e you b	Neither E nor Incr he service 5 Deen a hos	Choose one Decreased reased of the Cook of	Sor Inc Older W	er) 4 newhat creased  /orker I  8 (ye	Progra 9 ars; e	5 Increased Significantly Im to other a Definitely yes 10 Inter "1" if lea	9 Don't know gencies?  Don't know 90 ss than one year)

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