

**SCSEP Host Agency  
Customer Satisfaction Survey**

**OMB Approval Number: 1205-0040**

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

**HOST AGENCY CUSTOMERS**

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 dissatisfied 1 2 3 4 5 6 7 8 9 10 Very satisfied Didn't receive  
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 short 1 2 3 4 5 6 7 8 9 10 Exceeds Didn't receive  
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 close 1 2 3 4 5 6 7 8 9 10 Very close Didn't receive  
90

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

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

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

Strongly disagree 1 2 3 4 5 6 7 8 9 10 Strongly agree Don't know  
90

**Please continue on other side** 

**ETA-9124 – Part B  
(June 2004)**

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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6. The Older Worker Program staff that made the assignment had a good understanding of my business needs. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

7. I received sufficient information about the work history and education of the participant assigned to my agency. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

8. I had sufficient choice about the participant assigned to my agency. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

9. The participant assigned to my agency had the necessary computer skills. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

10. The participant assigned to my agency was a good match with my agency. (Choose one number)

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

11. The Older Worker Program staff was helpful in resolving any problems I had. (Choose one number)

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

12. Did any of the older workers assigned to your agency require supportive services, such as assistance with transportation, medical care, or housing, to be successful in their assignments? (Choose one answer)

Yes       No (Skip to question #14)       Don't know (Skip to question #14)

13. If the answer to question 12 is "Yes," to what extent did the Older Worker Program provide the participants the supportive services they needed? (Choose one number)

1	2	3	4	9
None	Few	Some	Nearly all	Don't know

**Please continue on next page**

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14. Do participants assigned to your agency ever need any kind of additional training other than the on-the-job training that comes with their assignment? (Choose one answer)

- Yes       No (Skip to question #16)       Don't know (Skip to question #16)

15. If the answer to question 14 is "Yes," does the Older Worker Program provide the needed training? (Choose one number)

- |                                    |  |                                    |                                     |            |
|------------------------------------|--|------------------------------------|-------------------------------------|------------|
| 1                                  | 2                                      | 3                                  | 4                                   | 9          |
| Never provides additional training | Sometimes provides additional training | Often provides additional training | Always provides additional training | Don't know |

16. The Older Worker Program staff stayed in touch with my agency to make sure the assignment went well. (Choose one number)

- |                   |   |   |   |   |   |   |   |   |                |            |
|-------------------|---|---|---|---|---|---|---|---|----------------|------------|
| Strongly disagree |   |   |   |   |   |   |   |   | Strongly agree | Don't know |
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10             | 90         |

17. Did the Older Worker Program ever attempt to remove any participants from your agency before you thought they were ready to leave? (Choose one number)

- |       |              |            |               |            |
|-------|--------------|------------|---------------|------------|
| 1     | 2            | 3          | 4             | 9          |
| Never | Occasionally | Frequently | Nearly always | Don't know |

18. How has your participation in the Older Worker Program affected your agency's ability to provide services to the community? (Choose one answer)

- |                         |                    |                                 |                    |                         |            |
|-------------------------|--------------------|---------------------------------|--------------------|-------------------------|------------|
| 1                       | 2                  | 3                               | 4                  | 5                       | 9          |
| Decreased Significantly | Somewhat Decreased | Neither Decreased nor Increased | Somewhat Increased | Increased Significantly | Don't know |

19. Would you recommend the services of the Older Worker Program to other agencies? (Choose one number)

- |               |   |   |   |   |   |   |   |   |                |            |
|---------------|---|---|---|---|---|---|---|---|----------------|------------|
| Definitely no |   |   |   |   |   |   |   |   | Definitely yes | Don't know |
| 1             | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10             | 90         |

20. For how long have you been a host agency? \_\_\_\_\_ (years; enter "1" if less than one year)

21. What do you think is most valuable about the Older Worker Program?

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22. What part of the Older Worker Program do you think is most in need of improvement?

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**Thank you for taking the time to complete this survey.**