




## A Consumer Experience Questionnaire

*Prepared for:*

**Social Security's Ticket to Work Program, Clients of  
Service First of Northern California  
Stockton, California**

Please help our organization make the Ticket to Work program better by answering some questions about the services you received from your Employment Network, Service First of Northern California.

When done, please seal this questionnaire in the envelope provided and return to the Ticket to Work Operations Support Manager (MAXIMUS).

**Your answers will not influence the services you receive—  
the Employment Network's staff will not see your answers.**

**Thank you!**

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm                      dd                      yyyy

### Paperwork Reduction Act Statement

**Paperwork Reduction Act Statement** – This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about **10 minutes** to complete this survey. You may send comments on our time estimate above to: *SSA, 6401 Security Blvd., Baltimore, MD 21235-6401*. **Send only comments relating to our time estimate to this address.**

**Send the completed questionnaire to:  
MAXIMUS Ticket to Work  
P.O. Box 1433  
Alexandria, VA 22313**

Please indicate if you **Strongly Disagree**, **Disagree**, **Agree**, or **Strongly Agree** with each of the following statements below. Mark the circle that best describes your answer about Service First of Northern California, your Employment Network.

## SERVICE RESPONSIVENESS

		Strongly Disagree	Disagree	Agree	Strongly Agree
A.1.	Services are available at times that are OK for me.	①	②	③	④
A.2.	I am able to get what I need at the Employment Network, when I need it.	①	②	③	④
A.3.	There are enough staff members available to meet my needs.	①	②	③	④
A.4.	I was able to see a staff member at a reasonable time after I first asked for services.	①	②	③	④
A.5.	I am able to get the services I need as soon as I need them.	①	②	③	④
A.6.	It is easy for me to get to this services location.	①	②	③	④

## INFORMED CHOICE

		Strongly Disagree	Disagree	Agree	Strongly Agree
B.1.	Staff members make accommodations that meet my individual needs.	①	②	③	④
B.2.	Staff members at the Employment Network pay attention to what I say.	①	②	③	④
B.3.	I have the opportunity to make choices that are important to me.	①	②	③	④
B.4.	Services options were explained in a language I understood.	①	②	③	④
B.5.	I agreed with the goals in my plan for services.	①	②	③	④
B.6.	Staff members at the Employment Network listen to beneficiaries.	①	②	③	④
B.7.	I was actively involved in deciding my service goals.	①	②	③	④
B.8.	Staff members give me clear information on the different service choices available to help me.	①	②	③	④

## RESPECT

		Strongly Disagree	Disagree	Agree	Strongly Agree
C.1.	Staff members are respectful of my culture.	①	②	③	④
C.2.	People at the Employment Network respect me as a person.	①	②	③	④
C.3.	Staff members respect my privacy.	①	②	③	④
C.4.	Staff members are able to communicate with me in ways that I understand.	①	②	③	④

Please indicate if you **Strongly Disagree**, **Disagree**, **Agree**, or **Strongly Agree** with each of the following statements below. Mark the circle that best describes your answer about Service First of Northern California, your Employment Network.

## PARTICIPATION

	Strongly Disagree	Disagree	Agree	Strongly Agree
D.1. I am able to deal effectively with everyday life activities.	①	②	③	④
D.2. I am able to make choices that are important to me.	①	②	③	④
D.3. I know where and how to get help I need in the community.	①	②	③	④
D.4. I am generally able to do things I need to do without major barriers.	①	②	③	④
D.5. As a result of the services I receive, I will be able to find employment.	①	②	③	④
D.6. I am working at a job that I feel is a good use of my skills and abilities.	①	②	③	④
D.7. Staff at the Employment Network talked to me about the assistive technology or equipment I needed.	①	②	③	④
D.8. If I needed assistive technology or equipment to help me, I was able to get what I needed.	①	②	③	④

## OVERALL VALUE

	Strongly Disagree	Disagree	Agree	Strongly Agree
E.1. I would recommend the Employment Network to a friend or family.	①	②	③	④
E.2. The services I receive meet my expectations.	①	②	③	④
E.3. I feel safe at the Employment Network.	①	②	③	④
E.4. The services I receive at the Employment Network make me better able to do the things I want to do now.	①	②	③	④
E.5. The Employment Network meets the need I came here for.	①	②	③	④
E.6. If I had other choices, I would still come to the Employment Network.	①	②	③	④

## DEMOGRAPHIC INFORMATION

1. How long have you been receiving services here?

① This is my first visit

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② Less than 3 months

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③ 3 – 6 months

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④ 7 – 12 months

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⑤ 1 – 2 years

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⑥ 3 – 5 years

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⑦ More than 5 years

2. Are you Hispanic/Latino?

① Yes      ② No

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3. What is your race (select one or more)?

① White

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② Black, African American

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③ American Indian or Alaska Native

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④ Asian

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⑤ Native Hawaiian or other Pacific Islander

4.	What is your date of birth? _____ / _____ / _____ mm      dd      yyyy
5.	What is your gender? ① Male _____ ② Female _____ ③ Other _____
6.	What is your primary occupational status? ① Employed _____ ② Supported employment _____ ③ Self-employment _____ ④ Non-paid work, such as voluntary/charity _____ ⑤ Student _____ ⑥ Homemaker _____ ⑦ Retired _____ ⑧ Unemployed _____ ⑨ Other (specify): _____
7.	What is the highest level of education you have completed? ① 8 <sup>th</sup> grade or less _____ ② Some high school, but did not graduate _____ ③ High school diploma/GED _____ ④ Some college/technical school _____ ⑤ Associate degree _____ ⑥ Bachelor's degree _____ ⑦ Master's degree and above _____ ⑧ Other: (specify) _____

8.	In general, would you say your health is: ① Excellent _____ ② Very good _____ ③ Good _____ ④ Fair _____ ⑤ Poor _____
9.	Who answered the questions? ① Myself—person receiving services (no one helped) _____ ② Myself (someone helped me read and/or write my answers on the form) _____ ③ Someone else on behalf of the beneficiary _____
10.	What is your primary means of communication? ① Spoken language _____ ② Sign language _____ ③ Finger spelling _____ ④ Gestures _____ ⑤ Communication device _____ ⑥ Other (specify): _____

**General comments:**

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**Social Security's Ticket to Work Program, Clients of  
Service First of Northern California  
Stockton, California**

Please help our organization make the Ticket to Work program better by answering some questions about the services you received from your Employment Network, Service First of Northern California.

When done, please seal this questionnaire in the envelope provided and return to the Ticket to Work Operations Support Manager (MAXIMUS).

**Your answers will not influence the services you receive—  
the Employment Network's staff will not see your answers.**

**Thank you!**

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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Send the completed questionnaire to:  
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P.O. Box 1433  
Alexandria, VA 22313**

Please indicate if you **Strongly Disagree**, **Disagree**, **Agree**, or **Strongly Agree** with each of the following statements below. Mark the circle that best describes your answer about Service First of Northern California, your Employment Network.

## SERVICE RESPONSIVENESS

		Strongly Disagree	Disagree	Agree	Strongly Agree
A.1.	Services are available at times that are OK for me.	①	②	③	④
A.2.	I am able to get what I need at the Employment Network, when I need it.	①	②	③	④
A.3.	There are enough staff members available to meet my needs.	①	②	③	④
A.4.	I was able to see a staff member at a reasonable time after I first asked for services.	①	②	③	④
A.5.	I am able to get the services I need as soon as I need them.	①	②	③	④
A.6.	It is easy for me to get to this services location.	①	②	③	④

## INFORMED CHOICE

		Strongly Disagree	Disagree	Agree	Strongly Agree
B.1.	Staff members make accommodations that meet my individual needs.	①	②	③	④
B.2.	Staff members at the Employment Network pay attention to what I say.	①	②	③	④
B.3.	I have the opportunity to make choices that are important to me.	①	②	③	④
B.4.	Services options were explained in a language I understood.	①	②	③	④
B.5.	I agreed with the goals in my plan for services.	①	②	③	④
B.6.	Staff members at the Employment Network listen to beneficiaries.	①	②	③	④
B.7.	I was actively involved in deciding my service goals.	①	②	③	④
B.8.	Staff members give me clear information on the different service choices available to help me.	①	②	③	④

## RESPECT

		Strongly Disagree	Disagree	Agree	Strongly Agree
C.1.	Staff members are respectful of my culture.	①	②	③	④
C.2.	People at the Employment Network respect me as a person.	①	②	③	④
C.3.	Staff members respect my privacy.	①	②	③	④
C.4.	Staff members are able to communicate with me in ways that I understand.	①	②	③	④

Please indicate if you **Strongly Disagree**, **Disagree**, **Agree**, or **Strongly Agree** with each of the following statements below. Mark the circle that best describes your answer about Service First of Northern California, your Employment Network.

## PARTICIPATION

	Strongly Disagree	Disagree	Agree	Strongly Agree
D.1. I am able to deal effectively with everyday life activities.	①	②	③	④
D.2. I am able to make choices that are important to me.	①	②	③	④
D.3. I know where and how to get help I need in the community.	①	②	③	④
D.4. I am generally able to do things I need to do without major barriers.	①	②	③	④
D.5. As a result of the services I receive, I will be able to find employment.	①	②	③	④
D.6. I am working at a job that I feel is a good use of my skills and abilities.	①	②	③	④
D.7. Staff at the Employment Network talked to me about the assistive technology or equipment I needed.	①	②	③	④
D.8. If I needed assistive technology or equipment to help me, I was able to get what I needed.	①	②	③	④

## OVERALL VALUE

	Strongly Disagree	Disagree	Agree	Strongly Agree
E.1. I would recommend the Employment Network to a friend or family.	①	②	③	④
E.2. The services I receive meet my expectations.	①	②	③	④
E.3. I feel safe at the Employment Network.	①	②	③	④
E.4. The services I receive at the Employment Network make me better able to do the things I want to do now.	①	②	③	④
E.5. The Employment Network meets the need I came here for.	①	②	③	④
E.6. If I had other choices, I would still come to the Employment Network.	①	②	③	④

## DEMOGRAPHIC INFORMATION

1. How long have you been receiving services here?

① This is my first visit

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② Less than 3 months

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③ 3 – 6 months

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2. Are you Hispanic/Latino?

① Yes      ② No

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3. What is your race (select one or more)?

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② Black, African American

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③ American Indian or Alaska Native

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④ Asian

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⑤ Native Hawaiian or other Pacific Islander

4.	What is your date of birth? ____ / ____ / ____ mm    dd    yyyy
5.	What is your gender? ① Male _____ ② Female _____ ③ Other _____
6.	What is your primary occupational status? ① Employed _____ ② Supported employment _____ ③ Self-employment _____ ④ Non-paid work, such as voluntary/charity _____ ⑤ Student _____ ⑥ Homemaker _____ ⑦ Retired _____ ⑧ Unemployed _____ ⑨ Other (specify): _____
7.	What is the highest level of education you have completed? ① 8 <sup>th</sup> grade or less _____ ② Some high school, but did not graduate _____ ③ High school diploma/GED _____ ④ Some college/technical school _____ ⑤ Associate degree _____ ⑥ Bachelor's degree _____ ⑦ Master's degree and above _____ ⑧ Other: (specify) _____

8.	In general, would you say your health is: ① Excellent _____ ② Very good _____ ③ Good _____ ④ Fair _____ ⑤ Poor _____
9.	Who answered the questions? ① Myself—person receiving services (no one helped) _____ ② Myself (someone helped me read and/or write my answers on the form) _____ ③ Someone else on behalf of the beneficiary _____
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**General comments:**

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## SERVICE RESPONSIVENESS

		Strongly Disagree	Disagree	Agree	Strongly Agree
A.1.	Services are available at times that are OK for me.	①	②	③	④
A.2.	I am able to get what I need at the Employment Network, when I need it.	①	②	③	④
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## INFORMED CHOICE

		Strongly Disagree	Disagree	Agree	Strongly Agree
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B.4.	Services options were explained in a language I understood.	①	②	③	④
B.5.	I agreed with the goals in my plan for services.	①	②	③	④
B.6.	Staff members at the Employment Network listen to beneficiaries.	①	②	③	④
B.7.	I was actively involved in deciding my service goals.	①	②	③	④
B.8.	Staff members give me clear information on the different service choices available to help me.	①	②	③	④

## RESPECT

		Strongly Disagree	Disagree	Agree	Strongly Agree
C.1.	Staff members are respectful of my culture.	①	②	③	④
C.2.	People at the Employment Network respect me as a person.	①	②	③	④
C.3.	Staff members respect my privacy.	①	②	③	④
C.4.	Staff members are able to communicate with me in ways that I understand.	①	②	③	④

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D.5. As a result of the services I receive, I will be able to find employment.	①	②	③	④
D.6. I am working at a job that I feel is a good use of my skills and abilities.	①	②	③	④
D.7. Staff at the Employment Network talked to me about the assistive technology or equipment I needed.	①	②	③	④
D.8. If I needed assistive technology or equipment to help me, I was able to get what I needed.	①	②	③	④

## OVERALL VALUE

	Strongly Disagree	Disagree	Agree	Strongly Agree
E.1. I would recommend the Employment Network to a friend or family.	①	②	③	④
E.2. The services I receive meet my expectations.	①	②	③	④
E.3. I feel safe at the Employment Network.	①	②	③	④
E.4. The services I receive at the Employment Network make me better able to do the things I want to do now.	①	②	③	④
E.5. The Employment Network meets the need I came here for.	①	②	③	④
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## DEMOGRAPHIC INFORMATION

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3. What is your race (select one or more)?

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② Black, African American

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③ American Indian or Alaska Native

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4.	What is your date of birth? ____ / ____ / ____ mm    dd    yyyy
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8.	In general, would you say your health is: ① Excellent _____ ② Very good _____ ③ Good _____ ④ Fair _____ ⑤ Poor _____
9.	Who answered the questions? ① Myself—person receiving services (no one helped) _____ ② Myself (someone helped me read and/or write my answers on the form) _____ ③ Someone else on behalf of the beneficiary _____
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**General comments:**

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## INFORMED CHOICE

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## PARTICIPATION

	Strongly Disagree	Disagree	Agree	Strongly Agree
D.1. I am able to deal effectively with everyday life activities.	①	②	③	④
D.2. I am able to make choices that are important to me.	①	②	③	④
D.3. I know where and how to get help I need in the community.	①	②	③	④
D.4. I am generally able to do things I need to do without major barriers.	①	②	③	④
D.5. As a result of the services I receive, I will be able to find employment.	①	②	③	④
D.6. I am working at a job that I feel is a good use of my skills and abilities.	①	②	③	④
D.7. Staff at the Employment Network talked to me about the assistive technology or equipment I needed.	①	②	③	④
D.8. If I needed assistive technology or equipment to help me, I was able to get what I needed.	①	②	③	④

## OVERALL VALUE

	Strongly Disagree	Disagree	Agree	Strongly Agree
E.1. I would recommend the Employment Network to a friend or family.	①	②	③	④
E.2. The services I receive meet my expectations.	①	②	③	④
E.3. I feel safe at the Employment Network.	①	②	③	④
E.4. The services I receive at the Employment Network make me better able to do the things I want to do now.	①	②	③	④
E.5. The Employment Network meets the need I came here for.	①	②	③	④
E.6. If I had other choices, I would still come to the Employment Network.	①	②	③	④

## DEMOGRAPHIC INFORMATION

1. How long have you been receiving services here?

① This is my first visit

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② Less than 3 months

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③ 3 – 6 months

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④ 7 – 12 months

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⑤ 1 – 2 years

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⑥ 3 – 5 years

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⑦ More than 5 years

2. Are you Hispanic/Latino?

① Yes      ② No

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3. What is your race (select one or more)?

① White

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② Black, African American

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③ American Indian or Alaska Native

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④ Asian

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⑤ Native Hawaiian or other Pacific Islander

4.	What is your date of birth? _____ / _____ / _____ mm        dd        yyyy
5.	What is your gender? ① Male _____ ② Female _____ ③ Other _____
6.	What is your primary occupational status? ① Employed _____ ② Supported employment _____ ③ Self-employment _____ ④ Non-paid work, such as voluntary/charity _____ ⑤ Student _____ ⑥ Homemaker _____ ⑦ Retired _____ ⑧ Unemployed _____ ⑨ Other (specify): _____
7.	What is the highest level of education you have completed? ① 8 <sup>th</sup> grade or less _____ ② Some high school, but did not graduate _____ ③ High school diploma/GED _____ ④ Some college/technical school _____ ⑤ Associate degree _____ ⑥ Bachelor's degree _____ ⑦ Master's degree and above _____ ⑧ Other: (specify) _____

8.	In general, would you say your health is: ① Excellent _____ ② Very good _____ ③ Good _____ ④ Fair _____ ⑤ Poor _____
9.	Who answered the questions? ① Myself—person receiving services (no one helped) _____ ② Myself (someone helped me read and/or write my answers on the form) _____ ③ Someone else on behalf of the beneficiary _____
10.	What is your primary means of communication? ① Spoken language _____ ② Sign language _____ ③ Finger spelling _____ ④ Gestures _____ ⑤ Communication device _____ ⑥ Other (specify): _____

**General comments:**

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