



CONSUMER SATISFACTION SURVEY

YOUR HELP IS VERY IMPORTANT! This survey has been mailed to Social Security Administration beneficiaries who have assigned their tickets to an Employment Network under the Ticket to Work program. The questions below will be used to provide information on Employment Networks. Your Employment Network is <INSERT FIELD>. The Employment Network's staff will not see your answers.

Please answer every question. If you are not sure of an exact answer, for example, how many hours you work per week, please give your best guess.

If you would prefer to complete the survey online, instead of on paper, please go to :

www.ttwsurvey.com

You will be asked for a PIN number. Your PIN number is <INSERT FIELD>

If you have any questions about this survey, you may contact (Insert Name of MAXIMUS account representative for CA) of MAXIMUS at (Insert phone number).

Thank you very much for your help in improving the Ticket to Work program.

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: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address.**

Send the completed questionnaire to:

**Ticket to Work Survey
2633 Lincoln Blvd., Box 436
Santa Monica, CA 90405**

If you completed the survey online, you do not need to send the paper questionnaire.

ABOUT YOUR EMPLOYMENT NETWORK

<INSERT NAME OF EMPLOYMENT NETWORK>

1. Did the Employment Network provide the services you needed?

PLEASE CHECK ONE

- Never
- A few times
- Sometimes
- Usually
- Always

2. Did these services help you meet your individual goals?

PLEASE CHECK ONE

- Never
- A few times
- Sometimes
- Usually
- Always

3. Which of the following services have you received from your Employment Network?

PLEASE CHECK ALL OF THE TYPES OF SERVICES YOU HAVE RECEIVED

- Job counseling
- Job readiness
- Job coaching
- Job placement
- Follow-up services after you were working
- Work incentives counseling or referral for work incentive counseling
- Help obtaining services from other organizations
- Other (please specify _____)

Please answer the questions below to rate your Employment Network.

4. Helped you understand the type of jobs available in your community

PLEASE CHECK ONE

- Poor
- Fair
- Good
- Very Good
- Excellent

5. Informed you of other agencies in your community that could help you.

PLEASE CHECK ONE

- Poor
- Fair
- Good
- Very Good
- Excellent
- Does not apply

6. Had supportive staff members

PLEASE CHECK ONE

- Poor
- Fair
- Good
- Very Good
- Excellent

7. Provided materials in the format you needed such as Braille, on-line, in print or in another language.

PLEASE CHECK ONE

- Poor
- Fair
- Good
- Very Good
- Excellent
- Does not apply

8. Had staff members who treated you with respect

PLEASE CHECK ONE.

- Poor
- Fair
- Good
- Very Good
- Excellent

9. Had staff members who really knew their job

PLEASE CHECK ONE

- Poor
- Fair
- Good
- Very Good
- Excellent

10. Overall, how would you rate this Employment Network?

PLEASE CHECK ONE

- Poor
- Fair
- Good
- Very Good
- Excellent

11. If you had a friend or family member in a similar situation, would you recommend your Employment Network?

PLEASE CHECK ONE

- Definitely would not recommend
- Probably would not recommend
- Not sure if I would recommend or not
- Probably would recommend
- Definitely would recommend

12. What do you like best about your Employment Network?

PLEASE CHECK ALL THAT APPLY

- The location is convenient
 - The respect I received from staff members
 - The quality of the services I received from them
 - The help they gave me with my job search
 - The information they provided about local jobs
 - Information was in a format I could understand
 - Services were available when I needed them
 - Other (please specify) _____
-

13. What do you think your Employment Network needs to improve?

PLEASE CHECK ALL THAT APPLY

- Find a more convenient location
 - Staff members need to treat consumers with more respect
 - Quality of services needs to be improved
 - Needs to be more effective in helping with job searches
 - Needs better information about local jobs
 - Information needs to be in more accessible formats
 - Have more convenient hours
 - Other (please specify) _____
-

ABOUT YOUR JOB

14. Did you work at a paid job within the last month?

- No Yes

15. Are you currently working?

- No Yes

16 How would you rate the help you received from your Employment Network in getting a job that met your employment goals? If you were working when you assigned your ticket to the Employment Network leave blank.

PLEASE CHECK ONE

- Poor
- Fair
- Good
- Very Good
- Excellent

ANSWER THESE NEXT FOUR QUESTIONS ONLY IF YOU ARE WORKING NOW

17. If you are working, how many hours a week do you normally work at this job?

18. If you are working, does your job offer any of these benefits?

PLEASE CHECK ALL THAT APPLY

- Paid vacation
- Paid sick leave
- Medical insurance
- Dental insurance
- Retirement plan

19. Is your job

PLEASE CHECK ONE

- Entry-level skill
- Skilled work
- Technical
- Manager
- Professional
- Not sure (If not sure list job title) _____

20. How satisfied are you with your job?

PLEASE CHECK ONE

- Very dissatisfied
- Somewhat dissatisfied
- Somewhat satisfied
- Very satisfied