

Medical Foster Home Veteran Survey

OMB No. 2900-0770 Estimated Burden: 5 minutes Expiration Date: 08/31/2017

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 5 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

VETERAN Annual MFH Satisfaction Survey

The VA MFH program would like to ask you some questions. We ask that you be open and truthful with your answers to best help us serve you going forward. This information will be used to help us identify our strengths, and areas we can improve. You can choose to provide your name, or remain anonymous. Either way - your feedback is valued, your opinion is very important. Please circle your preferred response where indicated.

Veteran's name (optional):								_ Date:	
1.	Veteran's current 21-35 36-45	age: 46-55	56-65	66-75	76-85	86-95	96+		
2.	Length of time yo 1-6 mos 7-12 mo yrs				_		rs 7-8 y	rs 8-9 yrs 9-10 yrs 10+	
	'I got the service Strongly agree	l needed'		er agree r	nor disagre	ee Dis	sagree	Strongly disagree	
4.	'It was easy to ge Strongly agree	t the serv Agree			or disagre	e Di	sagree	Strongly disagree	
5.	'I felt like a value Strongly agree	d customo Agree	_	er agree n	or disagre	e Di	sagree	Strongly disagree	
6.	'I trust the VA to f	f ulfill our Agree	-		tment to or disagree		is' sagree	Strongly disagree	
7.	'My MFH caregive Strongly agree	r maintai Agree			ome sett or disagre	_	ne to li sagree	ve'. Strongly disagree	
8.	'As a MFH Veteral Strongly agree	n , I am pr Agree		-	opportu or disagre	-	privacy agree	Strongly disagree	
9.	'This MFH is not e Strongly agree	xcessivel Agree	-		he time'. or disagre		agree	Strongly disagree	
10	.'I am pleased with Strongly agree	the qua l Agree	-	-	freshnes or disagre		meals a agree	and snacks I eat'. Strongly disagree	
11	'I am overall pleas Strongly agree	sed with I Agree	_		e, and pr or disagre	_	choose agree	to remain here.' Strongly disagree	
12	.:'When I request a Strongly agree	ssistance Agree		-	er, she/h or disagre	-	nds qui agree	ckly'. Strongly disagree	
13	a.'My caregiver is verthe that I need	-	assionat	e, and p	rovides a	loving	and sup	portive home to provide	3
	Strongly agree	Agree	Neithe	r agree no	or disagre	e Disa	agree	Strongly disagree	

14.'I have been pleased with the frequency and variety of leisure outings provided to me'.												
Strongly a	agree Agree	Neither agree nor disa	agree Disagree	Strongly disagree								
15.'I have been pleased with the amount of support and responsiveness of the MFH Coordinator.'												
	· -	Neither agree nor disa	agree Disagree	Strongly disagree								
16. 'The VA home care team (physician, nurse, dietician, therapist, social worker, etc.) is very courteous, timely in assisting me, and respects me as a Veteran'.												
	-	Neither agree nor dis										
17.Any additional comments or recommendations:												
18.Individual who completed this feedback request:												
Veteran Other	Veteran w/famil	y Veteran w/caregiver	Family of Veterar	n Veteran w/VA staff								
Thank you!			UPDATED: 9/20/16									