

## **Medical Foster Home Veteran Survey**

OMB No. 2900-0770 Estimated Burden: 5 minutes Expiration Date: 9/30/2020

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 00 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 Medical Foster Home 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.

Ve	teran's name (optio	nal):				Date:
1.	Veteran's current a 21-35 36-45	age: 46-55	56-65 66	-75 76-85	86-95	96+
2.	Length of time you 1-6 mos 7-12 mos			_		rs 7-8 yrs 8-9 yrs 9-10 yrs 10+ y
	spond to the following 'My MFH caregiver Strongly agree				_	n <b>e to live'.</b> y disagree
4.	<b>'As a MFH Veteran</b> , Strongly agree	, <b>I am pr</b> Agree	<b>ovided adeq</b> Undecided		-	<b>privacy'.</b> y disagree
5.	<b>'This MFH is not ex</b> Strongly agree	cessivel Agree	y noisy most Undecided	of the time' Disagree		y disagree
6.	<b>'I am pleased with</b> Strongly agree	<b>the qual</b> Agree	<b>ity, variety,</b> Undecided			<b>meals and snacks I eat'.</b> y disagree
7.	<b>'I am overall please</b> Strongly agree	ed with I Agree	iving in this Undecided	home, and p Disagree	-	choose to remain here.' y disagree
8.	<b>'When I request as</b> Strongly agree	<b>sistance</b> Agree	from my car Undecided	_	-	<b>ids quickly'.</b> y disagree
9.	the care that I need	ď.		-	_	nd supportive home to provide
10					of leisur	y disagree e outings provided to me'.
11		_		of support an	d respons	disagree  siveness of the MFH Coordinate
12		team (p	-	rse, dietician	, therapi	st, social worker, etc.) is very
	courteous, timely i Strongly agree		_	respects me Disagree		
13	.Any additional com recommendations:					

14.Individual who completed this feedback request:

Veteran Veteran w/family Veteran w/caregiver Family of Veteran Veteran w/VA staff Other