**Work Incentive Planning and Assistance (WIPA) Services feedback questionnaire**

**Date completed:**

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| **QUALITY OF WIPA STAFF AND SERVICES** |
| **Please indicate how satisfied you were with services provided by the WIPA staff.**Not Applicable (NA)Very dissatisfied (1)Somewhat dissatisfied (2)Neither satisfied nor dissatisfied (3)Somewhat satisfied (4)Very satisfied (5) |
| 1. **WIPA staff…**
 | **NA** | **1** | **2** | **3** | **4** | **5** |
| * Conducted meetings and returned my phone calls or emails in a timely manner.
 |  |  |  |  |  |  |
| * Treated me with respect and confidentiality.
 |  |  |  |  |  |  |
| * Provided high quality, valid and reliable information.
 |  |  |  |  |  |  |
| * Showed me specifically how my benefits would be affected by working.
 |  |  |  |  |  |  |
| * Helped me understand how other programs and benefits I receive would be impacted by working.
 |  |  |  |  |  |  |
| * Told me what situations might occur and when I should contact them in the future
 |  |  |  |  |  |  |
| * Contacted me again after a certain point of time to check my employment status and further services with me.
 |  |  |  |  |  |  |

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| **QUALITY OF WIPA OUTCOMES** |
| **Please indicate how satisfied you were with services provided by the WIPA staff.**Not Applicable (NA)Very dissatisfied (1)Somewhat dissatisfied (2)Neither satisfied nor dissatisfied (3)Somewhat satisfied (4)Very satisfied (5) |
| 1. **WIPA staff…**
 | **NA** | **1** | **2** | **3** | **4** | **5** |
| * Referred me to services that helped me identify and/or select my career goal.
 |  |  |  |  |  |  |
| * Helped me resolve a benefit related issue (i.e., overpayment, approval of work incentives, etc.)
 |  |  |  |  |  |  |
| * Provided me with information about who to contact, notify and/or keep up to date when I start working
 |  |  |  |  |  |  |
| * Overall, I am satisfied with the information and help provided by the WIPA staff.
 |  |  |  |  |  |  |

**“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 (OR participate in this focus group OR complete this telephone survey) unless we display a valid Office of Management and Budget control number. We estimate that it will take about **3 minutes** to read the instructions, gather the facts, and answer the questions. 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, not the completed form.”***

Thank you for completing this feedback questionnaire. We look forward to working with you in the future.