

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

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

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

o Overall, I am satisfied with the information and help provided by the WIPA staff.						
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**“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.

DRAFT