

Work Incentive Planning and Assistance (WIPA) Services feedback questionnaire

Date completed:

QUALITY OF WIPA STAFF AND SERVICES						
<p>Please indicate how satisfied you were with services provided by the WIPA staff.</p> <p>Not Applicable (NA) Very dissatisfied (1) Somewhat dissatisfied (2) Neither satisfied nor dissatisfied (3) Somewhat satisfied (4) Very satisfied (5)</p>						
1. WIPA staff...	NA	1	2	3	4	5
<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.						

QUALITY OF WIPA OUTCOMES						
<p>Please indicate how satisfied you were with services provided by the WIPA staff.</p> <p>Not Applicable (NA) Very dissatisfied (1) Somewhat dissatisfied (2) Neither satisfied nor dissatisfied (3) Somewhat satisfied (4) Very satisfied (5)</p>						
2. WIPA staff...	NA	1	2	3	4	5
<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