Health Resources & Services Administration Health Center Program Support (HCPS) Customer Service					
1: Tell us who you are(required) Applicant Awardee/ Grantee BPHC Starf LAL Designee Free Clinic Other					
2: My question was answered /lssue was resolved (required) Yes Partially No					
2: I would recommend or contact the Health Center Program Support Team again(required)  Yes  No					
4: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Timeliness of response to inquiries(required)					
Excellent	Above Average	Average	Below Average	Poor	○ N/A
5: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Proactive follow through on questions that required additional research(required)  © Excellent					
6: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Knowledge of Health Center Program Support (sam/(required))					
Excellent	Above Average	Average	Below Average	Poor	○ N/A
7: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: The explanations and instructions staff provided: (required)					
Excellent	Above Average	Average	Below Average	O Poor	○ N/A
8: Please rate the overall assistance provided by the Health Center Program Support (HCPS) Staff: Overall Experience(required)					
Excellent	Above Average	Average	Below Average	O Poor	○ N/A
9: What changes can we make to lo	mprove your customer service experience?(required)				
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