

Disaster Human Services Case Management – Survivor Satisfaction Survey

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to enable ACF/OHSEPR to identify a disaster survivor’s unmet needs and provide case management support that can connect a disaster survivor to services that meet their needs. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is XXXX-XXXX and the expiration date is XX/XX/20XX. If you have any comments on this collection of information, please contact the Office of Human Services Emergency Preparedness and Response, 330 C St. SW, Washington, D.C. 20201.

Thank you for participating in the Disaster Human Services Case Management Program. We would like to ask you a few questions about your experience. Your responses will help us improve the Program and support other disaster survivors like you. Participation in the survey is voluntary. Your answers will not negatively impact the services that you receive.

Enter Name or Location of Disaster:

I received Disaster Human Services Case Management Services for:

- 30 days or less
 31 – 60 days 61 – 90 days
 More than 90 days

My case manager provided referrals for (select all that apply):

- Behavioral Health
 Child Care
 Clothing
 Disability
 Elder Care
 Employment
 Federal Disaster Assistance
 Financial Assistance
 Food Assistance
 Health Insurance
 Housing – Short-term
 Housing – Long-term
 Legal Services
 Medical
 Pharmacist
 State human services
 Veteran assistance Other _____

Please describe your experience.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. My case manager treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My case manager helped me identify my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My case manager actively involved me in the development of my case management plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My case manager helped me find services I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My case management plan will help me recover from the disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Disagree or Strongly Disagree to the questions above, please explain why:

Thank you very much for your time and cooperation. Your responses have been very helpful to us.