

TODAY'S DATE: \_\_\_\_\_

We want to know about our services. Please take this opportunity to tell us about your experience. Please state how you really feel. Your answers will be completely confidential and they will help inform and improve our services. If you have any questions about the survey, please call Karen Wise at 740 387-1039 Ext. 779. Thank you.

## OHCAC SERVICES

As you answer the survey questions, please think about your household as a whole. We know that in some cases, it may have been a while since you received any help from OHCAC. Please answer the questions to the best of your knowledge and memory.

1. How did you first learn about OHCAC services?

- Local Newspaper                       OHCAC Web Site                       OHCAC Employee  
 Friend/Relative                       Brochure                       Other \_\_\_\_\_

2. Have you received OHCAC services in the past 12 months?  Yes                       No

3. If you have received any OHCAC services in the past 12 months, what were they?  
(Please check all that apply)

- HEAP Emergency (Winter only)                       HEAP Emergency (Summer only)  
 Employment                       Weatherization  
 Food                       Clothing and Misc. Items  
 Head Start                       Other \_\_\_\_\_

## THE OHCAC OFFICE

1. Tell us about the OHCAC Office you know about: (Please place an "x" in the appropriate box)

This office was in:     Marion County     Crawford County     Morrow County  
 Other \_\_\_\_\_

The OHCAC Office:	<i>Completely Agree</i>		<i>Not Sure Or No Opinion</i>	<i>Completely Disagree</i>	
	1	2	3	4	5
Employee(s) was/were helpful and courteous.					
Understood my needs.					
Gave me ideas on how to solve my problems.					
Responded to my requests in a timely manner.					
Completed commitments in a timely manner.					

2. What was the best part about your experience with the OHCAC employee(s)?

\_\_\_\_\_

\_\_\_\_\_

3. What would you have liked to see the OHCAC employee(s) do differently?

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## AFTER YOUR CONTACT WITH OHCAC

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1. Did you receive a document telling you if you were going to get any help or if you were eligible for the program? (such as a Notice of Decision) Yes No
2. Did you get the help you requested? Yes No
3. To what extent did your contact with OHCAC meet your expectations? (select one)
  - Exceeded my expectations*
  - Met all of my expectations*
  - Met most of my expectations*
  - Met some of my expectations*
  - Did not meet any of my expectations*
4. The following is a partial list of benefits a visit with a OHCAC employee often provides to eligible families. Please tell us whether you agree with the following statements. **(circle "YES" or "NO")**

### As a result of your participation in OHCAC program(s), do you:

Consider yourself to be more self-sufficient?	YES	NO
Believe OHCAC has helped improve the conditions in which you live?	YES	NO
Believe that your family life has improved?	YES	NO
I now have a better idea of where in the community I can find help for problems.	YES	NO

5. One of the goals of OHCAC is to help eligible families become more confident and to know more about their community. Please tell us whether you agree with the following statements:

I (or my family) now participates in, or volunteers for, community, religious, or social organizations (school, scouts, Sunday school, clubs, Head Start, councils, etc.).	YES	NO
I feel that I can make suggestions on how to improve the community.	YES	NO
I feel that I am part of my community.	YES	NO

6. What other benefits has OHCAC provided to you or your family?

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**Thank you for your help!**