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 (Summer only)
   - [ ] HEAP Emergency (Winter only)
   - [ ] Weatherization
   - [ ] Employment
   - [ ] Clothing and Misc. Items
   - [ ] Food
   - [ ] 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 ______________________

<table>
<thead>
<tr>
<th>The OHCAC Office:</th>
<th>Completely Agree</th>
<th>Not Sure Or No Opinion</th>
<th>Completely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee(s) was/were helpful and courteous.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understood my needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gave me ideas on how to solve my problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responded to my requests in a timely manner.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed commitments in a timely manner.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

Customer Survey
HEAPForms/HEAP/Center Forms

Updated: 12/17/2018
AFTER YOUR CONTACT WITH OHCAC

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:**

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

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:

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

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

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Thank you for your help!

OHCAC • Helping people, changing lives