



Program Participant Satisfaction Survey

Please help us continually improve our services by letting us know what you think. At Area IV Agency we are constantly striving to provide excellent services and to contribute to our mission to “inspire hope and spark positive change in the lives of those we serve and the communities where we live.”

1. What services have you used from our agency? (Select all that apply)

- Aging Services
- Childcare/Pre-School
- Energy Assistance Program
- Life Skills Coaching
- Money Management
- Rental Assistance Counseling
- Transportation
- Caregiver Support
- Dementia Care Support
- Health and Wellness
- Mental Health Care Management
- Ramp-Up Indiana
- Section 8 Housing
- Weatherization

2. How did you hear about our services?

- Referral from another agency
- Online search
- Flyer or brochure
- Friend or family member
- Social media
- Other _____

3. How would you rate the overall quality of the services you received?

- Excellent
- Good
- Fair
- Poor

4. Please indicate how much you agree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am satisfied with the ease of accessing services.					
Information about services was clear and understandable.					
Area IV staff are responsive to my questions or concerns.					
Area IV services improved my quality of life.					
Area IV services I received met my needs.					

5. What do you think we could do to improve our services?

6. Do you have any additional comments or suggestions?

7. What is your age?

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> 25 – 44 |
| <input type="checkbox"/> 45 – 54 | <input type="checkbox"/> 55 – 59 |
| <input type="checkbox"/> 60 – 64 | <input type="checkbox"/> 65 – 74 |
| <input type="checkbox"/> 75+ | |

8. What is your gender?

- Female
- Male
- Non-binary
- Prefer not to say

9. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian and Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Multi-Race | <input type="checkbox"/> Other _____ |

*Thank you for your time and input.
Your feedback helps with our programs and our growth!*