

PDMS Quality Satisfaction Contact Form (He-M 525, He-M 524)

Individual Name:

Date of Contact:

Guardian:

Name of person contacted/role:

Service Coordinator

Agency Providing Service Coordination:

When answering the questions below, please consider the following services that you may be receiving: **Community Integration Services, Residential Rehabilitation, Assistive Technology, Consultations, Environmental/Vehicle Modifications, Individual Goods and Services, Non-Medical Transportation, Personal Emergency Response Services, Respite Care Services, Wellness and Coaching, Service Coordination, Supported Employment, Community Support Services, Crisis Response Services, and Specialty Services.**

1. Are you satisfied with your staff and/or provider's availability, compatibility, and adherence to the service agreement?

Strongly Agree Agree Sometimes Disagree Strongly Disagree Not applicable

Comment: (Be specific)

2. Are you satisfied with your or the individual's progress in achieving the goals and outcomes in the service agreement?

Strongly Agree Agree Sometimes Disagree Strongly Disagree Not applicable

Comment: (Be specific)

3. Are you satisfied with your communication between the individual and family?

Strongly Agree Agree Sometimes Disagree Strongly Disagree Not applicable

Comment: (Be specific)

4. Are you satisfied with your communication between the individual and area agency?

Strongly Agree Agree Sometimes Disagree Strongly Disagree Not applicable

Comment: (Be specific)

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5. Are you satisfied with your communication between the individual and providers?

Strongly Agree Agree Sometimes Disagree Strongly Disagree Not applicable

Comment: (Be specific)

6. Are you satisfied that the services meet the interests and needs of the individual receiving services?

Strongly Agree Agree Sometimes Disagree Strongly Disagree Not applicable

Comment: (Be specific)

7. Are you satisfied with the health and safety supports as identified in the service agreement?

Strongly Agree Agree Sometimes Disagree Strongly Disagree Not applicable

Comment: (Be specific)

8. Are you satisfied with the utilization of allocated funds (How your budget is being used/spent)?

Strongly Agree Agree Sometimes Disagree Strongly Disagree Not applicable

Comment: (Be specific)

Is there anything else your service coordinator could do to improve the quality of your current services?