



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
DEPARTMENT OF AGING
OFFICE OF LONG TERM LIVING
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

Date

Participant Name
Participant Address

Dear Name:

The Office of Long Term Living in the Department of Public Welfare is conducting a voluntary survey of participants currently enrolled in Office of Long Term Living programs that assist with home-based care. Our records indicate that you are enrolled in a Home & Community Based Program and we hope you will consider sharing your insights and experiences with us so that we might work toward improving the services we provide. Please follow the instructions on the survey itself for completion. The completion of this survey will not affect your services.

We would like to request you take the attached survey to provide us with feedback on the services you receive. The survey is a short set of questions and should take only a few minutes to complete. We wish to assure you that your responses will remain confidential, and that no personal information will be used. Please read the survey questions, mark your answers, and mail it back to our office in the postage paid envelope within 30 days. Your opinion is very important to us and it will help us to serve you better in the future.

I would like to thank you in advance for your participation. If you have any questions about this survey, you may contact us toll free at the OLTL Participant HelpLine at 1-800-757-5042.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Hale", with a long horizontal line extending to the right.

Michael Hale
Director
Office of Quality Management,
Metrics & Analytics