

**\*\* Please use blue ink, black ink, or a number 2 pencil to complete the survey. Fill in the oval entirely like the example below. Do not use a (✓) or X. \*\***

**EXAMPLE:**

3. I was given clear information about choosing my service(s).	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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### New Enrollment Survey

*All questions in this section will use the following response scale:*

<b>YES</b>	<b>NO</b>	<b>*NOT APPLICABLE</b>	<b>I DON'T UNDERSTAND</b>
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*\*(NOT APPLICABLE = Question does not apply to you.)*

YES	NO	NOT APPLICABLE	I DON'T UNDERSTAND
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- |   |   |   |   |   |
|---|---|---|---|---|
| 1. I help choose the service(s) that help me to stay in my home.  | 0 | 0 | 0 | 0 |
| 2. My Service Coordinator helps me get my services.<br>(Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.) | 0 | 0 | 0 | 0 |
| 3. I was given clear information about choosing my service(s).  | 0 | 0 | 0 | 0 |
| 4. I am satisfied with how long it took to begin getting service(s).  | 0 | 0 | 0 | 0 |
| 5. I need service(s) which are not available.   | 0 | 0 | 0 | 0 |
| 6. I was given enough information about who coordinates my service(s).  | 0 | 0 | 0 | 0 |
| 7. I am familiar with my individual service plan.   | 0 | 0 | 0 | 0 |
| 8. I know who to talk to if I have questions or concerns about my services.   | 0 | 0 | 0 | 0 |
| 9. I can choose the agency which provides my service(s).  | 0 | 0 | 0 | 0 |
| 10. I was given enough information about choosing the agency which provides my services.  | 0 | 0 | 0 | 0 |



All questions in this section will use the following response scale:

YES	NO	*NOT APPLICABLE	I DON'T UNDERSTAND
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\*(NOT APPLICABLE = Question does not apply to you.)

	YES	NO	NOT APPLICABLE	I DON'T UNDERSTAND
11. I need service(s) more often than I get them.	0	0	0	0
12. I can choose who coordinates my service(s).	0	0	0	0
13. I was given clear information about choosing the agency which provides my service(s).	0	0	0	0
14. I can choose the person(s) who provide my hands on assistance.	0	0	0	0
15. I know who to talk to if I have a complaint.	0	0	0	0
16. I would like changes to my individual service plan.	0	0	0	0
17. I was given clear information about choosing who coordinates my service(s).	0	0	0	0
18. Service Coordination helps me. (Service Coordination could also be referred to as a Care Manager or Supports Coordination.)	0	0	0	0
19. I know who will be providing my service(s).	0	0	0	0
20. I was given enough information about the person(s) who provide my hands on assistance.	0	0	0	0
21. I am involved with my individual service planning process.	0	0	0	0
22. I was given clear information about the person(s) who provide my hands on assistance.	0	0	0	0
23. Overall, I am satisfied with the amount of service(s) I get.	0	0	0	0

All questions in this section will use the following response scale:

**YES**                      **NO**                      **\*NOT APPLICABLE**                      **I DON'T UNDERSTAND**

\*(NOT APPLICABLE = Question does not apply to you.)

	YES	NO	NOT APPLICABLE	I DON'T UNDERSTAND
24. Overall, I am satisfied with the agency which provides my service(s).	0	0	0	0
25. Overall, I am satisfied with the type(s) of service(s) I get.	0	0	0	0
26. Overall, I am satisfied with my ability to direct the service(s) I use.	0	0	0	0
27. Overall, I am satisfied with who coordinates my service(s).	0	0	0	0
28. Overall, I am satisfied that my individual service plan meets my needs.	0	0	0	0
29. Overall, I am satisfied with the person(s) who provide my hands on assistance.	0	0	0	0
30. Overall, my Service Coordinator meets my needs. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	0	0	0	0
31. Overall, I am satisfied with my Service Coordinator. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	0	0	0	0
32. I know how to report abuse, neglect or exploitation including the use of restraints and other restrictions.	0	0	0	0

All questions in this section will use the following response scale:

**NEVER**                      **RARELY**                      **SOMETIMES**                      **ALWAYS**

	NEVER	RARELY	SOMETIMES	ALWAYS
33. I get help when I call with a problem.	0	0	0	0
34. When I leave a message, the person(s) who provide my hands on assistance returns my call within 24 hours after I leave a message.	0	0	0	0
35. My Service Coordinator returns my phone calls and follows up with me. (Service Coordinator could also be referred to as a Care Manager or Supports Coordinator.)	0	0	0	0



All questions in this section will use the following response scale:

NEVER	RARELY	SOMETIMES	ALWAYS
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NEVER	RARELY	SOMETIMES	ALWAYS
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36. When I call the person or agency who coordinates my services, they return my call within 24 hours after I leave a message.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. When I call the agency who provides my service(s), they return my call within 24 hours after I leave a message.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Who is completing this survey?

- Self
- Spouse
- Service Provider
- Friend (could be a caregiver)
- Other \_\_\_\_\_

**If you have an issue with your service** and would like to contact the Office of Long Term Living, please call the Office of Long Term Living participant helpline at 1-800-757-5042.