

Name: _____

Phone #: (____) _____ Resident #: _____

Address: _____

City: _____ State: ____ Zip: _____

How did the County Board do in these areas?

1. Name of individual.

2. Person Interviewed:

3. I receive services at the following County Board of MR/DD:

4. The support and services I receive from my SSA have helped me.

Choose One: - OK, - Not OK

Comments:

5. I feel that my SSA listens to what I need.

Choose One: - OK, - Not OK

Comments:

6. I feel that my SSA tries to get the support and services that I say I need.

Choose One: - OK, - Not OK

Comments:

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7. My service and support plan includes my choices and things that are important to me.

Choose One: - OK, - Not OK

Comments:

8. I choose who will attend my ISP meetings.

Choose One: - OK, - Not OK

Comments:

9. I choose the place for my ISP meetings.

Choose One: - OK, - Not OK

Comments:

10. I choose the time for my ISP meetings.

Choose One: - OK, - Not OK

Comments:

11. I get to speak my mind with my SSA.

Choose One: - OK, - Not OK

Comments:

12. I think my SSA treats me fairly and respects my rights.

Choose One: - OK, - Not OK

Comments:

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13. My SSA returns my phone calls or e-mails in a reasonable amount of time or I am able to contact my SSA when needed.

Choose One: - OK, - Not OK

Comments:

14. My SSA works with me to make sure I'm getting the supports and services in my plan.

Choose One: - OK, - Not OK

Comments:

15. Do you understand your ISP?

Choose One: Yes - Y, No - N

Comments:

16. Did someone help you understand it?

Choose One: Yes - Y, No - N

Comments:

17. I was informed of a change in my SSA and was given a reason for the change and able to offer my input into the replacement.

Choose One: - OK, - Not OK

Comments:

18. I am comfortable complaining to my SSA and saying that something is wrong with the services I get.

Choose One: - OK, - Not OK

Comments:

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19. My SSA know who I am and calls me by my name.

Choose One: - OK, - Not OK

Comments:

20. My SSA works with other people in my life, such as my family, care provider, and people at my work or school.

Choose One: - OK, - Not OK

Comments:

21. My SSA has visited me at my home.

Choose One: - OK, - Not OK

Comments:

22. I would rate how OK I am with the SSA services I receive at the County MR/DD as:

Choose One: Really Good - RG, Good - G, OK - OK, Bad - B, Really Bad - RB

Comments:

23. cc:
