



## CLIENT SATISFACTION SURVEY

Client /Guardian Name (Optional): \_\_\_\_\_

TLC Supported Living Services of AZ is committed to quality service and continuous improvement. As part of this effort, we would like to hear from you.

Please take few minutes to complete this survey by **August 15, 2011**. All responses will remain confidential. Thanks for your feedback!

1 - Very dissatisfied   2 - Somewhat dissatisfied   3 - Neutral   4 - Somewhat satisfied  
5 - Very satisfied

**1 Overall, how satisfied are you with TLC services?**

1                       2                       3                       4                       5

**2. How well does TLC personnel communicate with you?**

1                       2                       3                       4                       5

**3. How responsive is TLC personnel to your phone calls, inquiries, requests, etc?**

1                       2                       3                       4                       5

**4. Select Services used at TLC. Select all that apply.**

Group Home/Supported Living

DTA

VOC

ADH

Other \_\_\_\_\_

**5. If you could change anything about TLC what would it be? Please explain:**

\_\_\_\_\_  
\_\_\_\_\_

**6. Do you have any outstanding concerns with TLC that have not been address? Please explain:** \_\_\_\_\_

**7. Would you like to receive a quarterly newsletter from TLC?    \_\_ YES    \_\_ NO**