SENIOR SERVICES CLIENT SATISFACTION SURVEY

NAME (Optional) __________________________________________

TELEPHONE # or E-mail address (Optional) __________________________

Age

❑ 60-70  ❑ 71-80  ❑ 81-90  ❑ 91 and above

Gender

❑ __________________________  ❑ __________________________

Religion

Marital Status

❑ Married or living as a couple  ❑ Married, living separately

❑ Widowed  ❑ Divorced  ❑ Single

Place of Residence

❑ House  ❑ Apartment  ❑ Assisted Living Facility  ❑ Lions Gate

❑ Skilled Nursing Facility  ❑ Dubin/Gesher or Saltzman House  ❑ B’nai B’rith Housing

❑ Other: __________________________

Living Situation

❑ Alone  ❑ With Others  If so, with whom______________________________

What services do you receive from Senior Services?

❑ Social Worker visit  ❑ Counseling  ❑ Home Health Aide  ❑ Homemaker

❑ Nursing  ❑ Catered Home Delivered Wheels  ❑ Companion Driver

❑ Friendly Visitor  ❑ Group  ❑ Patient Partners

❑ Resource Consultation  ❑ Food Pantry  ❑ Volunteer Driver
PROFESSIONAL SERVICES: Social Worker / Nurse

Please indicate whether these statements are consistent with your experience in the Senior Services Program.

How helpful is my social worker / nurse to me?

❑ Very helpful     ❑ Somewhat helpful     ❑ Not helpful

My Social Worker / nurse visits me at least every three months

❑ Yes     ❑ No

When I am in need of resources or assistance, my social worker / nurse is responsive to my needs.

❑ Always     ❑ Usually     ❑ Never

I found my social worker / nurse to be:

❑ Very knowledgeable     ❑ Somewhat knowledgeable     ❑ Not knowledgeable

I would like to see my social worker / nurse more often.

❑ Yes     ❑ No

If a friend was in need of help, I would recommend the Senior Services Program.

❑ Yes     ❑ No

Please explain:  ____________________________________________________________
__________________________________________________________________________

Comments
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
SENIOR COUNSELING: insurance based in-office or in-home counseling with a Licensed Social Worker

I feel I was able to schedule a counseling appointment in a timely manner.

☐ Yes  ☐ No

I feel my counselor is supportive of my emotional needs.

☐ Yes  ☐ No

If a friend was in need of help, I would recommend the Senior Counseling Program.

☐ Yes  ☐ No

I feel less depressed and/or less anxious as a result of meeting with a Counselor.

☐ Yes  ☐ No

Comments
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
SUPPORT GROUPS at JFCS

Have you participated in any of the following groups this past year? If so, please mark, and if not, but you are interested or would like additional information on any, please indicate in the comment section and provide your name.

- Café Connection: Memory Café
- Café Europa for Holocaust Survivors
- Caregiver
- LGBT Aging with Pride
- Low Vision Support Group
- Widow/Widower
- Other: __________________________

Comments: 
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Note: if you participated in any of these groups in the past year, a separate evaluation should have been done, or will be provided to you in the near future.

THANK YOU!
If you are receiving a homemaker, companion driver, companion, or certified home health aide from JFCS, please fill out this section. If you have never received this service from JFCS, skip this section.

Please indicate whether these statements are consistent with your experience in the Senior Services Program.

I feel that the JFCS Homecare services have improved my environment. (ie: cleanliness/personal grooming).

☐ Yes  ☐ No

I feel that the JFCS Homecare services allow me to maintain my independence.

☐ Yes  ☐ No

I feel comfortable with the homemaker/home health aide.

☐ Always  ☐ Usually  ☐ Never

I am treated with dignity and respect by my homemaker/home health aide.

☐ Always  ☐ Usually  ☐ Never

My homemaker/home health aide is on time.

☐ Always  ☐ Usually  ☐ Never

Does the homemaker/home health aide stay the amount of time for which he/she is contracted?

☐ Always  ☐ Usually  ☐ Never

Are you informed in a timely way if your scheduled time has changed?

☐ Always  ☐ Usually  ☐ Never

What does the homemaker/home health aide do for you?

☐ Grocery Shopping  ☐ Cleaning  ☐ Meal Preparation

☐ Changing Linens  ☐ Laundry

☐ Personal Care, such as shower or grooming assistance
I am overall satisfied with the quality of service I receive.

☐ Yes  ☐ No

Explain: ____________________________________________________________

The Homecare Coordinator was easy to contact.

☐ Always  ☐ Usually  ☐ Never

Have you ever received this service in the past, but are no longer using it now?

☐ Yes  ☐ No  Explain_____________________________________________________

Comments

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
CATERED HOME DELIVERED MEALS/ KOSHER MEALS ON WHEELS (KMOWs)
(Please skip this section if you have not received KMOWs in the past year.)

Are you satisfied with the meals you receive from JFCS?

❑ Always    ❑ Usually    ❑ Never

Explain: ________________________________________________________________

I feel I have better access to food since receiving Catered Home Delivered Meals.

❑ Yes       ❑ No

The Catered Home Delivered Meal provides me with a nutritious meal.

❑ Yes       ❑ No

It is easy to prepare a meal with the Catered Home Delivered Meals.

❑ Yes       ❑ No

Please rate the following:

Quality of food you receive: ❑ Excellent   ❑ Good   ❑ Fair   ❑ Poor

Variety of menu options:    ❑ Excellent   ❑ Good   ❑ Fair   ❑ Poor

Are your meals delivered when you expect them?

❑ Always    ❑ Usually    ❑ Never

Are the volunteers who deliver your meals friendly and helpful?

❑ Always    ❑ Usually    ❑ Never

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
VOLUNTEER TRANSPORTATION:
includes volunteer rides to medical appointments
(If you do not receive this service, skip this section)

Are you able to schedule a volunteer ride when you need one?

☐ Always    ☐ Usually    ☐ Never

Do you receive confirmation of your pickup time?

☐ Always    ☐ Usually    ☐ Never

Are the volunteer drivers on time?

☐ Always    ☐ Usually    ☐ Never

Do you feel comfortable and safe with your volunteer and his/her driving?

☐ Yes    ☐ No    Explain______________________________________________________________

Are you satisfied with the Volunteer transportation services?

☐ Yes    ☐ No    Explain______________________________________________________________

Would you pay for a JFCS Companion Driver if a volunteer is not available?

☐ Yes    ☐ No

Comments:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
FRIENDLY VISITOR: VOLUNTEER DEPARTMENT

Please Note: A Friendly Visitor is a one on one match with a volunteer who calls, visits, or takes you out. This section is NOT for if you receive drivers, including Driver Companions, or Home Health Aides, which fall under Homecare services.

If you do NOT have a Friendly Visitor and may be interested in signing up for this volunteer program, please provide us your name so we can contact you to discuss it further:

________________________________________________________________________

How often do you see your Friendly Visitor?

☐ Weekly ☐ Twice a month ☐ Monthly ☐ Other

If your Friendly Visitor is someone who ONLY calls you (NO VISITS), how frequently do they call?

☐ Weekly ☐ Twice a month ☐ Monthly ☐ Other

If your Friendly Visitor ONLY calls you (NO VISITS), Are you satisfied with this relationship?

☐ Highly satisfied ☐ Somewhat satisfied ☐ Not very satisfied

What do you do with your Friendly Visitor? (Check all that apply)

☐ Sit and talk in home ☐ Shopping ☐ Go out to eat

☐ Go to the movies ☐ Go out for a walk ☐ Other

Do you think you are well matched with your Friendly Visitor?

☐ Very much ☐ Somewhat ☐ Not really

Does your relationship make you feel connected with/cared for by our agency (JFCS)?

☐ Very much ☐ Somewhat ☐ Not really

Overall, how satisfied are you with your Friendly Visitor relationship?

☐ Highly satisfied ☐ Somewhat satisfied ☐ Not very satisfied
Any additional comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

THANK YOU FOR YOUR TRUST IN JFCS, AND FOR COMPLETING THIS SURVEY AND RETURNING IT IN THE PROVIDED PRE-STAMPED ENVELOPE!