



Samost
JFCS

Jewish Family & Children's Service
of Southern New Jersey

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!

HOMEMAKER AND/OR PERSONAL CARE SERVICES

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!***