

NORTHEAST OKLAHOMA COMMUNITY ACTION AGENCY
CLIENT SURVEY

Please help us to serve you better by completing the survey, thank you

Date _____

1. From what programs did you receive assistance?

- Emergency Assistance – Rent/Utility Service/Homeless Assistance/Deposit
- RX of Oklahoma (Prescription Assistance)
- Financial/SSI/ Employment Skills
- Housing Weatherization
- Housing Rehabilitation
- Agency Rental Housing
- Free Tax Preparation
- Early Head Start/Daycare Services
- Gardens
- Other _____

- 2. Were you satisfied with the outcome of your visit with our agency staff? **YES or NO**
- 3. Will the service you requested/ received improve you/your family's stability? **YES or NO (lower energy cost, on going medication needs, employment, gain/maintain housing).**
- 4. Will the service you requested/ received from the agency assist you/your family's immediate need? **YES or NO? (Utility disconnection, eviction, etc.)**
- 5. How did you find out about us? _____.
- 6. Was the person that assisted you friendly? **YES or NO**
- 7. Do you feel like you were treated with respect? **YES or NO**
- 8. Did the person you met with inform you of other services our agency offers? **YES or NO**
- 9. Do you feel that your need was met in a timely manner? **YES or NO**
- 10. **Please add any additional comments that you feel would help us to serve you better.**

This agency continues to offer new programs. Would you like to stay informed & receive our monthly newsletter ***YES*** or ***NO*** ***if yes, please supply us with your email address:***

_____ @ _____