TOPIC: Requirements of Supported Living Coaching vendors for annual satisfaction surveys.

PURPOSE: To ensure a standard procedure by which satisfaction surveys are completed annually by supported living customers and reviewed by support coordinators.

PROCEDURE:

• All supported living customers will be asked to complete a satisfaction survey annually.

• The coaching vendor is free to design their own survey form as long as:
  • It is written in indirect and simple language
  • It addresses key areas of satisfaction such as choice, safety, privacy, respect, and supports. A sample survey form is attached.

• While it is the coaching vendors responsibility to assure the individual has the opportunity to complete the survey, direct care staff providing supported living services may not assist in the survey activity for that individual. Direct care staff include coaches, companions, in-home support and personal care assistance providers employed by the vendor company.

• Customers who need assistance in completing the survey should be instructed to request help from family members, friends, neighbors, co-workers, staff employed by other vendors, or their support coordinator.

• Coaching vendors will maintain the results of the survey in the individual’s record and a copy will be forwarded to the support coordinator for review.
Customer Name: ________________________________

1. Do you feel safe at home and when you are out in the community?
   Yes _____ No _______
   Comments:

2. Do you get to make choices about how you spend your money?
   Yes _____ No _______
   Comments:

3. With the money you have, do you get to go places and do things you like to do?
   Yes _____ No _______
   Comments:

4. Is your coach teaching you things that you want to learn? (Examples: cooking, grocery shopping, paying bills, taking the bus)
   Yes _____ No _______
   Comments:

5. Do you get help when you need it from your supported living staff?
   Yes _____ No _______
   Comments:

6. Does the staff listen to you and treat you with respect?
   Yes _____ No _______
   Comments:

7. Did you get a say in picking the place where you live and who you live with?
   Yes _____ No _______
   Comments:

8. Do you feel you can make a complaint if you are unhappy about something?
   Yes _____ No _______
   Comments:

9. Do you feel your privacy is respected?
   Yes _____ No _______
   Comments:
10. In general, are you satisfied with your supported living services?
   Yes _____ No _________
   Comments: ________________________________

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Customer's Signature ____________________________ Form Completed by: __________________

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Date Survey Completed __________________________ Relationship to Customer ________________