



Annual Individual Satisfaction Survey

Individual Name: _____

Address: _____

Individual Email: _____

Contact Number: _____

Achieve Community Services (ACS) will provide assistance with completing this survey in a mode of communication agreeable or preferred by the individual. I understand the purpose of this survey is to ensure that I receive the best possible services. My answers will not be used in a negative way by ACS. If the quality of my services change upon completion of this survey in an unsatisfactory manner, I understand it is within my rights to contact my Program Director, Case Manager, Quality Assurance Representative, Legal Representative, and or BDDS to file grievance, and/or to change services providers.

(Initials)

Individual is:

- Independently able to communicate answers to questions
- Non-communicative and requires assistance

If the Individual is non-communicative, indicate below the person acting as the respondent to the survey:

- Direct Care Professional
- Family Member
- Guardian
- Other (specify relationship to individual): _____

Annual Individual Satisfaction Survey (cont.)

1. ACS representatives have informed me of my right to choose another provider at any time:

True

False

2. ACS personnel provides safe and reliable assistance and transportation to my scheduled appointments:

True

False

N/A

In this area I rate ACS:

Excellent

Good

Fair

Poor

3. ACS personnel administers my medication effectively, consistently, and as prescribed:

True

False

N/A

In this area I rate ACS:

Excellent

Good

Fair

Poor

4. ACS works effectively with other members of my support team to assist me with achieving activities and goals I enjoy and want to do:

True

False

In this area I rate ACS:

Excellent

Good

Fair

Poor

5. ACS works effectively with other members of my support team to assist me with establishing and achieving my personal outcomes for a fulfilling life:

True

False

In this area I rate ACS:

Excellent

Good

Fair

Poor

Annual Individual Satisfaction Survey (cont.)

6. ACS personnel ensures that I am assisted with my residence being maintained in a safe and sanitary condition that meets my daily needs:

- True
- False
- N/A

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

7. ACS personnel assists me with keeping my home clean and sanitized:

- True
- False
- N/A

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

8. ACS personnel are available regularly & will assist with resolving any issues I have with my staff:

- True
- False
- N/A

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

9. ACS personnel assists me with interacting and associating with individuals of my choice:

- True
- False
- N/A

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

10. I am regularly provided choices to participate in the activities and visitation of locations I wish:

- True
- False
- N/A

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

Annual Individual Satisfaction Survey (cont.)

11. I am allowed to choose when I go into the community for activities:

- True
- False
- N/A

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

12. ACS personnel respects my privacy and upholds my rights thereto with regards to opening my own personally addressed mail, personal telephone calls and conversations, utilizing the restroom, accessing my bedroom, and at any other identified point in time that I may request it:

- True
- False
- N/A

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

13. ACS personnel protects my right to have access to my personal possessions when Direct Care Staff is present:

- True
- False
- N/A

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

14. ACS personnel regularly communicate with me in a respectable manner and in my preferred method of communication:

- True
- False

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

Annual Individual Satisfaction Survey (cont.)

15. ACS manages my finances to my satisfaction:

- True
- False
- N/A

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

16. ACS provides me regular access to my financial information?

- True
- False
- N/A

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

Services Provided to Family Homes

(The questions below have been provided to further evaluate the needs and services of rendered in a family's home setting)

17. How would you rate the performance, reliability, communication, and competency of ACS staffing personnel?

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

18. How would you rate your satisfaction with the performance, reliability, communication, and competency of ACS administrative personnel?

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

19. Do the services provided by ACS meet and exceed your family's needs?

- Yes
- No

In this area I rate ACS:

- Excellent
- Good
- Fair
- Poor

Annual Individual Satisfaction Survey (cont.)

How can ACS further improve your services and assist you with achieving your personal vision for a complete and fulfilling life?

Additional Comments:

Individual

Date

Individual's Legal Representative

Date

ACS Representative

Date

Submit

Having trouble submitting your survey? Contact Amber at amber@ACSupports.com