



The Arc Mid-South
3485 Poplar Ave, Suite 210
Memphis, TN 38111-4633

T 901 327-2473
F 901 327-1197
www.thearcmidsouth.org

Achieve with us.

To: Person Served/Caregiver/Guardian/Conservator
From: Family Support Services
CC: Karen McQueen, Programs Manager; Carlene Leaper, Executive Director
Re: United Way Survey

Thank you so much for continuing to allow us to provide services to you/your loved one. Enclosed are 2 separate satisfaction surveys to be completed in an effort to evaluate our services provided by both direct support professionals as well as case managers. Please feel free to express your comments/concerns/suggestions for improvement or training. The Arc Mid South implements a self assessment policy that encourages input from those we serve to ensure satisfaction with current services. If you have any further questions or comments please contact Brandi Sharp at (901) 507-8583. Your cooperation in returning these forms to The Arc Mid-South in a timely manner is greatly appreciated.

Revised 9-18



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Personal Assistance/CB/Respite Services Assessment Survey
(To Be Completed By Service Recipient and/or Parent/Guardian)

Person Served Name:	
Date Completing Survey:	Person Completing Survey:
Personal Assistant/Direct Support Staff/Respite Staff Name:	
Service Provided <input type="checkbox"/> PA <input type="checkbox"/> CB <input type="checkbox"/> Respite <input type="checkbox"/> Transportation <input type="checkbox"/> Other:	

Overall, are you satisfied with the services you receive from Family Support Services/Arc of the Mid South?

Please rate the following items as Poor, Average, Good, or Excellent for your Personal Assistant/Direct Support Staff/Respite Staff Name.

Timeliness/punctuality	Poor	Average	Good	Excellent
Overall appearance	Poor	Average	Good	Excellent
Overall demeanor/attitude	Poor	Average	Good	Excellent
Knowledge of care required	Poor	Average	Good	Excellent
Initiative	Poor	Average	Good	Excellent
Dependability	Poor	Average	Good	Excellent
Enthusiasm	Poor	Average	Good	Excellent
Overall care given to consumer	Poor	Average	Good	Excellent

Comments/Concerns _____

Is there any additional training that you feel would be beneficial for PA Staff/Direct Support Staff/Respite Staff to receive in order to improve services?



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Case Manager Assessment Survey

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Date Form Completed: _____ Person Completing Survey: _____

Case Manager (Indicate Name): _____

Please circle the correct response:

- 1. Is your Case Manager accessible? Yes [] No [] Other [] (Explain Below)
2. Does your Case Manager return calls in a timely manner? Yes [] No [] Other [] (Explain Below)
3. Does your Case Manager visit your home monthly Yes [] No [] Other [] (Explain Below)
4. Is your home staffed properly according to your approved hours by your Case Manager? Yes [] No []
5. Are the interactions with your Case Manager professional? Yes [] No []
6. Is the Case Manager responsive to your need/question/concerns? Yes [] No [] Other [] (Explain Below)
7. Is the information provided by your Case Manager clear and understandable? Yes [] No [] Other [] (Explain Below)
8. On a scale of 1 to 10 (10 being the highest), how pleased are you with your Case Manager?
1 2 3 4 5 6 7 8 9 10

Additional Comments: _____

