



**Benefits Counseling Program**  
**2512 IH-35 South, Suite 340**  
**Austin, TX 78704-5798**  
**Telephone 512-916-6062**  
**Toll Free 1-888-622-9111**

Our records show that you contacted our Benefits Counseling Program for assistance in May 2000. Would you please assist us in our effort to maintain a high quality program by telling us about your experience with our agency? **Please complete the following Client Satisfaction Survey and return it at your earliest convenience in the enclosed postage paid envelope.** Your response is completely confidential. Thank you for your participation.

**Circle your response. 1= Not at all    2= Somewhat    3= Very much**

- |   |   |            |           |
|---|---|------------|-----------|
| 1. Benefits Counselor was polite and helpful.   | 1 | 2          | 3         |
| 2. The Benefits Counselor provided useful and appropriate information for my case.  | 1 | 2          | 3         |
| 3. I understood the information the Benefits Counselor provided.  | 1 | 2          | 3         |
| 4. Please answer the following question if the Benefits Counselor made a visit to your home:<br>The interview was conducted in a private and confidential manner. | 1 | 2          | 3         |
| 5. The answers to my questions or information I sought was provided in a timely manner.   | 1 | 2          | 3         |
| 6. I am satisfied with the amount of involvement I had in the resolution of my case.  | 1 | 2          | 3         |
| 7. The Benefits Counselor provided me with enough information to make my own informed decision.   | 1 | 2          | 3         |
| 8. I felt the decisions made were my own, without undue influence from the Benefits Counselor.  | 1 | 2          | 3         |
| 9. I am satisfied with the outcome of my case.  | 1 | 2          | 3         |
| 10. I would recommend that my friends or family contact the Area Agency on Aging when seeking benefit information.  |   | <b>Yes</b> | <b>No</b> |

If you answered **No**, please comment on why you would not: \_\_\_\_\_

**\*\* If you would like to make additional comments or suggestions, please do so on the back side of this form. Again, thank you for your assistance.**