



Dear Customer,

Please complete this Customer Survey telling us how we are doing. You do not need to complete this survey in order to continue to receive services from DSS. Participation is voluntary. Your answers to the questions on this survey will help us improve our services to you, our customer. We value your opinion and thank you for your time.

Answer all of the questions based on your most recent contact with our agency..

Reason for your visit or contact:

Family Investment Assistances

- Energy Assistance
- Emergency Assistance
- Food Supplement - SNAP
- Medical Assistance
- Cash Assistance
- Job Club
- Child Care Scholarship

Services

- Adult Services
- Adult Protective Services
- Child Protective Services
- In Home Family Services
- Foster Care
- Adoptions

Child Support

- Child Support
- RISE - (Re-engaging Individuals towards Successful Employment)

Age 18-25 25-35 56-65
36-45 46-55 65+

This information will be used for KCDSS demographic purposes ONLY

How did you hear about us?

- Radio
- School
- Facebook
- Internet
- Family/Friend
- Newspaper
- Another agency/business
- Other

Please circle: **YES / NO / NOT APPLICABLE**

Kent County DSS Staff:

1. Were helpful at explaining DSS programs and services YES NO NA

2. Treated me in a courteous manner and were respectful YES NO NA

3. Were able to provide referrals to other agencies as needed YES NO NA

Family Investment Assistances / Child Support Customers:

4. Met with me at the DSS office

a. In a timely manner..... YES NO NA

b. At the scheduled appointment time YES NO NA

Services Customers:

4. Met with me at the DSS office or at my home

a. In a timely manner..... YES NO NA

b. At the scheduled appointment time YES NO NA

Comments:

(Optional) If you would like to be contacted about your survey, please provide your name and contact information below:

Name:

Contact phone number: