L.E.A.P. Customer Survey

Name: (Optional)	Date: 11-23-21				
How did you find out about Services offered th	rough L.E.A.P.?				
☐ Friend/Relative	Agency Referral (specify)				
□ Newspaper					
□ Radio/TV	Other: (specify)				
☐ Employee Referral	A. Other: (specify) Howah Superinsor for possible Warten training				
Services You REQUESTED:	J				
☐ Food Pantry	☐ Head Start				
☐ Energy Services	☐ Coat Closet				
☐ Transportation	Metrix (Online Program)				
☐ Employment and Training	Other: (please describe)				
☐ Emergency Assistance					
Services You RECEIVED:					
☐ Food Pantry	☐ Employment and Training				
☐ Emergency Utilities	☐ Coat Closet				
☐ Transportation Services	Head Start				
☐ Weatherization of Home	Metrix Orientation / Assistance				
Emergency Assistance	Others:				
Indicate your level of Satisfaction by circling appropriate number	per Poor Fair Okay Good Great				
Services received in a timely manner	$\begin{bmatrix} 1 & 2 & 3 & 4 \end{bmatrix}$				
Services met your needs	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
Information on other available resources	$\begin{bmatrix} 1 & 2 & 3 & 4 & 5 \end{bmatrix}$				
Staff demonstrated interest in your needs					
Staff treated you in a courteous manner	_ 1 2 3 🛈 5				
Information or Referral to Community Resources	_ 1 2 3 4 5				
Convenience of Center hours	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
Convenience of Center location	_ 1 2 3 4 5				
Comments:					

If additional space is needed for your comments, please use the back of form.

Thank you for taking the time to complete this survey!

L.E.A.P.

Customer Survey

Name: (Optional)	Rebecca Eddy			Date:	11/30/2	1
How did you find	out about Services offered th	rough L.E	E.A.P.?			
Friend/Rela	tive					
□Newspape	•				•	
□Radio/TV						
Employee F	leferral					
	eferral (specify)		•			
X Other: (speci	fy) work at DSS					
Services You REQ	UESTED:					
Food Pantry	,					
□Energy Se						
Transportat						
□Employm	ent and Training					
Emergency	Assistance					
☐Head Star	t					
Coat Closet						
- X Metrix (Online	? Program)					
Other: (plea	se describe)	_				
Services You REC	EIVED:					
Food Pantry	,					
□Emergeno	y Utilities					
Transportat	ion Services					
□Weatheriz	ation of Home					
Emergency	Assistance					
□Employm	ent and Training					
Coat Closet						
☐Head Star	t					
X Metrix Orien	tation / Assistance					
Others:	1					
Indicate your level of S	atisfaction by circlina appropriate numb	har Poor	Fair	Okay	Good	Great