

**L.E.A.P.
Customer Survey**

Name: (Optional) _____

Date: 11/3/21

How did you find out about Services offered through L.E.A.P.?

Friend/Relative _____ Newspaper _____ Radio/TV _____
 Employee Referral _____ Agency Referral (specify) _____
 Other: _____

Please describe

Services You REQUESTED:

Food Pantry _____ Energy Services _____
 Transportation _____ Employment and Training _____
 Emergency Assistance _____ Head Start _____
 Coat Closet _____
 Other: _____

Please describe

Services You RECEIVED:

Food Pantry _____ Emergency Utilities
 Transportation Services _____ Weatherization of Home _____
 Emergency Assistance Employment and Training Services _____
 Coat Closet Head Start _____
 Other: _____

Please describe

<i>Indicate your level of Satisfaction by circling appropriate number</i>	<i>Poor</i>	<i>Fair</i>	<i>Okay</i>	<i>Good</i>	<i>Great</i>
Services received in a timely manner	1	2	3	4	5 ✓
Services met your needs	1	2	3	4	5 ✓
Information on other available resources	1	2	3	4	5 ✓
Staff demonstrated interest in your needs	1	2	3	4	5 ✓
Staff treated you in a courteous manner	1	2	3	4	5 ✓
Information or Referral to Community Resources	1	2	3	4	5 ✓
Convenience of Center hours	1	2	3	4	5 ✓
Convenience of Center location	1	2	3	4	5 ✓

Comments: Thank You!

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

Thank you for taking the time to complete this survey!

Send feedback to : email amanda.homsey@leapservices.org Cell: 518-769-9200 (text picture) OR kimberly.manney@leapservices.org Cell: 518-409-5199 (text picture)

**L.E.A.P.
Customer Survey**

Name: (Optional) _____

Date: 10/3/21

How did you find out about Services offered through L.E.A.P.?

Friend/Relative Newspaper Radio/TV
 Employee Referral Agency Referral (specify) DS
 Other: _____

Please describe

Services You REQUESTED:

Food Pantry Energy Services
 Transportation Employment and Training
 Emergency Assistance ✓ Head Start
 Coat Closet
 Other: _____

Please describe

Services You RECEIVED:

Food Pantry Emergency Utilities
 Transportation Services ✓ Weatherization of Home
 Emergency Assistance ✓ Employment and Training Services
 Coat Closet Head Start
 Other: _____

Please describe

<i>Indicate your level of Satisfaction by circling appropriate number</i>	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	2	3	4	5
Services met your needs	1	2	3	4	5
Information on other available resources	1	2	3	4	5
Staff demonstrated interest in your needs	1	2	3	4	5
Staff treated you in a courteous manner	1	2	3	4	5
Information or Referral to Community Resources	1	2	3	4	5
Convenience of Center hours	1	2	3	4	5
Convenience of Center location	1	2	3	4	5

Comments: People listened to my need and helped me with my
over due Bill

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

Thank you for taking the time to complete this survey!

Send feedback to : email amanda.homsey@leapservices.org Cell: 518-769-9200 (text picture) OR
kimberly.manney@leapservices.org Cell: 518-409-5199 (text picture)

Service date 11/29/2021

L.E.A.P.
Customer Survey

Name: (Optional) Ken Kennison

Date: 12/2/2021

Survey by
phone.
KM.

How did you find out about Services offered through L.E.A.P.?

- *Friend/Relative
- Employee Referral
- Other: _____
- Newspaper
- Agency Referral (specify) _____
- Please describe
- Radio/TV

Services You REQUESTED:

- *Food Pantry
- Transportation
- Emergency Assistance
- Coat Closet
- Other: _____
- Please describe
- Energy Services
- Employment and Training
- Head Start

Services You RECEIVED:

- *Food Pantry
- Transportation Services
- Emergency Assistance
- Coat Closet
- Other: _____
- Please describe
- Emergency Utilities
- Weatherization of Home
- Employment and Training Services
- Head Start

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	2	3	4	5
Services met your needs	1	2	3	4	5
Information on other available resources	1	2	3	4	5
Staff demonstrated interest in your needs	1	2	3	4	5
Staff treated you in a courteous manner	1	2	3	4	5
Information or Referral to Community Resources	1	2	3	4	5
Convenience of Center hours	1	2	3	4	5
Convenience of Center location	1	2	3	4	5

Comments: Excellent, Doesn't know what people would do without us.

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

Thank you for taking the time to complete this survey!

11-29-2021 (order ^{food} _{clerk})

LEAP Customer Survey

Name: (Optional) _____ Date: 11-29-2021

How did you find out about Services offered through LEAP?
Friend/Relative _____
Newspaper _____
Employee Referral _____
Agency Referral (specify) _____
Radio/TV _____
Other: _____
Please describe _____

Services You REQUESTED:

Food Pantry _____
Transportation _____
Emergency Assistance _____
Coat Closet _____
Other: _____
Please describe _____

Services You RECEIVED:

Food Pantry _____
Transportation Services _____
Emergency Assistance _____
Coat Closet _____
Other: _____
Please describe _____

Indicate your level of Satisfaction by circling appropriate number

	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	2	3	4	5
Services met your needs	1	2	3	4	5
Information on other available resources	1	2	3	4	5
Staff demonstrated interest in your needs	1	2	3	4	5
Staff treated you in a courteous manner	1	2	3	4	5
Information or Referral to Community Resources	1	2	3	4	5
Convenience of Center hours	1	2	3	4	5
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!

services.org Cell: 518-769-9200 (text picture) OR

L.E.A.P.
Customer Survey

Name: (Optional) Deb Doherty

Date: 11/29/21

How did you find out about Services offered through L.E.A.P.?

Friend/Relative

Newspaper

Radio/TV

Employee Referral

Agency Referral (specify) _____

Other: _____

Please describe

Services You REQUESTED:

Food Pantry

Energy Services

Transportation

Employment and Training

Emergency Assistance

Head Start

Coat Closet

Other: _____

Please describe

Services You RECEIVED:

Food Pantry

Emergency Utilities

Transportation Services

Weatherization of Home

Emergency Assistance

Employment and Training Services

Coat Closet

Head Start

Other: _____

Please describe

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	2	3	4	5
Services met your needs	1	2	3	4	5
Information on other available resources	1	2	3	4	5
Staff demonstrated interest in your needs	1	2	3	4	5
Staff treated you in a courteous manner	1	2	3	4	5
Information or Referral to Community Resources	1	2	3	4	5
Convenience of Center hours	1	2	3	4	5
Convenience of Center location	1	2	3	4	5

Comments: Thank God for all of you.

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

Thank you for taking the time to complete this survey!

Send feedback to : email amanda.bomsey@leapservices.org Cell: 518-769-9200 (text picture) OR kimberly.manney@leapservices.org Cell: 518-409-5199 (text picture)

per phone call km 11/29/21

L.E.A.P.
Customer Survey

Name: (Optional) Heather Clark Date: 11/29/2021

How did you find out about Services offered through L.E.A.P.?

Friend/Relative _____ Newspaper _____ Radio/TV _____
Employee Referral _____ Agency Referral (specify) _____
Other: DSS
Please describe _____

Services You REQUESTED:

Food Pantry _____ Energy Services _____
Transportation _____ Employment and Training _____
Emergency Assistance _____ Head Start _____
Coat Closet _____
Other: _____
Please describe _____

Services You RECEIVED:

Food Pantry _____ Emergency Utilities _____
Transportation Services _____ Weatherization of Home _____
Emergency Assistance _____ Employment and Training Services _____
Coat Closet _____ Head Start _____
Other: _____
Please describe _____

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	2	3	4	5
Services met your needs	1	2	3	4	5
Information on other available resources	1	2	3	4	5
Staff demonstrated interest in your needs	1	2	3	4	5
Staff treated you in a courteous manner	1	2	3	4	5
Information or Referral to Community Resources	1	2	3	4	5
Convenience of Center hours	1	2	3	4	5
Convenience of Center location	1	2	3	4	5

Comments: no other 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!

11/24/2021
Phone (KW)

L.E.A.P.
Customer Survey

Name: (Optional) Does not want name used

Date: 11-24-2021 Survey date

How did you find out about Services offered through L.E.A.P.?

Friend/Relative _____ Newspaper _____ Radio/TV _____
Employee Referral _____ Agency Referral (specify) _____
Other: DS's

Please describe

Services You REQUESTED:

Food Pantry _____ Energy Services _____
 Transportation _____ Employment and Training _____
 Emergency Assistance _____ Head Start _____
 Coat Closet _____
Other: clothes

Please describe

Services You RECEIVED:

Food Pantry _____ Emergency Utilities _____
 Transportation Services _____ Weatherization of Home _____
 Emergency Assistance _____ Employment and Training Services _____
 Coat Closet _____ Head Start _____
Other: Clothes

Please describe

Indicate your level of Satisfaction by circling appropriate number	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	2	3	4	5
Services met your needs	1	2	3	4	5
Information on other available resources	1	2	3	4	5
Staff demonstrated interest in your needs	1	2	3	4	5
Staff treated you in a courteous manner	1	2	3	4	5
Information or Referral to Community Resources	1	2	3	4	5
Convenience of Center hours	1	2	3	4	5
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

Date: 12/7/21

Name: (Optional) _____

How did you find out about Services offered through L.E.A.P.?
Friend/Relative _____
Employee Referral _____
Newspaper _____
Radio/TV _____
Agency Referral (specify) _____
Other: Head Start Home Visitation
Please describe

Services You REQUESTED:

Food Pantry _____ Energy Services _____
Transportation _____ Employment and Training _____
Emergency Assistance _____ Head Start _____
Coal Closet _____
Other: _____
Please describe

Services You RECEIVED:

Food Pantry _____ Emergency Utilities _____
Transportation Services _____ Weatherization of Home _____
Emergency Assistance _____ Employment and Training Services _____
Coal Closet _____ Head Start _____
Other: _____
Please describe

Indicate your level of Satisfaction by circling appropriate number:

	Poor	Fair	Okay	Good	Great
Services received in a timely manner	1	2	3	4	5
Services met your needs	1	2	3	4	5
Information on other available resources	1	2	3	4	5
Staff demonstrated interest in your needs	1	2	3	4	5
Staff treated you in a courteous manner	1	2	3	4	5
Information or Referral to Community Resources	1	2	3	4	5
Convenience of Center hours	?				
Convenience of Center location	1	2	3	4	5

Comments: Visits delivered

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

Thank you for taking the time to complete this survey!