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

Name: (Optional) Sie	Date: Survey date 12/16/21
Friend/Relative Employee Referral	Agency Referral (specify)
Other:	Please describe
Services You REQUESTE Food Pantry Transportation Emergency Assistance Coat Closet Other:	Energy Services Employment and Training Head Start
	Please describe
Services You RECEIVED: Food Pantry Transportation Services Emergency Assistance Coat Closet Other:	Emergency Utilities Weatherization of Home Employment and Training Services Head Start
	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	0
Information on other available resources	1 2	2	3	4	53
Staff demonstrated interest in your needs	1	2	3	4	(S)
Staff treated you in a courteous manner	1	2	3	4	3
Information or Referral to Community	1	2	3	4	3
Resources					
Convenience of Center hours	1	2	3	4	(5)
Convenience of Center location	1	2	3	4	(0)

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!

Name: (Optional)	Date: Surcy dad	1206/3021
How did you find out about Servi	ices offered through L.E.A.P.?	ω _η ,
12.0	spaper Radio/TV	
	су Referral (specify)	
Other: DSS	(PO-1)	
	Please describe	
Services You REQUESTED:		
Food Pantry V	Energy Services	
Transportation Canada	→ Employment and Training	
Transportation 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	A)	5
Services met your needs	1	2	3	(D)	5
Information on other available resources	1	2	3	4	5
Staff demonstrated interest in your needs	1	2	<u> </u>	4	5
Staff treated you in a courteous manner	1	2	3	4	3
Information or Referral to Community	1	2	3	4	5
Resources	ĺ	[
Convenience of Center hours	1	2	(3)	4	5
Convenience of Center location	1	2	3	4	5

Comments: 9003 idea is party stayed open vager

Expand pure beneficial a felticul to nure people

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

Thank you for taking the time to complete this survey!

The purpose of the purpos

Customer Survey				
Name: (Optional)	Date:_	12/3/2021	Service	date
How did you find out about Sawiner offered through I	FAD	9		

L.E.A.P.

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 V but received coats white P panty. Other: Didn't ask Please describe Services You RECEIVED: Food Pantry **Emergency Utilities** Transportation Services Weatherization of Home **Employment and Training Services Emergency Assistance**

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	6
Information on other available resources ►\\	1	2	3	4	5
Staff demonstrated interest in your needs	1	2	3	4	(3)
Staff treated you in a courteous manner	1	2	3	4	(3)
Information or Referral to Community	1	2	3	4	(S)
Resources					
Convenience of Center hours	1	2	3	4	(5)
Convenience of Center location	1	2	3	4	(3)

Satisfied in how treated them Comments: services provided.

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

Thank you for taking the time to complete this survey!

W Kimberly Carpter Granille de survey m 12/3/2001

L.E.A.P. Customer Survey

Name: (Optional)

Date: 198

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

Employee Referral

Newspaper

Radio TV

Other

Agency Referral (specify)

Please describe

Services You REQUESTED:

Food Pantry

Transportation

Emergency Assistance Coal Closer

Other:

Energy Services

Employment and Training

Head Start

Please describe

Services You RECEIVED:

Food Pantry

Transportation Services Emergency Assistance Coat Closet

Other:

Emergency Utilities Weatherization of Home

Employment and Training Services

Head Start

Please describe

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

Comments Track 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 jo: email amanda homseyadespservices.org Cell 318. 764.9200 (text picture) OR kimberly manney@leapservices on Cell \$18 409 5190 next picture)

Name: (Optional) Head	Date: 11/29/2021
Friend/Relative Ne	rvices offered through L.E.A.P.? wspaper Radio/TV ency Referral (specify)
	Please describe
Services You REQUESTED:	
XFood 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	30
Services met your needs	1	2	3	4	3
Information on other available resources	1	2	3	4	E
Staff demonstrated interest in your needs	1	2	3	4	0
Staff treated you in a courteous manner	1	2	3	4	D
Information or Referral to Community	1	2	3	4	3
Resources	10				
Convenience of Center hours	1	2	3	4	5
Convenience of Center location	1	2	3	4 1	3

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!

LEAP. **Gustomer Survey**

Name: (Optional)



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

Friend/Relative Employee Referral

Newspaper Agency Referral (specify)

Other.

Please describe

Services You REQUESTED:

Rood Pantry Transportation **Emergency Assistance**

Coat Closet Other

Energy Services Employment and Training Head Start

Please describe

Services You RECEIVED:

Food Pantry Transportation Services Emergency Assistance

Coat Gloset Other:

Emergency Utilities Weatherization of Home **Employment and Training Services**

Head Start

Please déscribe

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) V
Staff treated you in a courteous manner	1	2	3	4	0
Information or Referral to Community	1	2	3	4	3 000
Resources	The Table		F B		
Convenience of Center hours	1	2	3	4	(3)
Convenience of Center location	1	2	3	4	5

Comments: Thank Gon For all of You.

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

Thank you for taking the time to complete this survey!

Send feedback to : email amenda homsey@leanservices at Dell 518-769-9200 (text picture) OR

kimberly manney @leapservices.org Cell: \$18-409-5199

How did you find out about	Services offered through L.E.A.P.?
	Newspaper Radio/TV
Employee Referral Other:	Agency Referral (specify)
	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	<u></u>
Staff demonstrated interest in your needs	1	2	3	4	
Staff treated you in a courteous manner	1	2	3	4	00
Information or Referral to Community	1	2	3	4	755
Resources		0			
Convenience of Center hours	1	2	3	4	5
Convenience of Center location	1	2	3	4	(5)

Comments: Excelhent , Doesn't know what people would to 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!

	Principle Principle					
Name (Consult of Bill)		E Notes			N.	
Marie and the same places No. 100	a official three		102			
The state of the s	Reserve Cons		THE PERSON NAMED IN			
STREET AND WELL STREET	Endley Service					
Parpotesis	Complete Court	nd braining	9			
Emergence Associated Cont Closer	Hoad Start					
Chier						
	Time desire					
Services You RECEIVED						
Front Palatry	Description visit	Children				
Transportation Services	Wed her calle					
Coar Closer	Freelows	and I ream	W Servi	562		
Orker	Front Start					
	Production of the					
Indicate your devel of Semifaction of		15		(S)	75 77	
appropriate number	CONTRACT	13001	Fair	Olar	Good	Great
Services received in a timely many	ner	1	1	3	4	20
Services met your needs			7	3	1.4	02
information on other available re-	sources		2	3	4	0000
Staff demonstrated interest in you	r needs		3	3	- 4	0
Staff treated you in a courteous m	anner		2	3	4	0
nformation or Referral to Comm	unity		2	3	- 4	0
lesources						
onvenience of Center hours			3	3		(
ouvenience of Centre location				3	A.	(
	ocuments,	Alexandria	e the be	ck of fo	CDL	
	T commence	Electric No.				

11/25/2021 phone (xi)

L.E.A.P. Customer Survey

Name: (Optional) Docs no	+ want name Date: 11-24-2021 Surviv
How did you find out about Se	rvices offered through L.E.A.P.?
	ewspaper Radio/TV
	gency Referral (specify)
	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 Clothes	Head Start
	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	(J)
Services met your needs	1	2	3	4	(5)
Information on other available resources	1	2	3	0	5
Staff demonstrated interest in your needs	1	2	3	4	8
Staff treated you in a courteous manner	1	2	3	4	3
Information or Referral to Community	1	2	3	4	3
Resources					
Convenience of Center hours	1	2	3	4	3

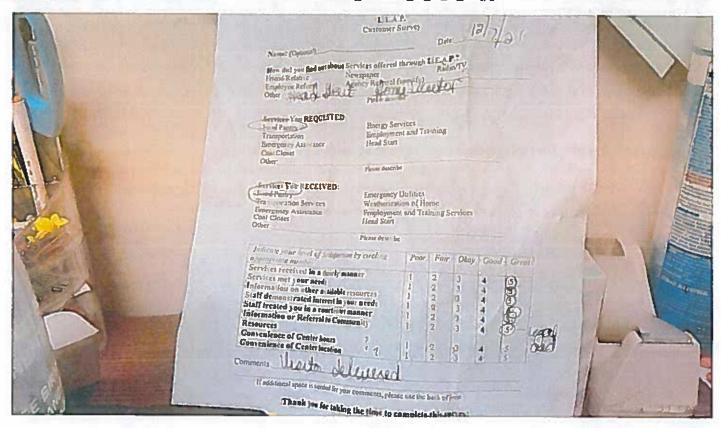
Comments:_			
-			

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

Thank you for taking the time to complete this survey!

Revised 2020

Convenience of Center location



Name: (Optional)	Date: 10 3 21
Friend/Relative	Services offered through L.E.A.P.? Newspaper Radio/TV
Other:	Agency Referral (specify)
	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	©
Information on other available resources	1	2	3	4	3
Staff demonstrated interest in your needs	1	2	3	4	(3)
Staff treated you in a courteous manner	1	2	3	4	75
Information or Referral to Community Resources	1	2	3	4	B
Convenience of Center hours	1	2	3	4	(5)
Convenience of Center location	1	2	3	4	8

Comments: peple	Listened	10	MI	West	and	helsed	he	with	NY	
Ofec die	311									
If additional	ind-d	C				. 41 1 1	0.0			

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)

Name: (Optional)	Date: 11 3 2
How did you find out about	Services offered through L.E.A.P.?
Friend/Relative	Newspaper Radio/TV
Employee Referral Other:	Agency Referral (specify)
	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:	81
Food Pantry	Emergency Utilities
Transportation Services	Emergency Utilities X 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	5/1
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	1	2	3	4	5/
Resources					
Convenience of Center hours	1	2	3	4	5//
Convenience of Center location	1	2	3	4	5

Comments: Tour K 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)

Name: (Optional) M: Y	Date: Survey by phone 12/16	121 Xna
How did you find out abo Friend/Relative Employee Referral Other:	ut Services offered through L.E.A.P.? Newspaper Radio/TV	
	Please describe	
Services You REQUESTE Food Pantry / Transportation Emergency Assistance Coat Closet Other:	Energy Services Employment and Training Head Start	
	Please describe	
Services You RECEIVED Food Pantry Transportation Services Emergency Assistance Coat Closet Other:	Emergency Utilities Weatherization of Home Employment and Training Services Head Start	
	Place 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	0
Services met your needs	1	2	3	4	5
Information on other available resources WIA	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	1	2	3	4	5
Resources					
Convenience of Center hours	1	2	3	D	5
Convenience of Center location N/A	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!