

L.E.A.P.
Customer Survey

Name: (Optional) Sue ~~XXXXXXXXXX~~

Date: Survey date 12/16/21
km

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: _____

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) _____

Date: Survey date 12/16/2021
at phone LM

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 Rental 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: good idea is pantry ^{at office} stayed open longer
Expand hours beneficial & helpful to more 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!

Develop resource packet from Revised 2020
DSS
LEAP
Community Action

w/ list of landlords
Churches that will help w/ clothes, rent
and for those who had fire
Resource packet w/ info for specific help they need.

L.E.A.P.
Customer Survey

Name: (Optional) Kim [redacted] Date: 12/15/2021 Service 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: DSS

Please describe

Services You REQUESTED:

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

Other: Didn't ask, but received coats while @ party.

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 <i>MIA</i>	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: Satisfied in how ^{we} treated them + services provided.

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

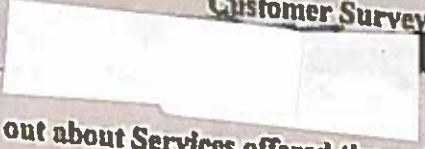
Thank you for taking the time to complete this survey!

CS 06

w/ Kimberly Campbell -
Worster
Granville did survey
on 12/3/2021

L.E.A.P.
Customer Survey

Name: (Optional)



Date:

12/3/21

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

Please describe

Services You REQUESTED:

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	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.homsy@leapservices.org Cell: 518.769-9200 (text picture) OR
Kimberly.mannyc@leapservices.org Cell: 518-409-5199 (text picture)

per phone call on 11/29/21

L.E.A.P.
Customer Survey

Name: (Optional) Heather [REDACTED]

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!

L.E.A.P.
Customer Survey

Name: (Optional) Deb



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

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	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.bonney@leaservices.org Call: 518-769-9200 (text picture) OR kimberly.mannoy@leaservices.org Call: 518-409-5199 (text picture)

Service date 11/29/2021

L.E.A.P.
Customer Survey

Name: (Optional) Ken [REDACTED]

Date: 12/2/2021

Survey by
phone.
xm.

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
- 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: Excellent! Don'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!

LEAP Customer Survey

Name: (Print) _____ Date: 11/29/21

How did you find out about services offered through LEAP?
Family Referral _____ Neighbor _____ Radio/TV _____
Employee Referral _____ Agency Referral (Social Security) _____ Health Department _____
Other: _____ Please describe _____

Services You REQUESTED:

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

4
4
4
4
4
4
4
4

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!

Cell: 518-769-9200 (text picture) OR

11/24/2021
phone (x11)

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: DSS

Please describe

Services You REQUESTED:

Food Pantry

Transportation

Emergency Assistance

Coat Closet

Other: clothes

Energy Services

Employment and Training

Head Start

Please describe

Services You RECEIVED:

Food Pantry

Transportation Services

Emergency Assistance

Coat Closet

Other: Clothes

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	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!

I.E.A.P.
Customer Survey

Date: 12/7/21

Name (Optional): _____

How did you find out about Services offered through I.E.A.P.?
 Friends/Relatives _____ Newspaper _____ Radio/TV _____
 Employee Referral _____ Agency Referral (specify) _____
 Other: Health Dept Home Center

Services You REQUESTED:

Food Pantry
 Transportation
 Emergency Assistance
 Coal Closet
 Other: _____

Please describe: _____

Services You RECEIVED:

Food Pantry
 Transportation Services
 Emergency Assistance
 Coal Closet
 Other: _____

Please describe: _____

Indicate your level of satisfaction by circling an 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: Health 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!

**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

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: People listened to my need and helped me with my offer 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.mannev@leapservices.org Cell: 518-409-5199 (text picture)

**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.mannev@leapservices.org Cell: 518-409-5199 (text picture)

Services provided 12/16/21

Non-CSBG
CARES

L.E.A.P.
Customer Survey

Name: (Optional) Mika [REDACTED]

Date: Survey by phone 12/16/21
km

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 N/A	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 N/A	1	2	3	4	5
Convenience of Center hours	1	2	3	4	5
Convenience of Center location N/A delivery	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!

