	Customer Surv	ey			1	1
Name: (Optional)		_	Date:_	11	23	21
How did you find out about Sers		ough L.				
	ewspaper		Radio	o/TV		
	gency Referral (sp	ecify)				
Other:		_ 14				
	Please describe					
Services You REQUESTED:						
☐Food Pantry	☐ Energy Serv	ices				
□Transportation	Emplo	yment a	nd Train	ning		
□Emergency Assistance	Head Start			Ü		
□Coat Closet						
□Other:						
	Please describe					
Services You RECEIVED:						
□Food Pantry	□Emergency \	Utilities				
☐Transportation Services	□Weatherizati		ome			
□Emergency Assistance	□Employment			ervices		
□Coat Closet	☐Head Start	A		01 11003		
□Other:		/// /	for			
	Please describe	1 1 16	411/			
	101					
Indicate your level of Satisfaction	n by circling	Poor	Fair	Okay	Good	Great
appropriate number						
Services received in a timely ma	anner	1	2	3	4	3
Services met your needs		1	2	3	4	3
Information on other available resources			2	3	4	3
Staff demonstrated interest in your needs			2	3	4	(5)
Staff treated you in a courteous		1	2	3	4 6	3
Information or Referral to Con		1	2	3	4	55
Resources	•		_	-	,	٠

Comments:	 	 	 	

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

Thank you for taking the time to complete this survey!

Convenience of Center hours

Convenience of Center location

L.E.A.P.

Customer Survey

Customer	. Darvey
Name: (Optional)	Date: 1/30
How did you find out about Services offere	d through L.E.A.P.?
Friend/Relative	Agency Referral (specify)
Newspaper	
Radio/TV	Other: (specify)
Employee Referral	
Services You REQUESTED:	
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	Poor	Fair	Okay	Good	Great
Services received in a timely manner Services met your needs Information on other available resources Staff demonstrated interest in your needs Staff treated you in a courteous manner Information or Referral to Community Resources Convenience of Center hours Convenience of Center location	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4 4 4 4	00000000

Comments:	 	 	 	
_	 			

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

Name	(Optional)	İ		Date:_	11 =	50	[5]
How d	lid you find out about Services offered t	hiro	ugh L.I	E.A.P.?			
	Friend/Relative		_		ferral (s	necify)	
Ü	Newspaper	1	_	10.			
	Radio/TV	9	Oth	er: (sne	cify)		
Ö	Employee Referral	1.	_	on (ope			
	9						
Servic	es You REQUESTED:						
ū	Food Pantry	-	Hea	d Start			
	Energy Services		🗆 <i>L</i> oa	t Close	t		
	Transportation	1	Me:	trix <i>(Onl</i>	ine Progi	ram)	
П	Employment and Training				ase desc		2.4
	Emergency Assistance			(
27.	N4.	8					
Service	es You RECEIVED:	ř			40		
	Food Pantry	-	D Emi	olovme	nt and T	rainine	
	Emergency Utilities		☐ Employment and Training ☐ Coat Closet				
	Transportation Services	30	☐ ∤les		•		
E)	Weatherization of Home	20	Metrix Orientation / Assistance			ance	
	Emergency Assistance	1		ers:			
	9	100					
Indicat	e your level of Satisfaction by circling appropriate num	her	Poor	Fair .	Okay	Good	Great
0			85				
1 0 1	es received in a timely manner		1	2	3	4	(3)
Inform	es met your needs nation on other available resources	2.0	1 3	2	3	4	୬ ଞ ୍ଚିତ୍ର
Staff d	lemonstrated interest in your needs	-	1	2 2	3	4	(5)
Staff to	reated you in a courteous manner	50	1	2	3	4	<u> </u>
	nation or Referral to Community Resources	i l	1	2	3	4	
Conve	nience of Center hours	3.7	i	2	3	4	% {
Conve	nience of Center location	\$ q	1	2	3	4	3
Commo	ents:	8					
		13 13		ly:			illi

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

Thank you for taking the time to complete this survey!

Λ, /					1	
Name: (Optional)		_	Date:_	11/2	3/21	
How did you find out about So			Radie	o/TV		
N. 1957	Please describe					
Services You REQUESTED:						
☐Tood Pantry ☐Transportation ☐Emergency Assistance ☐Coat Closet ☐Other:	□Energy Ser □ Empl □Head Start	oyment a	nd Trai	ning		
	Please describe					
Services You RECEIVED: Food Pantry Transportation Services Emergency Assistance Employment and Training Services Coat Closet Head Start						
10	Please describe					
Indicate your level of Satisfact appropriate number	ion by circling	Poor	Fair	Okay	Good	Great
Services received in a timely services met your needs Information on other availab Staff demonstrated interest in Staff treated you in a courteo Information or Referral to Co Resources Convenience of Center hours Convenience of Center location	le resources 1 your needs us manner ommunity	1 1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4 4	500000000000000000000000000000000000000
Comments:	on	1	2	3	4	(5)

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

Name: (Optional)	7 X Date: 11 29 21
	es offered through L.E.A.P.? spaper
	Please describe
Services You REQUESTED: Food Pantry Transportation Emergency Assistance Coat Closet Other:	□ Energy Services □ Employment and Training □ Head Start - Metrix 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 The online when

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	li	2	3	4	3
Information on other available resources	1	2	3	4	3
Staff demonstrated interest in your needs	l î	2	3	$\frac{1}{4}$	(5)
Staff treated you in a courteous manner	li	2	3	1	(5)
Information or Referral to Community Resources	1	2	3	4	3
Convenience of Center hours		2	3	4	(5)
Convenience of Center location	$\begin{bmatrix} \bar{1} \end{bmatrix}$	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!

Name: (Optional)	Date: 1 29 21
How did you find out about Ser	rvices offered through L.E.A.P.?
	Newspaper Radio/TV
(1)	Agency Referral (specify)
Other:	
	Please describe
Services You REQUESTED:	
□Food Pantry	☐Energy Services
□Transportation	☐ Employment and Training
□Emergency Assistance	□Head Start
□Coat Closet	A1 0
Other:	ill up Metrix
	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:	ngs to online corser
	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	50
Services met your needs	1	2	3	4	50
Information on other available resources	1	2	3	4	52
Staff demonstrated interest in your needs	1	2	3	4	50
Staff treated you in a courteous manner	1	2	3	4	50
Information or Referral to Community	1	2	3	4	5
Resources	-	_		' '	
Convenience of Center hours	1	2	3	4	100
Convenience of Center location	1	2	3	4	19

Comments:	 X

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

Thank you for taking the time to complete this survey!

Customer Su	rvey				
Name: (Optional) Letn'x	<u> </u>	Date:_	11/2	9/21	
How did you find out about Services offered the Friend/Relative Newspaper Employee Referral Agency Referral (SOTHER)		□Radi			
Please describe	773				
Services You REQUESTED: Food Pantry	vices oyment a	nnd Trai	ning		-
Services You RECEIVED:					
□ Food Pantry □ Emergency □ Transportation Services □ Weatheriza □ Emergency Assistance □ Employmen □ Coat Closet □ Head Start □ Other: □ Coat Closet □ Please describe	tion of H nt and Tr	ome	Services		- I
Indicate your level of Satisfaction by circling	Poor	Fair	Olem	C- 1	
appropriate number	1 007	Fuir	Okay	Good	Great
Services received in a timely manner	1	2	3	4	52
Services met your needs	1	2	3	4	5
Information on other available resources	1	2	3	4	52

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	60
Information on other available resources	$ \frac{1}{1}$	2	3	4	50
Staff demonstrated interest in your needs	1	2	3	4	57
Staff treated you in a courteous manner	$1\overline{1}$	2	3	4	50
Information or Referral to Community	1	2	3	4	5
Resources				' '	
Convenience of Center hours	1	2	3	4	150
Convenience of Center location	1	2	3	4	

Comments:			
_			

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

Name: (Optional)		Date:_	11/2	23/2	2-1
How did you find out about Services offe Friend/Relative	ferral (specify)	□Radi	o/TV		
☐ Transportation ☐ Emergency Assistance ☐ Coat Closet ☐ Other:	d Start	and Trai	ning		
Please	describe				
□Transportation Services □Emergency Assistance □Coat Closet □Other:	ergency Utilitie therization of I sloyment and T d Start	lome	Services	E.	
Indicate your level of Satisfaction by circl	ing Poor	Fair	Okay	Good	Great
appropriate number	_				
Services received in a timely manner Services met your needs Information on other available resource Staff demonstrated interest in your need Staff treated you in a courteous manner Information or Referral to Community Resources Convenience of Center hours	- -	2 2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4	5 5 5 5 5
Convenience of Center location	1	2	3	4	8
Comments:	3)	- 40			0

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

Name: (Optional)	Date: 1/23/21
	es offered through L.E.A.P.? spaper
Services You REQUESTED: Food Pantry Transportation Emergency Assistance Coat Closet Other:	Energy Services Employment and Training Head Start
Services You RECEIVED: Food Pantry Transportation Services Emergency Assistance Coat Closet Other:	□ Emergency Utilities □ Weatherization of Home □ Employment and Training Services □ Head Start
A COLOR	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	l i	2	3	4)	5
Information on other available resources	1	2	3	4	(3)
Staff demonstrated interest in your needs	li	2	3	4	(3)
Staff treated you in a courteous manner	1	2	3	4	5
Information or Referral to Community	l i	2	3	4	5
Resources		-		'	
Convenience of Center hours	1	2	3	4	5
Convenience of Center location	i	2	3	4	(5)

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

Thank you for taking the time to complete this survey!