

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

Name: (Optional) UI

Date: 11/23/21

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

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

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: 11/30

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

- Friend/Relative
- Newspaper
- Radio/TV
- Employee Referral

Agency Referral (specify) _____

~~Other: (specify) RS~~

Services You REQUESTED:

- Food Pantry
- Energy Services
- Transportation
- Employment and Training
- Emergency Assistance

Head Start

~~Coat Closet~~

~~Metrix (Online Program)~~

Other: (please describe) _____

Services You RECEIVED:

- Food Pantry
- Emergency Utilities
- Transportation Services
- Weatherization of Home
- Emergency Assistance

Employment and Training

Coat Closet

~~Head Start~~

~~Metrix Orientation / Assistance~~

Others: _____

<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: _____

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: 11 / 30 _____

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

- | | |
|---|---|
| <input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Newspaper
<input type="checkbox"/> Radio/TV
<input type="checkbox"/> Employee Referral | <input type="checkbox"/> Agency Referral (specify) _____
<input checked="" type="checkbox"/> Other: (specify) _____
_____ |
|---|---|

Services You REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> Food Pantry
<input type="checkbox"/> Energy Services
<input type="checkbox"/> Transportation
<input type="checkbox"/> Employment and Training
<input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Head Start
<input type="checkbox"/> Coat Closet
<input checked="" type="checkbox"/> Metrix <i>(Online Program)</i>
<input type="checkbox"/> Other: (please describe) _____
_____ |
|--|---|

Services You RECEIVED:

- | | |
|--|---|
| <input type="checkbox"/> Food Pantry
<input type="checkbox"/> Emergency Utilities
<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Weatherization of Home
<input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Employment and Training
<input type="checkbox"/> Coat Closet
<input checked="" type="checkbox"/> Head Start
<input checked="" type="checkbox"/> Metrix Orientation / Assistance
<input type="checkbox"/> Others: _____ |
|--|---|

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) Di

Date: 11/23/21

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
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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) Metrix

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: Skill 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: License to online courses

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: _____

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) Metrix

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: Skill 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: licence to online course

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
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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) Metrix

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: DSS

Please describe

Services You REQUESTED:

- Food Pantry Energy Services
 Transportation Employment and Training
 Emergency Assistance Head Start
 Coat Closet
 Other: Skull 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: Licence to courses

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	<u>5</u>
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Information on other available resources	1	2	3	4	<u>5</u>
Staff demonstrated interest in your needs	1	2	3	4	<u>5</u>
Staff treated you in a courteous manner	1	2	3	4	<u>5</u>
Information or Referral to Community Resources	1	2	3	4	<u>5</u>
Convenience of Center hours	1	2	3	4	<u>5</u>
Convenience of Center location	1	2	3	4	<u>5</u>

Comments: _____

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Thank you for taking the time to complete this survey!

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

Name: (Optional) U1

Date: 11/23/21

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

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

Services You REQUESTED:

- Food Pantry Energy Services
 Transportation Employment and Training
 Emergency Assistance Head Start
 Coat Closet
 Other: U1
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: _____

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) *Uj*

Date: *11/23/21*

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

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

Services You REQUESTED:

- Food Pantry Energy Services
 Transportation Employment and Training
 Emergency Assistance Head Start
 Coat Closet
 Other: *Uj*
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: *metrix*
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	<u>5</u>
Services met your needs	1	2	3	<u>4</u>	5
Information on other available resources	1	2	3	4	<u>5</u>
Staff demonstrated interest in your needs	1	2	3	4	<u>5</u>
Staff treated you in a courteous manner	1	2	3	4	<u>5</u>
Information or Referral to Community Resources	1	2	3	4	<u>5</u>
Convenience of Center hours	1	2	3	4	<u>5</u>
Convenience of Center location	1	2	3	4	<u>5</u>

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!