How Are We Doing?

No name required. All your information is kept confidential.
YOU CAN SEND US THIS FORM BY E-MAIL, FAX, OR DROP OFF AT YOUR LOCAL DHHSC OFFICE.
EMAILS: Send to info@dhhsc.org, ccinfo@dhhsc.org, minfo@dhhsc.org, and svoinfo@dhhsc.org
FAX: FRESNO –559 225-0116, CCO—831-753-6542, MOO—209-726-7717, SVO-559-334-0138

Are you: □ DEAF □ HARD OF HEARING □ LATE-DEAFENED □ DEAF-BLIND □ HEARING

Where do you live? City:_____

Was DHHSC Staff…			
• **Helpful to you?**	**Yes**	**No**	**So-So**
• **Friendly and respectful?**	**Yes**	**No**	**So-So**
• **Professional?**	**Yes**	**No**	**So-So**
• **Quick to answer your request for services?**	**Yes**	**No**	**So-So**
Did DHHSC Staff…			
• **Explain services well?**	**Yes**	**No**	**So-So**
• **Try to solve your problems with you?**	**Yes**	**No**	**So-So**
• **Communicate clearly?**	**Yes**	**No**	**So-So**
• **Give you choices for solving problems?**	**Yes**	**No**	**So-So**
Make you feel more independent?	**Yes**	**No**	**So-So**
Will you…			
• **Use DHHSC services again?**	**Yes**	**No**	
• **Tell a friend to use DHHSC services?**	**Yes**	**No**	

If you answered "No" or "So-So" to any of the above please tell us why.

_____
_____

What services or events/workshops would you like to see in your area?

_____
_____

What do you <u>like</u> most about DHHSC?

_____
_____
_____

What do you <u>not like</u> about DHHSC?

_____
_____
_____

Thank you for filling out this evaluation. We strive daily to improve our services to you and the DHHSC community!

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