

Client Satisfaction Questionnaire

Promoting Safe and Stable Families is updating its client feedback form and converting its paper CSQ to an online survey format. The new portal for the online CSQ will launch on October 23, 2018 and paper CSQs will no longer be accepted.

As families near the end of their services, provide them with a handout with instructions on accessing the survey. The survey can be completed at any time.

Anyone whose information is included on the intake is welcome to complete the survey. This includes foster parents, parents, caregivers, relatives, and youth. More than one can be completed per case.

Download the Word template, 'PSSF Survey Instructions for Clients', located in the Provider Events, Contractors Meeting section on the login page of the PSSF website.

Prepopulate the form with your Agency and Program names, and Program #. Program # is the last four digits of your PSSF ID#.

The Password is unique to each case. This will be the six-digit intake ID #. Record the client's name in the space provided so that you give the form with the right password on it to the client.

The combination of both numbers will serve as validation that the client is completing a survey for the right program.

PSSF NETWORK
Promoting Safe & Stable Families

Feedback on your experience with this program is important to us and will help us improve services to you, your family and your community. Please go to our website and complete a brief 12 question survey.

Go to: www.PSSFNET.com/CSQ
Use the program # and password below to access the online client satisfaction questionnaire:

Program #				
Password				

If you experience any difficulties, contact us at pssfCSQ@pssfnet.com for assistance.

Thank you

Agency: _____

Program: _____

You will have access to the results, but you will not be able to identify which cases completed the survey to protect their anonymity. A summary report should be available by the end of December.

Questions? Contact pssfCSQ@pssfnet.com.

Below are the questions as they appear on the online survey.

1. What best describes your role in this case or family?
 - Youth
 - Parent
 - Relative caregiver or other family member
 - Foster parent
 - Other. Please describe:
2. Did you personally receive or participate in any of this program's services?
 - Yes
 - No
3. Staff were responsive to questions and concerns.
 - Always
 - Most of the time
 - Some of the time
 - Never
 - Don't know or not sure
4. How much say did you or family members have in planning the services received?
 - A lot
 - Some
 - Not very much
 - None
 - Don't know or not sure
5. Where were services provided? (Check all that apply.)
 - In the home
 - At the agency/program site
 - At another community location
 - Don't know or not sure
6. Services were provided at a convenient time and location.
 - Always
 - Sometimes
 - Never
 - Don't know or not sure
7. Thinking now about the reason you or family members were referred for services, would you say these services were:
 - Very helpful
 - Somewhat helpful
 - Not very helpful
 - Don't know or not sure
8. As a result of receiving services, would you say you or the family's situation is:
 - A lot better
 - A little better
 - About the same
 - A little worse
 - A lot worse
9. Did program staff help find other community-based services to help you or family members?
 - Yes
 - No
10. What services did you or family members need that were not available at this agency or elsewhere in your community?
11. Overall, how satisfied are you with the services you or family members received?
 - Extremely satisfied
 - Very satisfied
 - Somewhat satisfied
 - Not very satisfied
 - Don't know or not sure
12. Please provide any additional comments or suggestions you may have about this program (not DFCS), its staff, or the services/supports provided.