

Northwestern Illinois Community Action Agency (NICAA)

Client Customer Satisfaction & Information Survey

1. I was helped in a timely manner. Yes No N/A
 2. I was treated with respect. Yes No N/A
 3. The staff were friendly and helpful. Yes No N/A
 4. I got the information and/or services I needed. Yes No N/A
 5. I was informed about other agency or community services. Yes No N/A
 6. I would recommend your agency to family and friends. Yes No N/A
 7. What is ONE thing you would change about the services you received from our agency?
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1. How did you learn about our agency? Select all that apply:

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Family or Friend | <input type="checkbox"/> Current or former agency client | <input type="checkbox"/> United Way 311 | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Social media (Facebook, Twitter, etc.) | <input type="checkbox"/> Local Church | <input type="checkbox"/> Television |
| <input type="checkbox"/> A state agency | <input type="checkbox"/> Other social service agency | <input type="checkbox"/> Brochure or flyer | <input type="checkbox"/> A Mailing |
| <input type="checkbox"/> Websites/Internet | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Phone book | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> The household I grew up in had received agency services | <input type="checkbox"/> Other | | |

2. What services has your household received from our agency within the last 12 months? Select all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Energy Assistance (LIHEAP or PIPP) | <input type="checkbox"/> Weatherization | <input type="checkbox"/> Neighbor to Neighbor |
| <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> Golden Meals | <input type="checkbox"/> Rent or Water Assistance |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

3. What kind of issues in your family or neighborhood are a concern to you?

4. If given the opportunity, would you be willing to serve on a local board or committee that represents and makes decisions for families with low-incomes? Yes No Unsure

If yes, please provide your name and phone number:

First Name: _____ Last Name: _____

Phone Number (999-999-9999): _____



Please return the Client Customer Satisfaction & Information Survey to:

NICAA
27 S. State Ave., Suite 102
Freeport, IL 61032

Email: nicaa125@nicaa.org