

**NO WRONG DOOR  
Survey**

*Florida Department of Elder Affairs is trying to make it easier for individuals, families, and caregivers in need of long-term care services and supports to learn about and access the help they need to remain in their homes and communities. We would appreciate it if you would give us some feedback on the call you made to get information or services for yourself or someone else. This will just take a few minutes, and your answers will help us to improve our services. Your answers are completely confidential and will not in any way affect the services that you are or will be receiving in any way.*

*Please call the Florida Department of Elder Affairs at 850-414-2111 if you have problems taking the survey.*

**PURPOSE OF CALL**

1. For whom did you call to get information or services? **(Check all that apply)**
  - Yourself
  - A relative or friend
  - A client or patient
  - Other (please specify): \_\_\_\_\_
  
2. What was the purpose for the call? **(Check all that apply)**
  - To get information
  - To obtain services
  - To refer a client for services
  - To provide feedback/grievance information
  - Other: \_\_\_\_\_
  
3. What kind of information did you need? **(Check all that apply)**
  - I was not looking for information
  - Services available
  - Eligibility for services
  - Service providers
  - Application process
  - Other/Comments: \_\_\_\_\_
  
4. What kind of service(s) did you need? **(Check all that apply)**
  - I was not looking for a service
  - Employment
  - Transportation
  - Food assistance
  - Medicaid assistance
  - Cash assistance
  - Behavioral and mental health services
  - Companion services
  - Self-Care (bathing, eating, dressing, etc.)
  - Meal preparation
  - Housing
  - Supported/Assisted Living Services
  - Adult Day Care
  - Nursing Home
  - Other (specify): \_\_\_\_\_

## ABOUT THE CALL

5. Did the call provide for any sensory, language, or other accommodations that were needed? (*Check all that apply*)

- Yes
- No
- None were needed
- Other

What accommodations were needed that were not provided?

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6. Overall, did the person(s) listen carefully to what you wanted?

- Yes
- Uncertain
- No

7. Overall, did the person(s) understand what you wanted?

- Yes
- Uncertain
- No

8. Did the person explain things in a way that you could understand?

- Yes
- Uncertain
- No

9. Were you able to get the help you needed on your first phone call?

- Yes
- Uncertain
- No

10. Were you referred to or transferred to any other places to call for a service or more information?

- No
- Yes, I was referred to another agency
- Yes, I was referred to another office in this agency
- Not Applicable

11. Overall, did you receive the information that you were looking for?

- Yes
- Uncertain
- No

12. Have you started receiving services from any of the places you were referred to during your call to us?

- I wasn't seeking services
- Yes, I'm receiving the service
- Arrangements are complete, and I will begin receiving the service soon
- I am on the waiting list for the service
- I have applied for the service, but I don't know when I will receive it
- No, I don't qualify for the service
- Other (please specify) \_\_\_\_\_

13. Overall, how would you rate the way in which your inquiry was handled?

- Excellent
- Very good
- Good
- Fair
- Poor

14. Would you recommend this service to a friend or colleague who needs the kind of information or assistance that you did?

- Yes
- Uncertain
- No

*It would be helpful to us to know how you contacted this agency/resource so that we can make it as easy as possible for others to get the information and services they need.*

## **MAKING THE CONTACT**

15. How did you find out about the agency/resource you called? (*Check all that apply*)

- I knew who to call
- Media source (TV, newspaper, radio, etc.)
- Internet
- 211
- Yellow pages or other directory
- Senior or community center
- Friend or relative
- Medical facility or doctor
- Place of worship
- Another agency (provider or state agency)
- I don't know
- Other (please specify) \_\_\_\_\_

16. Did you contact any of these community resources? (*Check all that apply*)

- FL Department of Education (DOE)
- FL Department of Elder Affairs (DOEA)
- FL Department of Transportation (DOT)
- FL Department of Children and Families (DCF)
- FL Department of Health (DOH)
- FL Department of Veterans' Affairs
- Agency for Persons with Disabilities (APD)
- Agency for Health Care Administration (AHCA)
- Developmental Disabilities Council
- Area Agency on Aging
- The Governor's Website

17. If you checked more than one of the community resources above, which was the first one you contacted?

\_\_\_\_\_

18. Please describe how easy or difficult it was to get the information you needed?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

## **BACKGROUND INFORMATION**

19. Please tell us about yourself (Check all that apply)

- I am a person with a disability (or disabilities)
- I am a parent, relative, or caregiver of an adult with disabilities
- I am the parent relative, or caregiver of a child with disabilities
- I am 60 years old or older
- I am a relative or caregiver of a person 60 years or older
- I am a healthcare or other service provider for one of the above
- None of the above

20. In which Florida county do you live? \_\_\_\_\_