

## **SATISFACTION SURVEY**

		(Based on the services ye	ou receive from MILS
MIDWEST INDEPENDENT LIVING SERVICES	SURVEY COMPLETED B	<b>Y:</b> You may remain	anonymous.
2021 FALL SURVEY	DATE:		
Please circle the word for Strongly Agree – Agree – Undeci	_		
1.My staff is trained and competent to provid Strongly Agree – Agree – Undeci	• •	- Strongly Disagree	
What does your staff do well?			
What can your staff do better?			
2. My staff and MILS office personnel help mo Strongly Agree – Agree – Undeci	-		
What do we do well?			
What can we do better?			
3. My staff and MILS office personnel treat m Strongly Agree – Agree – Undeci	•	•	
What do we do well?			
What can we do better?			

4. My staff and office personnel advocate for my rights and ensure they complete their responsibilities?
Strongly Agree – Agree – Undecided / Neutral - Disagree - Strongly Disagree
What do we do well?
What can we do better?
5. MILS offers a variety of activities and goals that help me move toward living independently?  Strongly Agree – Agree – Undecided / Neutral - Disagree - Strongly Disagree
What programs or activities are helping?
Is there anything we could offer to help you toward your goal of independence?
6. Do you feel safe with MILS COVID-19 policies and procedures? YES NO UNSURE
Additional Comments on MILS COVID-19 Policies and Procedures?
Additional Comments on services your receiving at MILS?
Thank you for completing this survey! We will utilize your input to better serve you, and the other individuals we serve. Please return this survey by mail, fax, or dropping off at the office.

**Midwest Independent Living Services** 

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