

Liberty Resources Consumer Survey

Liberty Resources is committed to providing the best possible services to all our consumers. To ensure that we deliver service and care that meets your needs and expectations, we are conducting a survey through **Novaetus, Inc.** about your experience with your Survey Coordinator.

We appreciate your honest evaluation as well as the time spent in filling out the survey. After you complete the survey, please place in the postage paid envelope and return in the mail.

1. What services did you receive at LRI?
You may choose as many as you received.

- ¹ Adult Literacy
² Advocacy (which means fighting for yourself or for other people with disabilities)
³ Deaf Advocacy
⁴ Housing Foreclosure and Diversion
⁵ Information & Referral
⁶ Liberty Retreats
⁷ Nursing Home Transition
⁸ Peer Support (groups or one-on-one support)
⁹ Skills Training
¹⁰ Youth Transitioning
¹¹ None of the above
¹² I don't remember receiving any services.

Staff Assessment

2. LRI Staff know about resources that are available to me.
- ¹ Yes
² No
³ N/A
3. When I call or come in to LRI, Staff try to help me and don't give up until they have helped me.
- Yes
 No
 N/A

Complaints

4. I know who to talk to if I have a complaint about the services I received at LRI.

- ¹ Yes
² No
³ N/A

5. LRI resolves complaints effectively.

- ¹ Yes
² No
³ N/A

CIL Services

6. Advocacy services, where LRI helps me fight for myself or change something in my community, are important to me.

- ¹ Yes
² No
³ N/A

7. LRI has helped me to fight for myself until I got something that I needed.

- ¹ Yes
² No
³ N/A

8. LRI has helped me try to change something specific in my community that will help other people with disabilities, too, and not just me.

- ¹ Yes
² No
³ N/A

9. I have learned new skills, knowledge, or resources that I didn't have when I first started working with LRI.

- Yes
- No
- N/A

Social Connection

10. I am able to talk to another person with a disability, or join a group of people with disabilities to talk about issues that affect me.

- Yes
- No
- N/A

11. Do you receive Liberty Lite, LRI's monthly events calendar?.

- Yes
- No
- N/A

12. Would you like LRI to begin mailing or emailing you Liberty Lite? If so, how would you like to receive it?

- Large Print
- CD
- Braille
- Email
- I don't need to receive
- I would not like to receive.

13. Liberty Lite keeps me informed about events at LRI.

- Yes
- No
- N/A

Satisfaction

14. I am more independent now than before I worked with LRI.

- Yes
- No
- N/A

15. I would recommend LRI to other people.

- Yes
- No
- N/A

16. When you first contacted LRI, how would you rate the time that Staff took to respond?

- Excellent
- Good
- Average
- Somewhat poor
- Poor

17. How do you rate the quality of services you receive from LRI?

- Excellent
- Good
- Average
- Somewhat poor
- Poor

Needs Assessment

18. I am able to do things I enjoy outside of my home when and with whom I want.

- Yes
- No
- N/A

19. I feel in control of my life

- Yes
- No
- N/A

20. I like where I am living

- Yes
- No
- N/A

- Yes
- No
- N/A

21. I have transportation to get to medical appointments when I need to

- Yes
- No
- N/A

22. I receive information about my services in the language I prefer (if non-English).

- Yes
- No
- N/A

23. I feel safe at home

- Yes
- No
- N/A

24. I can choose or change the kind of services I get and determine how often and when I get them

- Yes
- No
- N/A

25. Someone has talked to me about job options

- Yes
- No
- N/A

26. I always get enough assistance with self-care when I need it (if need any assistance) (things like bathing, dressing, going to the bathroom, eating, or moving around my home)

- Yes
- No
- N/A

Thank You for Completing the Survey!

Please place in the self addressed and postage-paid envelope provided!