



Dept _____ Date _____

Thank you for choosing JSSA. We make every effort to be responsive to our clients and are interested in understanding how you arrived at the decision to use JSSA's services and programs. Please take a minute to answer this brief survey.

1. Please indicate who is completing this questionnaire.

- Person who will receive the service, Parent of person who will receive the service, Adult child of person who will receive the service, Other

2. Please indicate your age range:

- 18-24, 25-34, 35-44, 45-54, 55-64, 65 and Over

3. What services will you or your family member receive at JSSA? (please check all that apply)

- Individual Therapy, Family Therapy, Group Therapy, Couples Therapy, Collaborative Divorce, Medication Management/Psychiatrist, Case Management, Financial Assistance, Supported Employment, Other

4. How did you or your family member hear about JSSA? (Please check all that apply, and provide specifics when indicated)

- Advertisement, Clergy/synagogue, Community organization, Friend, Family Member, Insurance company referral, Internet (Google, etc.), Other (Specify), JSSA Staff, JSSA Website, Newspaper article, School, Physician, Psychiatrist/mental health professional, Social Media, (Specify name)

5. What factors influenced your or your family member's decision to come to JSSA? (Please check all that apply)

- Accepts my insurance, Attended JSSA program in the community, I am a previous JSSA client, Location, Reputation of JSSA, Type of service needed, Wanted a Jewish agency, Other (Specify)

6. How would you or your family member rate the helpfulness of the staff who handled your initial call to JSSA?

- Very helpful, Somewhat helpful, Not too helpful, Not at all helpful

7. How would you rate your or your family member's overall experience with the admission process into JSSA?

- Very Easy, Somewhat Easy, Difficult, Very Difficult

Would you like to be added to JSSA's mailing list to receive mailings about future programs, services, etc.?

Yes No If "yes," please provide your name, email, and/or mailing address:

Name: _____ Email: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____