1. Today’s Date:
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16
☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31
20____

2. How did you hear about QCAP? Check all that apply.
☐ Friend/Family  ☐ Walk-In  ☐ Newspaper/TV/Radio  ☐ Flyer  ☐ Online
☐ Other Agency Referred You  ☐ Assigned to QCAP  ☐ Other ________

3. Did you visit QCAP’s website at www.qcap.org?  ☐ YES ☐ NO

4. Which QCAP program helped you? Check all that apply.
☐ ABE/Workforce Dev  ☐ CCK  ☐ SW Emergency Food Ctr
☐ Financial REACH Ctr  ☐ Energy  ☐ Head Start  ☐ Housing  ☐ Tax Program

5. Was the program staff professional and courteous?  ☐ YES ☐ NO

6. Did QCAP staff provide you with information about other programs?  
☐ YES ☐ NO

7. Was the material and information helpful and clear?  ☐ YES ☐ NO

8. Would you recommend QCAP to a friend or family?  ☐ YES ☐ NO

9. Does your primary language make it difficult to use QCAP services?  
☐ YES ☐ NO

10. Your feedback is very important to us. Do you have additional comments you would like to share?


THANK YOU!

Quincy Community Action Programs, Inc. Main:
1509 Hancock Street · Quincy, MA · 02169
617-479-8181 · www.qcap.org
You recently used the services of the Quincy Community Action Programs, Inc./Community Care for Kids for help finding child care and/or receiving assistance in helping to pay for the care. We want to thank you for using our services. We would appreciate you taking a few minutes to give us feedback about our services. Our goal is to be as helpful as we can be in a family’s search for child care and your responses to the following questions will help us in making improvements in anyway we can.

Please circle either YES or NO

Did you receive a reassessment letter in the mail to remind you that your authorization was ending?

**YES**       **NO**

Did you receive a text message to remind you of your appointment?

**YES**       **NO**

*Please update your phone number at the front desk if you did not receive a text message*

Please mark an X in one column for each question – Mark N/A if not applicable

<table>
<thead>
<tr>
<th></th>
<th>POOR</th>
<th>FAIR</th>
<th>GOOD</th>
<th>VERY GOOD</th>
<th>EXCELLENT</th>
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<tbody>
<tr>
<td>I was greeted/treated in a professional manner; felt welcomed, comfortable and respected by staff.</td>
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<td>I was seen within one week of CCRR receiving referral.</td>
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<td>My phone calls/emails are responded to in a timely manner.</td>
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<td>The CCK staff takes time to address questions/concerns</td>
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<td>I received information regarding quality child care.</td>
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</table>

Additional Comments: