

Life Alliance, LLC

Stakeholder Satisfaction Survey

(Please mark an X or ✓ for each question. Please check only one box for each unless otherwise stated)

1. What support services to consumers do you share in the delivery of with Life Alliance? (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Home and Community Supports | <input type="checkbox"/> Developmental Therapy Professional | |
| <input type="checkbox"/> Developmental Therapy Paraprofessional | <input type="checkbox"/> Personal Care | |
| <input type="checkbox"/> Respite | <input type="checkbox"/> Personal Assistance | |
| <input type="checkbox"/> Home Supports | <input type="checkbox"/> Case Management | <input type="checkbox"/> Contract Provider |

2. Why did you choose to work with Life Alliance?

- | | | |
|--|--|--|
| <input type="checkbox"/> Recommended by peer | <input type="checkbox"/> Newspaper | |
| <input type="checkbox"/> Telephone Directory | <input type="checkbox"/> Word of Mouth | |
| <input type="checkbox"/> Provider List | <input type="checkbox"/> Other | <input type="checkbox"/> Consumer choice |

3. Are you satisfied with level of support Life Alliance is giving to their clients? Yes No

4. Do you feel that your suggestions/comments/concerns are heard or would be if necessary? Yes No

5. Are you comfortable to complain or express grievances? Yes No

6. Do you feel Life Alliance has the consumer's best interest in mind? Yes No

7. Do you feel the support you are delivering is appropriate according to consumer needs?

- | | | |
|------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | |
| <input type="checkbox"/> Average | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> Poor |

8. How often do you have contact with a Life Alliance representative?

- Everyday 2-3 time weekly Monthly Bi-monthly Other

9. How long have you been affiliated with Life Alliance?

- Less than 1 yr. 1-3 Yrs. 3-5 Yrs. More than 5 Yrs.

10. Do you have suggestions on how Life Alliance and its staff may become a better service provider or employer? Please list.

11. Please tell us what you like about how Life Alliance delivers support services to our consumers, support for employees and what we currently do well that you would like to see continue.

The next four questions are optional (you may answer them if you wish but you do not have to answer):

1. What is your gender? Male Female

2. What is your first language? English Spanish Other

3. What is your ethnic group? White African-American Hispanic
 Native American Asian Biracial Other

4. What is your level of education? None Elementary High School
 College Graduate school

Please complete the following section on operation and efficiency of the company:

| Please check one box for each statement | <i>Excellent</i> | <i>Good</i> | <i>Average</i> | <i>Needs Improvement</i> | <i>Poor</i> | <i>No opinion (N/A)</i> |
|---|------------------|-------------|----------------|--------------------------|-------------|-------------------------|
| Stakeholder feels comfortable with Interacting with Life Alliance staff | | | | | | |
| Life Alliance staff are courteous and helpful | | | | | | |
| Life Alliance office staff are attentive to needs and respond in a timely manner | | | | | | |
| Life Alliance staff express appropriate interactions with consumer during monitoring | | | | | | |
| Life Alliance maintain professional and appropriate dress/appearance | | | | | | |
| Life Alliance staff assist in maintaining care area of consumer | | | | | | |
| Telephone calls are returned within 24 hours | | | | | | |
| Stakeholder is satisfied with communication from QP | | | | | | |
| QP/Supervisor participates in the development of consumer plan of care | | | | | | |
| Life Alliance staff receive adequate training/ orientation/ continuing ed. | | | | | | |
| Pertinent information received via emails are delivered to appropriate Life Alliance representative | | | | | | |
| Stakeholder is satisfied with communication from Owner/ Director of Operations/VP | | | | | | |
| Life Alliance staff communicate issues/needs affecting consumer or consumer status in a timely manner | | | | | | |
| Stakeholder is satisfied with QP supervision of direct care staff | | | | | | |
| Grievances/Concerns /Suggesions/ Comments resolved promptly | | | | | | |
| Life Alliance provides quality services to consumers | | | | | | |
| Overall rating of administrative service | | | | | | |
| Overall rating of Operations | | | | | | |

Please tell us your name and how to reach you **ONLY** if you would like us to respond to your comments/concerns/suggestions (you are not required to give your name):

Name: _____ Date Completed: _____

Contact Number: _____ Email: _____

| |
|---|
| <p>FOR OFFICE USE ONLY</p> <p>Date Received: _____</p> <p>Comments (if applicable):</p> <p>_____</p> <p>_____</p> <p>Reviewed by: _____</p> |
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