

Senior Support Services (CPHC) Consumer Experience Survey

Our MISSION: To provide client centered services for seniors and their caregivers which promote choice, independence, and safety in their own homes and community.

Our Vision: To be the leader and provider of choice offering innovative, responsive, and quality service for seniors to living independently in their own homes and community.

We welcome your feedback. Please complete this survey and return to the staff or volunteers at your CPHC services/ programs, to CPHC Reception, or by mail to: 2235 Parkedale Avenue Brockville, Ontario K6V 6B2. You can also fill out the survey online at www.cphcare.ca **Please return Survey by: June 1, 2020.** Thank you!

This survey is anonymous; however, if you would like one of our staff members to call you to complete the survey over the phone, or if you would like to speak to someone about concerns regarding your service, please call: 613-342-3693 ext. 2058

How Are We Doing?

What is your	postal cod	e?	What year were you born?						
Gender:	Male	Female	Are you a cl	ient or caregiver?	Client		Caregiver		
Where did you learn about Senior Support Services (CPHC)?					Drs. Office	SMILE	Hospital		
Family/Friends Veterar		n's Affairs	Other:						

Please check the services that you currently receive from Senior Support Services (CPHC):

Meals On Wheels	Diner's Club	Exercise & Fall Prevention	Foot Care
Transportation	In-Home Respite	Home Help/Home Maintenance	
Adult Day Service	Lifeline	Stroke Support Groups	

Did you receive subsidization from Senior Support Services (CPHC) for any of these services? Yes No If you did receive a subsidy for service/s, do you feel this has improved your quality of living? Yes No If you answered yes above, please explain:

How did you first contact Senior Support Services (CPHC)?				Phone	Intern	et	In Person	
Did you find Senior Support Services (CPHC) easy to access?				Yes		No		
Did someone get back to you within 24 business hours?				Yes		No		
Did our services help you to live independently in your home and community?						Yes	No	
Did you deal with our volunteers? Yes No If so, we				e they helpfu	ıl & cour	teous?	Yes	No
Would you recommend our services?	Yes		No					

Are there any other services that would help you to live independently at home?

If you answered 'NO' to any of the questions above, or would like to share any comments or concerns, please comment below:

For more information & updates: Please visit our website at www.cphcare.ca