

# Sampson County Department of Social Services

## HOW ARE WE DOING?

Please complete this questionnaire about your visit to the Department of Social Services. Your responses will enable us to better serve your needs.

Please check the box that best answers the question. When complete, please leave this pamphlet in the Survey box or mail to:

DSS

360 County Complex Rd; Suite 100  
Clinton NC 28328

1. Date of visit: \_\_\_\_\_

2. The Receptionists were pleasant and professional.

Agree  Disagree  Does not apply

Comments \_\_\_\_\_

(use other side if needed)

3. Name of worker(s) seen: \_\_\_\_\_

4. If you applied for assistance, how long did you have to wait after you turned in your paperwork? \_\_\_\_\_.

5. Did you have an appointment?  Yes  No

6. Is this your first visit to DSS?  Yes  No

7. For what service did you apply?

Child Support  Food Stamps

Work First  Emergency Assistance

Day Care  Adult Services

Child Welfare Services

Medicaid:

Adult  Family  Long Term Care

Other \_\_\_\_\_

8. The programs were clearly explained to you.

Agree  Disagree  Does not Apply

Comments \_\_\_\_\_

(use other side if needed)

9. You felt you could ask questions and receive accurate responses to questions.

Agree  Disagree  Does not Apply

Comments \_\_\_\_\_

(use other side if needed)

10. Building is clean and comfortable.

Agree  Disagree  Does not Apply

Comments \_\_\_\_\_

(use other side if needed)

11. You feel that your right to privacy is important to DSS.

Agree  Disagree  Does not Apply

Comments \_\_\_\_\_

(use other side if needed)

12. DSS workers were helpful.

Agree  Disagree  Does not Apply

Comments \_\_\_\_\_

(use other side if needed)

13. You were treated fairly.

Agree  Disagree  Does not Apply

Comments \_\_\_\_\_

(use other side if needed)

14. You left feeling DSS understood your situation and wished to help (even if unable).

Agree  Disagree  Does not Apply

Comments \_\_\_\_\_

(use other side if needed)

