



Meeting Life's Challenges

300 Washington Avenue Extension
Albany, NY 12203-7303
518/218-0000

July 14, 2020

Dear Service Recipient or Family Member,

We know that this year has been tough. A year filled with unique challenges, daily pivots, and increased government regulations surrounding the delivery of supportive services during the Coronavirus pandemic.

With all these challenges, it is more important than ever for you to take a moment to complete our yearly **Annual Satisfaction Survey**. This Survey is an important tool that we use to ensure that we are providing the best possible care for you or your loved one. Your responses are essential and provide us with the necessary information to improve our quality of care and services. To encourage your participation, complete the survey, provide your name, and you will be entered into a drawing to receive a **\$50 gift certificate to Hannaford Markets**.

Last year the responses we received provided significant insight which allowed us to recognize deserving staff members, address personnel issues in a meaningful manner, make program improvements where necessary; and provided the impetus to create a more robust ADA compliant website to meet the needs of those we support.

We hope you will allow your voice to be heard once again! Please return your survey in the enclosed self-addressed envelope by **July 31, 2020** or if you desire, you may complete the survey online by going directly to <https://www.surveymonkey.com/r/SCGCPRK> or by going to our web site at www.livingresources.org and clicking on our link entitled "family survey."

If you have any questions or additional comments, please reach out to me directly at 518-218-0000 x 4317 or contact Steve Klein, Associate Executive Director, at (518) 218-0000 ext. 4312. Should you wish to schedule a meeting with me, please contact my executive assistant, Nadine Avery at (518) 218-0000 ext. 4320.

To expedite our review, all survey responses are sent directly to Nadine Avery and the specific information you share with us will be kept in confidence and only reviewed by Steve Klein and me, with Nadine's assistance.

To stay abreast of agency news, I encourage you to visit our website www.livingresources.org and please follow us on facebook at <https://www.facebook.com/LivingResourcesNY/>. Thank you for being part of the Living Resources family and for taking the time to provide this valuable information, it is sincerely appreciated.

As always, best regards,

A handwritten signature in cursive script that reads "Fredrick W. Erlich".

Fredrick W. Erlich
Chief Executive Officer

Welcome to Living Resources' Annual Service Recipient or Family Satisfaction Annual Survey
This survey is being conducted to help us ensure that we are doing all that we can to provide the necessary support and services that you and/or your family member(s) need. The information gathered will be utilized to evaluate the quality of our services and to identify areas for improvement. Your participation is greatly appreciated.

This survey may also be completed and submitted through our web site located at:

www.livingresources.org

1. Name of Individual completing the survey (*optional**): Should you choose to provide your name; you will be entered into a drawing to win a \$50 gift card to Hannaford Supermarkets*

2. Name of Individual Served (*optional**):

3. Living Resources Services:

- | | |
|--|--|
| <input type="checkbox"/> Adventure Program | <input type="checkbox"/> Employment Program |
| <input type="checkbox"/> Day Community Opportunities Program | <input type="checkbox"/> In-Home Support (Comm. Hab.) |
| <input type="checkbox"/> Site Based Day Habilitation | <input type="checkbox"/> Self-Directed |
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Deaf Services |
| <input type="checkbox"/> After School Program | <input type="checkbox"/> Residential Services |
| | <input type="checkbox"/> Other (please specify): _____ |

4. Please indicate the length of time you or your family member has been receiving services from Living Resources:

- | | | |
|---|---|---|
| <input type="radio"/> Less than 6 months | <input type="radio"/> Between 6 months & 1 year | <input type="radio"/> Between 1 & 3 years |
| <input type="radio"/> Between 3 & 5 years | <input type="radio"/> More than 5 years | |

5. Have you experienced any changes in the services you have received in the last year?

- Yes
 No

If **yes**, please identify the change(s) below:

6. What is your opinion of the program's environment? (location, facility condition, furniture, etc.)

- Unknown Poor Fair Good Excellent

Please provide comments to support your response:

7. How would you rate the care you or your loved one received?

- Unknown Poor Fair Good Excellent

8. Is there anything we can do to improve and/or provide a better experience for you or your loved one?

9. Would you recommend this service/program to others?

- Yes
 No

If *no*, why?

10. Is there a special Living Resources program or staff person that you would like to recognize for their outstanding work in service to you or your family member?

If so, please provide in the section below:

11. Indicate your satisfaction with the timeliness and response of Living Resources' staff to any issues/concerns you have raised.

- Unknown Poor Fair Good Excellent

12. Do you feel your loved one received quality care and/or services during the Coronavirus pandemic?

- Yes
 No

If *no*, please provide comments to support your response:

13. How do you feel the agency communicated during the pandemic?

- Below expectations Met expectations Exceeded expectations

Please provide comments below to support your response:

14. Do you feel supported by the agency?

- Yes
- No

If **no**, how can we improve?

15. Is there anything we have not asked that you believe is relevant and important for us to know?

16. Check all that apply & record your contact information in question #17:

- I'm interested in receiving Living Resources' monthly e-newsletter
- I would be willing to have a brief conversation to discuss my experiences as a family member
- I'm interested in volunteering as an Ambassador for Living Resources
- I'm interested in learning more about the Living Resources Foundation, fundraising events, and its giving platform

17. In an effort to keep our records updated, we would appreciate receiving your most current address, phone number(s), and e-mail address.

Name: _____ State/Province: _____
Company: _____ Zip/Postal Code: _____
Address: _____ Country: _____
Address 2: _____ Phone Number: _____
City/Town: _____ Email Address: _____

Thank you very much for your time, your participation is invaluable.

Do you have additional concerns you would like to discuss with us? If so, please e-mail or call one of the following individuals.

Fred Erlich: Email Address- FErlich@livingresources.org
Phone Number- 518-218-0000 ext. 4317

Steve Klein: Email Address- SKlein@livingresources.org
Phone Number- 518-218-0000 ext. 4312

Nadine Avery: Email Address- NAvery@livingresources.org
Phone Number- 518-218-0000 ext. 4320