



PO Box 851  
Oroville, CA 95965

**TO:** Butte County IHSS Public Authority  
PO Box 851  
Oroville, CA 95965

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To mail this survey, fold the booklet in half along this dotted line so that the address is showing. Then, tape or staple the top and sides together. No postage is necessary...just drop it in the mail! **Participation in this survey is anonymous and will in no way affect your services.**

**Thank you**

For your time and input,  
From the Public Authority Staff





## Consumer Satisfaction Survey

The Butte County IHSS Public Authority would like to know how satisfied you are with the quality of services you receive from us.

Participation in this survey is anonymous and in no way will affect your services.

### INSTRUCTIONS:

Please answer each question by selecting the most appropriate response or by writing legibly in the space provided.

Unless otherwise specified, please select only one response for each question.

If you have questions or need help with this survey, please contact the Public Authority at (530)538-5262.

**If someone other than the consumer is answering this survey, please indicate your relationship to the consumer:**

Power of Attorney/ Conservator  Parent  Adult Child

**1) Have you used services provided by the IHSS Public Authority in the last year?**

Yes  No

**2) If yes, which services did you use? (check all the apply)**

List of registry care providers  Newsletter

Interviewing/scheduling assistance

Other \_\_\_\_\_

Provider orientation

**3) How satisfied are you with the services you've received from the Public Authority?**

Very satisfied  Satisfied  Dissatisfied  Very Dissatisfied

**4) How satisfied are you with the way you are treated by IHSS Public Authority Staff?**

Very satisfied  Satisfied  Dissatisfied  Very Dissatisfied

**5) How satisfied are you with the response time of the IHSS Public Authority staff for assistance?**

**6) How Satisfied are you with the usefulness of the information you receive from the Public Authority?**

- Very Satisfied  Satisfied  Dissatisfied  Very Dissatisfied

**7) How easy or difficult is it to find a suitable IHSS care provider?**

- Very Easy  Somewhat Easy  Somewhat Difficult  
 Very Difficult

**8) If it has been somewhat or very difficult to find a suitable IHSS provider, please explain why:**

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**9) How many IHSS providers have you hired through the Public Authority Registry in the last three years?\_\_\_\_\_**

**10) If you hired your current IHSS provider through other means, is your care provider a:**

- Family member in your home  
 Family member not living in your home  
 Friend  
 Neighbor  
 Respondent to an ad  
 Other\_\_\_\_\_

**11) Over the last year, how easy has it been to keep a suitable provider?**

Very Easy  Somewhat Easy  Somewhat Difficult  Very Difficult

**12) If it has been somewhat or very difficult to keep a suitable provider over the last year, please explain why:**

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**13) In the past year, while with the IHSS program, have you been without a provider more than a week?**

Yes  No

**14) If you were without a provider, please check the reasons why below: (Select all that apply)**

- Couldn't find one on my own
- No suitable providers available from the Public Authority Registry
- Had problems with interviewing potential providers
- Providers had transportation problems
- Not enough hours for provider

**15) How important are the IHSS provider services you receive in allowing you to remain safely in your home?**

- Very Important  Somewhat Important
- Not Very Important  Not Important At All

**16) What types of services are you receiving help with? (Select all that apply)**

- Domestic care (such as house cleaning, laundry, shopping, etc.)
  - Personal care (such as bathing, dressing, etc.)
  - Paramedical services (such as injections, checking vitals, etc.)
  - Other (please specify)
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**QUESTIONS ABOUT THE IHSS ADVISORY COMMITTEE:**

The IHSS/PA Advisory Committee provides ongoing advice and recommendations on the IHSS program.

**Were you aware that the IHSS/PA Advisory Committee promotes services for seniors and individuals with disabilities and their providers?**

- Yes                       No

**2) Are you interested in learning how to become an IHSS/PA Advisory Committee member?**

- Yes                       No

*If yes, please give us your name and phone number so that we may give you more information. Your information is confidential and will be kept separate from survey results.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



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**input!**