



STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES
KINSHIP SUPPORT NETWORK
SHELBY COUNTY RELATIVE CAREGIVER PROGRAM

CAREGIVER SATISFACTION SURVEY
Shelby County

In a continuing effort to provide you with the best service possible, your responses to these survey questions is requested. Completing this survey is voluntary and your information will be kept confidential. Your participation is appreciated. Thank you.

If you and your family received or participated in the services/ activities listed below, please check the services and/or activities and tell how often. **Please check each service/activity received or attended.**

Name of Region: **Shelby**

Number of Surveys distributed:

Number of Surveys returned:

1. Please place a check beside the service that you have either attended or received.

Service or Activity	Attended	Comments
Caregiver Support Groups		
Children/Teen Activity/Support Group		
Educational Workshops		
Respite & Recreation		
Family Advocacy (case management)		
Financial Assistance		
Outreach (spreading info about RCP)		
Information and Referral Service		
Legal Services		
Material Assistance		
*Other:		

2. Please rate the RCP staff's delivery of the services and activities you have checked above on the scale below.

Scale – 1= not good - up to- 10= very good	1	2	3	4	5	6	7	8	9	10
Staff was friendly and answered questions										
Staff was respectful, sensitive and understanding										
Staff offered helpful comments and suggestions										

3. Which services and/or activities have been most beneficial to you and your family?

	Information and Referral		Respite & Recreation
	Caregiver Support Group		Family Advocacy
0	Activity/ Support Grp for Children/Teens		Emergency/Start-up Financial Assistance
	Educational Workshops		Outreach

4. What services do you feel your family needs that are not currently offered by the Relative Caregiver Program?
5. Were you able to take part in all the services and activities offered by the Relative Caregiver Program that you feel you or your family needed? If not, please tell us what is needed to allow you to take part?
6. Would you recommend this program to someone else? ☐ Yes or ☐ No

COMMENTS: