



United Cerebral Palsy Association
of Greater Indiana, Inc.

CONSUMER FEEDBACK FORM

Each year we are asked – by our funding sources such as United Way – to provide information about how effectively we are serving you and our other clients. Would you please take a moment to fill out the form below and return it to us? If you would rather have a copy e-mailed to you, please send an e-mail to donnar@ucpaindy.org If you have additional comments (for example, an explanation for #2 or #11) or questions, please use the back of this form. Thank you.

#	Question	Yes	No
1	Was the information or assistance helpful in choosing services?		
2	Did the information or assistance enable you to get the service you need?		
3	Are you satisfied that you have access to appropriate health care?		
4	Are you satisfied that you have maximum independence?		
5	Are you satisfied that you have access to your community – for school, work, social or recreational activities?		
6	If you are a parent who participated in the Respite program, did you enjoy the experience and experience relief from the stress of full-time care of your child?		
7	If you applied for financial assistance, did you receive the assistance?		
8	If you received financial assistance, did this help you achieve your goals related to independence, mobility, communication and/or comfort?		
9	If your request was not approved or partially approved, did UCP staff assist you in identifying other sources of funding?		
10	Did staff respond to your request quickly and thoroughly?		
11	If you applied to attend Bradford Woods, were your needs met?		
12	Would you refer others with (or who have children with) cerebral palsy to UCP for assistance?		

Information about the person with cerebral palsy:

Town of Residence: _____ County: _____
 Age: under 3 years 3-18 years 19-30 years 31-65 years over 65

Information about person completing the form:

Parent of a child under 18 years Adult with cerebral palsy Friend Family member
 Waiver case manager Caregiver Other: _____

Please use the space below to make additional comments (refer to question #'s on page 1):

Question #	Comments
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
Other	

It would be helpful if you could fill out the following information but please return the survey even if you leave this information blank. Thank you.

Client Name (Optional): _____

Phone: _____ E-mail: _____

Person completing form (Optional): _____

Phone: _____ E-mail: _____

Please return to: UCPAGI, 1915 W. 18th Street, Indianapolis, IN 46202