



Family Satisfaction Questionnaire

Wayne County Department of Health, Veterans and Community Wellness (HVCW) is your local connection to the Children's Special Health Care Services (CSHCS) program. We care about the quality of the services you receive. Please take a few moments to fill out this questionnaire. We will use this information to improve the quality of our services. All responses will be kept confidential.



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
Listened to you/your family	5	4	3	2	1
Respectful and courteous to you/your family	5	4	3	2	1
Answered your questions	5	4	3	2	1
Able to contact staff as needed	5	4	3	2	1
Overall Satisfaction					
Your overall satisfaction	5	4	3	2	1

Do you have any suggestions for us to improve?

Many times families are not aware of programs and resources available in the community. A health professional from our team can contact you to identify to your family's needs/concerns and find solutions.

Would you like us to call you? Yes No

If yes, please provide your name and a phone number we can contact you at.

Name: _____ PH: _____

Please list your needs/concerns: _____

Thanks again for your time. What you think is important to us!

HHVS CSHCS 734-727-7088 Family Phone Line 800-359-3722 www.michigan.gov/cshcs

Please mail or fax responses to:

CSHCS
33030 Van Born Rd
Wayne, MI 48184
Fax: 313-967-7710