I communicate with the Client Advocate by: Talking Sign Language Close-Vision Signing Tactile Signing Interpreter Writing Other

Deaf Hard of Hearing Deaf-Blind Late-Deafened Hearing

My zip code: ______
My name is (optional):

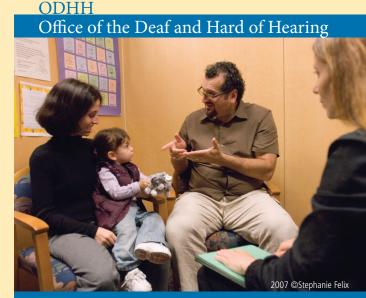
Thank you for taking the time to complete this survey.

This is a **confidential survey**.

ODHH will use information you shared in the survey to improve Center services. ODHH will not share your information with anyone else.

Please mail the survey back to us in the envelope provided.

You won't need a stamp!



Regional Service Center **Customer Satisfaction Survey**

Do you:

Have questions about the survey? Want more program information?

Contact ODHH at:

(800) 422-7930 (Voice/TTY) (360) 902-8000 (V/TTY) VP: (360) 339-7382

Email: odhh@dshs.wa.gov

Website: http://odhh.dshs.wa.gov

Are you satisfied?

Please tell us about your visit ...



Which Center ... You just received services from one of the Regional Service Centers. What Regional Service Center did you go to? ☐ HSDC - North Sound (Bellingham) ☐ HSDC - Seattle ☐ HSDC - South Sound (Tacoma) ☐ HLC - Nexus (Spokane) ☐ SEWSCDHH (Pasco) ☐ SEWSCDHH (Yakima) □ SWCDHH (Vancouver) ☐ DBSC - Seattle

At the Center ...

						<u>-</u>	
	Yes	Somewhat			No Comment		
I understood the Client Advocate	🗆						
The Client Advocate understood me	🗆						
The Client Advocate helped me	🗆						
The Client Advocate worked with me to make my decisions	🗆						
It was easy to get to the Center	🗆						
I can contact the Center with no problem by phone, email, or in person	🗆						
I am happy with the Center's services	🗆						

Your comments	
What do you like best about the Regional Service Center?	
What can the Center do	
to make the service better?	