

# FEEDBACK FROM CLIENTS IN ..... RECEIVING HOME & COMMUNITY CARE (HACC) SERVICES

We highly value the opinion of people who use our services and are always looking at ways to improve. Your comments in this survey will be anonymous and greatly appreciated!!

If you have any questions, phone .....

✉ Please return this survey in the stamped, addressed envelope attached by .....

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This one survey covers a majority of Home and Community Care (HACC) services in the ..... area.

1. Community Options provide case management by working with people who need a range of services to support their independent living at home.
2. Meals on Wheels or Food Services provide hot, frozen and community restaurant.
3. Community Transport services take you by car or bus to appointments, shops etc
4. Home Maintenance & Modifications install ramps, rails, do bathroom alterations etc
5. Home Care Service provides assistance with personal care, housework, shopping, in-home respite etc
6. Disability Respite services provide carers with a break either at home or at the service centre, plus weekend & evenings.

## SURVEY

1. Are you : a) A person receiving help  b) Caring for someone receiving a service
2. What town do you live in? .....
3. So we know we are helping all age groups, please tell us your age. .... years
4. How long have you been receiving a HACC service? ..... years

Please place a **tick** if you agree with the statement about the service/s or a cross **(X)** if you disagree.

HACC SERVICES IN ORANGE	COMMUNITY OPTIONS	MEALS ON WHEELS	COMMUNITY TRANSPORT	DISABILITY RESPITE SERVICES	HOME CARE SERVICE	OCCUPATIONAL THERAPY	NEIGHBOUR AID	HOME MODIFICATION MAINTENANCE
1. I know about this service								

Tick (✓) if you agree, (X) if you disagree. Leave blank if you have never used this service

2. I am/was very satisfied with this service								
3. This service has skilled staff								
4. I am happy with the cost of this service								
5. I know who to talk to if I am not happy with this service								
6. I receive all the help I need								

If you **do not** receive all the service you need, how can we contact you:

.....

Are there any other services needed or changes we should make to existing services?

.....

## SERVICE PROVIDER FEEDBACK for ..... HACC Services

HACC (Home & Community Care) services are seeking feedback from you. We are looking at ways to improve our service quality and your comments will greatly assist us. Would you complete this survey and return it in the attached stamped, addressed envelope **by ..../04**

The responses to the survey can be anonymous and will be collated by the HACC Development Officer, who is independent of the individual services. If you are interested in attending an information session about the HACC program or have any questions, please contact the HACC Development Officer, .....

1. What is your understanding of the aims and target group of the H.A.C.C. program?

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This survey covers a majority of HACC services in the ..... area. Please respond for each service *you know about*.

**Tick (✓) if you agree**

**Cross (x) if you disagree.**

**Leave blank if you don't know**

HACC SERVICE	COMMUNITY OPTIONS	MEALS ON WHEELS	COMMUNITY TRANSPORT	ABORIGINAL HOME CARE	NEIGHBOUR AID	HOME CARE SERVICE	HOME MODIFICATION & MAINTENANCE
1. I know about this service.							
2. Provides quality services							
3. Brochures are provided							
4. Refers clients to your service							
5. Provides referral feedback							
6. Staff are skilled							

HACC SERVICE	COMMUNITY OPTIONS	MEALS ON WHEELS	COMMUNITY TRANSPORT	ABORIGINAL HOME CARE	NEIGHBOUR AID	HOME CARE SERVICE	HOME MODIFICATION & MAINTENANCE
9. Respects client confidentiality							
10. Respects client rights							
11. Provides service without discrimination.							
12. Advocates for the client group							
13. Complaints have been well handled							

14. Of the areas you disagreed (x), what do you suggest be implemented to improve this?

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Of the areas you disagree that should be followed up with the particular service, please contact the service directly or the HACC Development Officer on phone ..... or provide a phone number \_\_\_\_\_

15. Are there other NEW services needed or changes we could make to the way existing services are provided?

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## INVITATION

The H.A.C.C. (Home and Community Care) Services in your area are currently organising a planning day. The aim of the day will be to look at ways we can improve the services we offer, to develop plans to meet future needs and to discuss ways that we can provide the best care possible, with the funding that is provided by the State & Commonwealth Governments.

**We would value your advice and opinions.** Could complete the attached survey and return it in the stamped addressed envelope by ....., **2004**.

We would also welcome your attendance at the planning day:

**When: WEDNESDAY , ..... 2004**

**Time: 10.30 am to 3.00 pm**

**Where: .....**

**Cost: Free**

**RSVP; By phoning Orange HACC Centre on Ph.....**

✂.....✂.....

Yes, (name) ..... will be attending the Planning Day on ..... 2004

- Yes, I will require : respite care / transport to attend. My phone no. is .....  
( **CIRCLE which** )
- Yes, I will require specific physical or dietary needs which are .....