

Satisfaction Survey

Covenant Case Management Services, LLC.

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Covenant Case Management Services, LLC. requests your help. Please complete the following Satisfaction Survey based on services we provide to you/your loved one. Thank you for your time.

Who is filling out this survey?
Individual or someone assisting
individual? If assisting, what is
your relationship to the
individual?

Date: _____

Your rights have been explained to you in a way that you are able to understand.

Not Satisfied Fairly Satisfied Satisfied Very Satisfied

When discussing your needs & goals, your input is used to create your plan.

Not Satisfied Fairly Satisfied Satisfied Very Satisfied

Your questions are answered thoroughly & in a timely manner.

Not Satisfied Fairly Satisfied Satisfied Very Satisfied

CCMS is an effective advocate for you (helps you tell other people what you need).

Not Satisfied Fairly Satisfied Satisfied Very Satisfied

CCMS keeps my private information private.

Not Satisfied Fairly Satisfied Satisfied Very Satisfied

There are an adequate amount (enough) of CCMS personnel to address my needs.

Not Satisfied Fairly Satisfied Satisfied Very Satisfied

I'm contacted, at least monthly, from CCMS to inquire about my needs.

Not Satisfied Fairly Satisfied Satisfied Very Satisfied

CCMS personnel respects my culture:

Not Satisfied Fairly Satisfied Satisfied Very Satisfied

Overall satisfaction with your service experience:

Not Satisfied Fairly Satisfied Satisfied Very Satisfied

How can we better serve you? Indicate below:

Additional Comments/Testimonial (attach other paper, if necessary):

Questions about this survey?

Contact **Shyluer Holder-Hansen** (Quality Management Director) at 704-453-1118 or **Jeff Phillips** (Clinical Director) 980-284-1639.

Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!