



Community Action Team

Serving Columbia, Clatsop, and Tillamook Counties

Thank you for telling us about your experience at Community Action Team!

Date: _____

Which services were you seeking today? (Please check all that apply)

ZIP Code: _____

<input type="checkbox"/>	Head Start
<input type="checkbox"/>	Healthy Families
<input type="checkbox"/>	Energy/Utility Assistance
<input type="checkbox"/>	Senior Services
<input type="checkbox"/>	Veterans Services
<input type="checkbox"/>	Weatherization

<input type="checkbox"/>	Mortgage or Homeowner Services
<input type="checkbox"/>	Home Repairs or Rehabilitation
<input type="checkbox"/>	Homeless Assistance
<input type="checkbox"/>	Rental/Deposit Assistance
<input type="checkbox"/>	Food
<input type="checkbox"/>	Other

Please select the answer that best fits your experience today:	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
Upon my first contact , I felt welcomed.	1	2	3	4	
I was helped in a timely manner.	1	2	3	4	
Staff was helpful and addressed my questions and concerns.	1	2	3	4	
My need or reason for today's visit was taken care of.	1	2	3	4	
If my needs were not met, I understand why I could not access the assistance I requested.	1	2	3	4	
CAT could not meet my need(s), but I was referred to other provider(s).	1	2	3	4	
I understand what I need to do next	1	2	3	4	
Overall, my experience was positive	1	2	3	4	

What are your top three needs you are seeking in our Community?

1st need _____ 2nd need _____ 3rd need _____

Pick three from the list below-

- Food/Nutrition
- Warmth
- Housing
- OTHER (If other, please explain) _____
- Physical & Mental Health
- Income
- Mobility (Transportation)
- Safe & Thriving Children
- Self Value
- Education
- Financial Resilience (assets)
- Employment
- Social Networks

How did you hear about our agency? _____

Please share any comments/feedback you'd like to: _____

If you'd like staff to follow-up with you about your feedback, please list your name and phone number on the back of this survey.

***** OPTIONAL *****

Name: _____

Phone: _____

For office use only. Please do not write in this box.

Date: _____ Initials: _____