



Community Action Team

Serving Columbia, Clatsop, and Tillamook Counties

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

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

Date: _____

<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:	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.						
I was helped in a timely manner.						
Staff was helpful and addressed my questions and concerns.						
My need or reason for today's visit was taken care of.						
If my needs were not met, I understand why I could not access the assistance I requested.						
CAT could not meet my need(s), but I was referred to other provider(s).						
I understand what I need to do next						
Overall, my experience was positive						

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

Pick three from the list below-

- | | | | |
|----------------|---------------------------|--------------------------|-------------------------------|
| Food/Nutrition | Physical & Mental Health | Safe & Thriving Children | Financial Resilience (assets) |
| Warmth | Income | Self Value | Employment |
| Housing | Mobility (Transportation) | Education | Social Networks |

OTHER (If other, please explain) _____

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: _____