


Brown County Board of DD  
325 West State Street, Building A, Suite 2  
Georgetown, Ohio 45121

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(Please fold here to mail survey)



*“Helping children and adults with developmental disabilities reach  
their full potential through services and supports, and  
improving community acceptance  
so others will see with their hearts, not their eyes.”*

**Please visit us on the web at: [www.browncbdd.org](http://www.browncbdd.org)**

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Please Tape Here

Annually, the Brown County Board of Developmental Disabilities (BCBDD) assesses community needs and services provided by the agency. Consumers, Families, Staff, Service Providers, Board Members, Advocates, Collaborative Agencies, and the Community at large are encouraged to take a few minutes to complete and respond to this survey. Your responses will help the Board in its efforts to improve services and better meet consumer needs. It is also hoped that readers of this survey will become more familiar with Brown County Board of DD services while completing the survey.

Once the survey is complete, please fold the survey so BCBDD's address shows on the outside and return by **October 1, 2021**. You may also drop off, or fax your survey response to 937-378-3585. This survey is available online at [www.browncbdd.org](http://www.browncbdd.org).

Thank you for taking time to complete this survey! We appreciate your input!

**1. Please check as appropriate. (You may check more than one.)**

- ( ) I currently receive services from Brown County Board of Developmental Disabilities.
- ( ) I am the parent/guardian/family member of an individual receiving services.
- ( ) I am a Service Provider (Independent or Agency).
- ( ) I am other, please describe: \_\_\_\_\_

**2. If applicable, please check which program(s) you (or your family member) are receiving from BCBDD or other providers.**

- ( ) Family Support Services/Respite
  - ( ) Service and Support Administration (S. S. A.)
  - ( ) Supported Living
  - ( ) Adult Day Program Services
  - ( ) Early Intervention
  - ( ) Employment First
  - ( ) Waiver Services
- Please list Provider(s) \_\_\_\_\_

**3. Please provide your satisfaction rating for the following categories by checking the appropriate box.**

a. Services	Very Satisfied	Satisfied	Not Satisfied	Not Applicable
Early Intervention				
Family Support Services/Respite				
Service and Support Administration (S. S. A.)				
Waiver Services				
Support Living				
Adult Day Program Services				
Employment First (OOD)				

**4. Please respond by indicating your opinion of each of the statements below:**

	Always	Usually	Sometimes	Occasionally	Never
Quality Services are provided					
Manages resources and funding effectively and efficiently					
Health and safety is ensured					
Administration is dedicated and responsive					
Services are easily accessible					
Communicates well with stakeholders					
Individuals can choose services they want and need					
Cooperates well with providers and community organizations					

We are currently updating our strategic plan. Please provide input on the following questions:

How can this agency better serve you? \_\_\_\_\_

What suggestions do you have to improve current services? \_\_\_\_\_

What new or additional services or programs should be considered? \_\_\_\_\_

\_\_\_\_\_ **Yes, please send me a copy of the BCBDD brochure explaining current services.**

Name \_\_\_\_\_ Address \_\_\_\_\_