

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

(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

(Please fold here to mail survey)



**BROWN COUNTY BOARD of
DEVELOPMENTAL DISABILITIES**



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Georgetown, Ohio 45121**

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 **December 21, 2018**. You may also drop off, or fax your survey response to 937-378-3585. This survey is available online at www.browncbdd.org.

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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 a child receiving services.
- I am the parent/guardian/family member of an adult receiving services.
- 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 Early Intervention
- Service and Support Administration (S. S. A.) Employment First
- Waiver Services
- Supported Living
- Adult Day Program 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 by BCBDD | | | | | |
| Tax dollars are being spent wisely | | | | | |
| Health and safety is ensured | | | | | |
| BCBDD Administration is dedicated and responsive | | | | | |
| Services are easily accessible | | | | | |
| BCBDD communicates well with Individuals, Families and the Public | | | | | |
| Individuals can choose services they want and need | | | | | |
| There is collaboration with community agencies | | | | | |
| BCBDD staff is courteous and professional during telephone calls, home visits, office appointments and other meetings | | | | | |

Please make comments or share ideas: _____

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

My name and address for mailing the brochure are as follows:

Name _____

Address _____