



OCEAN STATE CENTER FOR INDEPENDENT LIVING

1944 Warwick Ave, Warwick, RI 02889 ~ 175 Main St, Pawtucket, RI 02860

Phone: 401-738-1013 ~ VP: 244-7792 ~ Website: oscil.org

Greetings from the Ocean State Center for Independent Living (OSCIL)!

Along with this letter, is our Consumer Satisfaction Survey and a self-addressed envelope. We hope you will complete the survey and return it to us once you have received services from OSCIL. By completing and returning this survey to us, it will help us to understand how you feel about our services, how our staff is interacting with you, and if our services were helpful in assisting you with your independent living goals.

We will use this information to help OSCIL improve our services and as a guide to help us make changes to programs to meet our consumers' needs.

***Also, please know that whether or not you fill out this survey,
your services will NOT be affected in any way.***

And as always, your responses are confidential. We hope that you will take a few moments to complete this survey and return it to us in the self-addressed envelope provided to you.

**YOU MAY ALSO COMPLETE THIS SURVEY ONLINE AT OUR WEBSITE:
www.oscil.org.**

We look forward to receiving your feedback and thank you for your participation.

Sincerely,

Mireille Sayaf
Executive Director



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Consumer Satisfaction Survey

This survey may also be completed online at <https://www.oscil.org>

Today's date:

1. How did you hear about OSCIL? (Check most appropriate answer)

- | | | |
|-------------------------------|-----------------|------------------|
| Conference Exhibit/Workshop | Facebook | Family/Friend |
| Health Care Provider | Internet/Google | OSCIL Newsletter |
| Resident Services Coordinator | State Agency | Other Agency |
| Walk-in | Other: | |

2. In which of the following services areas did you receive assistance from OSCIL:

- | | | |
|--------------------------------|------------------------|------------------------------------|
| Advocacy Services | Assistive Devices | Communication Assistance |
| Deaf/ Hard of Hearing Services | Gift of Hearing | Home Accessibility/ Modifications |
| Housing Assistance | Information & Referral | Independent Living Skills Training |
| Nursing Home Transition | PCA Program | Peer Support |
| Technology & Training | Youth Transition | |

3. Do you feel our services were provided to you in a timely manner? Yes No

Comments:

4. Are you satisfied with the services you have received from OSCIL? Yes No N/A

Comments:

5. As a result of the services, you have received from OSCIL, have you achieved greater independence in your home and/or community? Yes No Not yet still working with OSCIL

Comments:

(Continued on back)



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6. Did the OSCIL staff member(s) you worked with treat you with courtesy and respect and listen to your concerns? Yes No

Comments:

7. What is the name of the Staff Member who Assisted you?

8. Are there other disability-related services you would like OSCIL to provide? Yes No

Comments:

9. Would you recommend OSCIL to your friends and family? Yes No

Comments:

10. What is your disability? (Check all that apply)

Cognitive Hearing Mental /Emotional Health Physical Vision Other

11. Are there any programs or services that you need but have been unable to find in RI? Yes No

If yes, please list them here:

12. Would you like to subscribe to OSCIL's email list to receive notifications about OSCIL news & events?

Yes No Already Subscribed I do not use email

You may leave us your name and contact information if you wish. It is not mandatory.

Name: Phone:

Email Address: Date:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!

Use the self-addressed envelope that was provided and return to:

OSCIL
1944 Warwick Avenue, Warwick, RI
02889 Attn: CSS