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Field Operations Memo 2009-43
July 27, 2009

To: Transitional Assistance Office Staff
From:  John Augeri, Assistant Commissioner for Field Operations
Re: TAFDC – Office of Civil Rights (OCR) Agreement Client Survey

Background As part of the OCR agreement (see Field Operations Memos 2005-58 and 2007-1), DTA is required to conduct a survey of clients who participated in an ESP activity to ensure that their education, training and job preparation needs were met and that they were met on a timely basis.

Survey Attachment A is the introductory letter clients will receive telling them about the survey. Attachment B is the survey. There will be a Spanish version of both. These surveys were mailed during the week of July 20, 2009, with the instruction to be returned to Central Office.

Case Manager Responsibilities If contacted about the survey, encourage the client to complete the survey and return it in the postage-paid envelope provided.
If clients drop off or mail the surveys to their case manager, give the surveys to the TAO Director who will mail the surveys to: Patricia Bergin, Policy and Research Unit, 600 Washington Street 4th Floor, Boston, MA 02111.
No additional case manager action is required.

Obsolete Memos Field Operations Memo 2007-47 and 2007-47A are obsolete.

Questions If you have any questions, please have your Hotline designee call the Policy Hotline.

Attachment A

RETURN_ADDRESS

Important Notice - Read Carefully
Este Mensaje Es Importante – Lea Cuidadosamente

Massachusetts Department of Transitional Assistance

RECIPIENT NAME
RECIPIENT ADDRESS
RECIPIENT CITY/TOWN, STATE, ZIP

RECIPIENT SSN
BEACON USER OFFICE NAME

MM/DD/YYYY

Activity Name: {ESP_ACTIVITY_NAME}
Organization: {HOST_ORGANIZATION_SITE}

Dear {GRANTEE}:

You recently participated in the above-named activity with the above-named organization. We would like to ask you a few questions about your experience. This information will not be shared with anyone at the organization or anyone at your DTA office. You do not need to give us your name. Your responses to this survey will help us improve our services and provide us with valuable feedback on your experience with the organization.

This survey should only take a few minutes to answer. Please mark the answer that best describes your experience with the organization using a pen or pencil. If you would like to tell us more in your own words, feel free to write on the back this survey.

Thank you for taking the time to complete this survey! Please return it to us in the enclosed envelope.

Attachment B

Department of Transitional Assistance Employment Services Program Survey

1) Did you participate in the last twelve months
in **Activity Name:** {ESP_ACTIVITY_NAME}
at **Organization:** {HOST_ORGANIZATION_SITE}

- Yes No

1a) If you answered no to question 1, please stop answering questions and mail this survey back to us in the enclosed envelope.

If you did participate in the above-named activity at the above-named organization, please answer the questions below:

2) Did you start receiving services at the organization within a week of the date your host organization told you your activity would start?

- Yes No

3) Do you have a disability (including a learning disability) that you told the organization about? If yes, answer question 3a. If no, please proceed to question 4.

- Yes No

3a) Did the organization provide you with any help you needed related to your disability? If you answer "No, needed help not provided," please answer question 3b. Otherwise, please proceed to question 4.

- I did not need help Yes, needed help was provided
 No, needed help not provided

3b) If no, please tell us in your own words what help you needed that was not provided by the organization.

4) Were your education, training and/or employment service needs met by the organization? If no, answer question 4a. If yes, please proceed to question 5.

- Yes No

4a) If the organization did not meet your education, training and/or employment service needs, explain why _____

If additional space is needed, please use the back of this page.

5) Overall, how would you rate your experience with the organization?

- Excellent Good Fair Poor