



**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
600 Washington Street • Boston, MA 02111


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**Field Operations Memo 2009-55**  
**September 18, 2009**

**To:** Transitional Assistance Office Staff  
**From:**  John Augeri, Assistant Commissioner for Field Operations  
**Re:** DTA Client Survey

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**Background** In June 2007, a memo entitled *New Initiative: Client Survey* informed TAO staff about a client survey which asked clients for feedback about DTA service delivery. The survey intension was to identify areas within current business practices that are successfully meeting DTA's missions and goals, which include a high standard of customer service. Clients were asked to tell us where we are doing a good job as well as where we can improve services.

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**Purpose of Memo** This memo informs TAO staff about a subsequent client survey to identify areas where DTA has made improvements to our service since the initial survey.

No case manager action is necessary for this survey.

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**The Survey** Attachment A is a cover letter that tells clients about the survey. Attachment B is the survey. The survey and cover letter are in English and Spanish.

Surveys were mailed during the week of September 14, 2009 to randomly selected current clients with a stamped, self-addressed envelope with a Central Office return address.

If clients drop off or mail the surveys to the TAO, give the surveys to the TAO director who will mail the surveys to: Bruce Goodro, Program Assessment Unit, 600 Washington Street, Room 3007, Boston, MA 02111.

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**The Survey  
(continued)**

The surveys will remain confidential and results will be measured Department-wide. Once the results are collected and reviewed, they will be reported to DTA staff.

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**Questions**

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

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**Attachment A**

Department of Transitional Assistance  
Room 3007  
600 Washington St.  
Boston, MA 02111

**Massachusetts Department of Transitional Assistance**

Client Name  
Client Address

09/15/2009

Dear Client:

We at the Department of Transitional Assistance (DTA) strive to continually improve our delivery of services to you. We would like you to tell us where we are doing a good job as well as where we can improve our services and the way we deliver them. You do not need to give us your name. We will not show your survey to anyone at your local DTA office. Your answers will not affect your benefits.

The survey should take a few minutes to complete. Most of the questions ask that you pick the best answer based on your experience with DTA.

Please mark the circle next to your answer, using either a pen or a pencil. If you would like to tell us more in your own words, feel free to write on the back of the survey.

Thank you for taking the time to complete this survey and for returning it to us in the enclosed envelope.

DEPARTMENT OF TRANSITIONAL ASSISTANCE CLIENT SURVEY

Your DTA office: \_\_\_\_\_

1. Why did you last contact the DTA?

Apply for benefits  Redetermine my eligibility  Another reason

2. When was your last visit to a DTA office?

In the last month  1-6 months  6-12 months  More than a year  Does not apply

3. Did you have an appointment? Yes  No

Please rate how respectful and courteous DTA staff were.

	Excellent	Good	Fair	Poor	Does not apply	Anyone in Particular? (optional)
4. Front Desk Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
7. Director/Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

8. After arriving at the office, when were you seen by the front desk staff?

Less than 15 minutes  15-30 minutes  30-45 minutes  More than 45 minutes

9. After seeing the front desk staff, when were you seen by a worker?

Less than 15 minutes  15-30 minutes  30-45 minutes  More than 45 minutes

10. Tell us how clearly the program rules were explained to you by your worker.

Excellent  Good  Fair  Poor  Does not apply

11. If you needed help getting proofs or verifications, how helpful was your worker?

Excellent  Good  Fair  Poor  Does not apply

12. When you leave a message for your worker to call you, when does she/he return your call?

Same day  2-3 days  4 + days  Never  I get a letter  Does not apply

13. Please tell us how clear the letters are that we send you.

Excellent  Good  Fair  Poor  Does not apply

14. Please rate your overall experience with our Department.

Excellent  Good  Fair  Poor  Does not apply

15. How do you access the Internet?

At home  Library  Friend or Neighbor's  At work  Cannot access

Your Name (Optional): \_\_\_\_\_

If you would like to tell us more in your own words, feel free to write on the back of this survey.

Please return this survey in the enclosed envelope. **THANK YOU!**

If you are interested in providing ongoing feedback about DTA, check here  and please provide your name and address on the back of this survey.