



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


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Commissioner

**Field Operations Memo 2007-47**  
**September 17, 2007**

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

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**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.

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**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 forms. All fields in parentheses on the letter and survey will be pre-filled. These surveys will be mailed by Central Office beginning the week of September 24, 2007, and will be returned to Central Office.

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**AU Manager Responsibilities**

If clients contact their AU Manager about the survey, the AU Manager should 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 AU Manager, the AU Manager should give the survey to the TAO Director who will mail the surveys to: Jesse Valente, Program Assessment, 600 Washington Street 3<sup>rd</sup> Floor, Boston, MA 02111.

No additional AU Manager action is required.

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**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.

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Dear {insert salutation here},

You recently participated in {insert ESP activity name here} with {insert host organization/site here}. We would like to ask you a few questions about your experience. This information will not be shared with anyone at {insert host organization/site here} 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 {insert host organization/site here}.

This survey should only take a few minutes to answer. Please mark the answer that best describes your experience with {insert host organization/site here} 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.

Department of Transitional Assistance Employment Services Program Survey

1) Did you participate in {insert ESP activity name here} at {insert host organization/site} within the last twelve months?

- 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 {insert ESP activity name here} at {insert host organization/site}, please answer the questions below:*

2) Did you start receiving services at {insert host organization/site} within a week of the date your DTA worker told you your {insert ESP activity name here} would start?

- Yes                       No

3) Do you have a disability (including a learning disability) that you told {insert host organization/site} about? If yes, answer question 3a. If no, please proceed to question 4.

- Yes                       No

3a) Did {insert host organization/site} 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) Please tell us in your own words what help you needed that was not provided by {insert host organization/site}.

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4) Were your education, training and/or job preparation needs met by {insert host organization/site}? If no, answer question 4a. If yes, please proceed to question 5.

- Yes                       No

4a) If {insert host organization/site} did not meet your education, training and/or job preparation needs, why not?

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

5) Overall, how would you rate your experience with {insert host organization/site}?

- Excellent                       Good                       Fair                       Poor