



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 A
October 1, 2007

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

Overview

Field Operations Memo 2007-47 told TAO Staff about a mailing and survey required by the Office of Civil Rights (OCR) agreement. Due to technical limitations, the formatting of the letter (Attachment A) and survey (Attachment B) required revision. Because of these changes, the surveys will be mailed by Schraffts the week of October 1, 2007, and will be returned to Central Office.

AU Manager Responsibilities: Reminders

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 3rd Floor, Boston, MA 02111.

No additional AU Manager action is required.

Questions

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

Attachment A

Department of Transitional Assistance
Program Assessment
600 Washington St
Boston, MA 02111

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

Massachusetts Department of Transitional Assistance

Mary Jones
101 Main St.
Northampton, MA 01063

999-99-9999
Northampton TAO - DTA

10/1/2007

Activity Name: Vocational Rehabilitation Services
Organization: Jewish Vocational Services

Dear Mary Jones:

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 of 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 within the last twelve months in
Activity: Vocational Rehabilitation Services
at Organization: Jewish Vocational Services

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 DTA worker 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) 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 job preparation 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 job preparation needs, why not?

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