



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

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Operations Memo 2013-10
March 21, 2013

To: Department of Transitional Assistance Staff

From:  Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations

Re: TAFDC: DTA Client Survey

Overview

In an effort to measure client satisfaction with DTA services, the Department periodically conducts surveys with randomly selected active clients. In the previous surveys, clients were asked to tell us where we were providing satisfactory services as well as what areas we could improve.

The current survey was mailed only to TAFDC clients who are Work Program-required, and is intended to evaluate this population's experiences:

- meeting the Work Program requirement;
- identifying barriers they may have for getting and keeping a job;
- obtaining benefits; and
- contacting DTA.

Purpose of Memo

This Operations Memo advises staff about a survey that was mailed to TAFDC Work Program-required clients.

No case manager action is necessary for this survey.

The Survey

The survey was mailed in mid-March 2013, to active TAFDC clients who are Work Program-required. In a two-parent family if the grantee and the other parent are both Work Program-required, separate surveys were sent to each parent.

Attachment A is the survey and a survey cover letter, which informs the client about the survey's intent. The mailing includes a stamped, self-addressed envelope for clients to return the completed survey to Central Office.

Important: If clients return the surveys to the TAO, the surveys must be given to the TAO director or designee who will mail the surveys weekly to:

Department of Transitional Assistance
P. O. Box 120047
Boston, MA 02111

Note: As identified in the cover letter, clients who have received the survey can complete the survey online by going to www.mass.gov/dta/assistance, where they can enter their survey code to complete the survey.

All surveys are confidential. Each displays a code that identifies the client's TAO and spoken language. The data will be collected and analyzed to determine areas for follow up.

Questions

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

8. Tell us about contacting your case manager. <small>(circle the number that shows what you think)</small>	Never 1	Sometimes 2	Usually 3
I can reach him/her	1	2	3
I go to the office to see him/her instead of calling	1	2	3
S/he answers his/her phone	1	2	3
S/he calls me back quickly	1	2	3
His/her voicemail box is full so I can't leave a message	1	2	3
I have a phone to call my case manager with	1	2	3
I know who my case manager is	1	2	3
I try to call my case manager	Yes	No	
Other comment about contacting your case manager:			

9. How do you like to contact DTA? (check all that apply)

- By telephone _____ I wish I could e-mail my case worker
 By US mail _____ I like to go to the office, because
 By internet (My Account Page) _____ please explain why
 By fax _____

10. Do you know about My Account Page (MAP) on the internet where you can learn about your benefits?

- ____ No, I don't know about it
 ____ Yes, I know about it and I use it
 ____ Yes, I know about it but I never used it Why? _____

11. How respectful and courteous were DTA staff at your last office visit?

- ____ Excellent ____ Good ____ Fair ____ Poor ____ I didn't talk to staff
12. Do you want to give DTA other feedback and opinions in the future?
 If yes, then write your name and address here so we can contact you:

Is there anything else you want to tell us now, about what we are doing well or where we need to improve? You can write more feedback and comments here, or add another sheet of paper.

P.O. Box 120047
 Boston, MA 02111

Attachment A

March 2013

Massachusetts Department of Transitional Assistance

«FIRST_NAME» «LAST_NAME»
 «LINE_1»
 «LINE_2»
 «CITY», «STATE_CD» «POSTAL_CODE»
 Dear «FIRST_NAME» «LAST_NAME»,

We need your help. We want to improve services at the Department of Transitional Assistance (DTA). Please fill out this short survey so we can better serve you.

The survey is confidential and will not affect your benefits.

The survey should take only a few minutes to complete. There is no right or wrong answer—just answer each question as best you can based on your experiences.

You can fill out the enclosed survey and mail it back to us in the envelope we included

OR

You can fill out the survey online by going to:
www.mass.gov/dta/assistance
 Please type in this code: «code»

Thank you for taking the time to complete this survey.

DTA Client Survey

1. Did your TAFDC case manager tell you that you have to participate in an activity such as work, training, or community service (unless you have a good cause, such as a disability)? (check ONE answer)
- Yes No I don't remember
2. How many hours a week do you have to participate?
- 20 30 I have good cause I don't know

3. Tell us about meeting your hours. <i>(circle the number that shows what you think)</i>	Never	Sometimes	Usually
	1	2	3
I meet my participation hours	1	2	3
I have a car or other way to get there	1	2	3
I have child care	1	2	3
There are jobs for me in my area	1	2	3
There is space in a DTA training program	1	2	3
If I want to go	1	2	3
I or a family member have a disability or health problem	1	2	3
I'm homeless	1	2	3
I have domestic violence issues	1	2	3
I have to wait to get a referral	1	2	3
I have other troubles in my life, such as	1	2	3

4. Did you go to job training in a DTA program in the past year?
(Pick ONE category, then check ALL answers that apply to you from that category.)

Yes	I didn't need DTA training, because: <i>(check all that apply)</i>	I wanted to, but: <i>(check all that apply in this category)</i>
<input type="checkbox"/> I went <input type="checkbox"/> I have a job <input type="checkbox"/> I am in a different job training program <input type="checkbox"/> I am in school <input type="checkbox"/> I have a good cause exemption (for example, for a disability) <input type="checkbox"/> Other reason: _____	<input type="checkbox"/> I didn't know about the training program <input type="checkbox"/> There weren't programs in my area <input type="checkbox"/> I don't have transportation <input type="checkbox"/> I don't have childcare <input type="checkbox"/> I am homeless <input type="checkbox"/> I have a disability <input type="checkbox"/> I have domestic violence issues <input type="checkbox"/> Immigration issues (no Social Security) <input type="checkbox"/> Other reason: _____	<input type="checkbox"/> I didn't know about the training program <input type="checkbox"/> There weren't programs in my area <input type="checkbox"/> I don't have transportation <input type="checkbox"/> I don't have childcare <input type="checkbox"/> I am homeless <input type="checkbox"/> I have a disability <input type="checkbox"/> I have domestic violence issues <input type="checkbox"/> Immigration issues (no Social Security) <input type="checkbox"/> Other reason: _____

5. Do you need help with any of these things, in order to get a job that will support your family? *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Job training (for example, be a CVA or fix cars)
<input type="checkbox"/> Other job topics (how to dress and talk for work, write a resume, look for a job, and go on interviews)
<input type="checkbox"/> How to work with my disability (including a learning disability, such as dyslexia or ADHD/ADD)
<input type="checkbox"/> Managing my time between work, family, school, childcare
<input type="checkbox"/> GED/high school diploma
<input type="checkbox"/> English classes
<input type="checkbox"/> How to use a computer
<input type="checkbox"/> How to use e-mail
<input type="checkbox"/> Transportation | <input type="checkbox"/> Child care
<input type="checkbox"/> I need job references
<input type="checkbox"/> Physical health problem (for me/my family)
<input type="checkbox"/> Mental health issue (such as depression) for me or someone in my family
<input type="checkbox"/> Problem with children's behavior/school
<input type="checkbox"/> Domestic violence issues
<input type="checkbox"/> Drug or alcohol problems for me or a family member
<input type="checkbox"/> Finding affordable housing / moving out of shelter
<input type="checkbox"/> My criminal background / CORI checks
<input type="checkbox"/> Other: _____ |
|--|---|
- I don't need any help

The next few questions are about your experience with getting benefits.

6. Tell us what took place when you applied for TAFDC benefits. <i>(circle the number that shows what you think)</i>	Never	Sometimes	Usually
	1	2	3
I had all my verifications	1	2	3
Things were explained clearly	1	2	3
I had enough time with my case manager	1	2	3
I knew the answers to the questions	1	2	3
I wasn't eligible for TAFDC or I stopped being eligible	1	2	3
I understood the process	1	2	3
I had problem(s) when I applied	1	2	3
Explain: _____			

7. Tell us about the letters you get from DTA. <i>(circle the number that shows what you think)</i>	Never	Sometimes	Usually
	1	2	3
I read DTA's letters	1	2	3
The letters are easy to understand	1	2	3
The letters come to where I live now	1	2	3
I need the letters in a different language:			
_____ write language here _____			
Other comment about the letters: _____			