



Shirley & Naomi Private Homecare Services, LLC

PRIVATE HOME CARE AGENCY
 CLIENT EVALUATION FORM
 AGENCY CLIENT EVALUATION WILL BE DONE EVERY 6 MONTHS.

Client name:	Agency Supervisor:		
Home Location:	Date:		
Date of original Contract service:	Client address:		

Our agency welcomes your comments about the services that have been offered to you.
 Please complete the following details so that we can continue to offer the best service possible.
 Please place a check mark in the appropriate box for your answer.

	Poor	Average	Good	Excellent
Overall Service Satisfaction:				
How happy are you with your Treatment plan?				
Was the content suited to your Requirements?				
Were the issues covered in Detail?				
Would you recommend this Agency to others?				
Overall rating of the services the agency has provided?				



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	Poor	Average	Good	Excellent
Overall satisfaction with The staff person/persons providing services?				
How well did the staff follow the Plan of Care?				
Overall quality of the overall agency services?				
Overall rating of the staffs Services?				

	Poor	Average	Good	Excellent
Agency supervisor/owner:				
Ability to provide real experience to your level of care?				
Staffs Ability to respond Appropriately to questions?				
How knowledgeable was the staff about the services being offered?				
Was your client care issues reviewed and addressed by staff?				
Presentation of staff Appearance?				
Overall rating of Professionalism?				

	Poor	Average	Good	Excellent
Agency Contractor assessment:				
Professionalism of the staff while in your home?				
Was the agency office able to assist with any changes, etc.				
Was the standard of the services Satisfactory?				
Were the standards of the client Services as you expected?				
Were you satisfied with the care?				



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Summary Comments:

What, if anything, would you have improved on the service?

What other types of services do you feel should be made available?

Is there anything else you would like to comment on or suggest?

Client Signature: _____

Date: _____