



Lower Similkameen Community Services Society Client Feedback Survey

There is no need to give your name. We appreciate you taking the time to fill out this page.

This is about your experience asking for support from the team at the Lower Similkameen Community Services Society in Keremeos.

Which of these services did you access? (Check each one)

- | | |
|---|---|
| <input type="checkbox"/> Adult Day Services | <input type="checkbox"/> Keremeos Victim Services (RCMP) |
| <input type="checkbox"/> Better at Home Program | <input type="checkbox"/> Legal Aid Community Partner |
| <input type="checkbox"/> Community Outreach Worker Program | <input type="checkbox"/> Meals on Wheels Program |
| <input type="checkbox"/> Child & Youth Mental Health Program | <input type="checkbox"/> PEACE Counselling for Children & Youth |
| <input type="checkbox"/> Early Years & Children's Programming | <input type="checkbox"/> Similkameen Family Literacy |
| <input type="checkbox"/> Infant Development Program | <input type="checkbox"/> Similkameen Seasonal Workers |
| <input type="checkbox"/> Family Support Program | <input type="checkbox"/> Stopping the Violence Program |
| <input type="checkbox"/> FIX-IT Volunteer Program | <input type="checkbox"/> Tech Savvy Similkameen |
| <input type="checkbox"/> Friendly Visitors Program | <input type="checkbox"/> Volunteer Driver Program |
| <input type="checkbox"/> Gustavson House Mental Health | <input type="checkbox"/> Volunteer Income Tax Program |
| | <input type="checkbox"/> Other/Not Sure _____ |

How did you hear about LSCSS?

How much time elapsed between first contact and service response from LSCSS?

- 1-3 Days 4-7 Days 1-2 Weeks 3+ Weeks

Did you experience any barriers contacting the LSCSS team?

- NO YES Explain: _____

