



Community Questionnaire

Please return to: COA, 120 Wall Street, 11th Fl., New York, NY 10005

Org ID#

Date: m m / d d / y y

Organization Name:

City: State:

Instructions: Please answer each question by marking the circle under or next to your response. Use only a black or blue pen.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE/ NOT APPLICABLE
1. The organization's facilities are clean and well maintained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The organization's services are accessible to persons with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The organization's services are conveniently located and accessible to public transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The organization does not discriminate in the provision of its services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Information about the organization's services and eligibility criteria are made available to the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The organization provides culturally sensitive services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The organization respects the confidentiality of the persons it serves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The organization is known for its integrity and ethical practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The organization conducts a public education program to make its presence known to the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The organization works with other community organizations to advocate on behalf of the people it serves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The organization promptly screens applicants and persons referred for its services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Waiting periods for services are reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Fees are reasonable and fair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The organization is fiscally responsible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The organization's reputation with the community is favorable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Personnel are qualified and competent in the performance of their jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. The organization is in compliance with all applicable laws and regulations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Please tell us which statement best describes your knowledge and frequency of interaction with the organization:	19. Please tell us what best describes your relationship to the organization : (check all that apply)					
<input type="radio"/> Very familiar with and have regular contact with the organization	<input type="radio"/> 1.Purchaser of Service	<input type="radio"/> 4.Service Provider	<input type="radio"/> 7.Funding Source			
<input type="radio"/> Somewhat familiar with and have some contact with the organization	<input type="radio"/> 2.Referral Source (provides consumers)	<input type="radio"/> 5.Regulatory Body	<input type="radio"/> 8.Other (please specify)			
<input type="radio"/> Unfamiliar with and have had little or no contact with the organization	<input type="radio"/> 3..Referral Source (receives consumers)	<input type="radio"/> 6.Managed Care Plan /HMO	_____			

20. Please use this space below to make additional comments about the organization and the services it provides.

Thank you for taking time to complete the survey.

I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit. However, I understand that they may not contact me if evidence presented during the site visit does not require additional input.

Name: _____ Phone: _____ Ext: _____ Best time to call: _____

Title _____ E-mail address: _____