



# Mahoning County Board of Developmental Disabilities

## Intake Survey

Please take a few moments to complete this survey, so that we may better serve you and the citizens of Mahoning County. Your feedback is important to us.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
I/my family was treated very well by the County Board staff during the intake/enrollment process.	_____	_____	_____
The intake/enrollment process was explained well by the County Board staff.	_____	_____	_____
The County Board staff explained the programs/services for which I/my family member is/are eligible.	_____	_____	_____
Intake staff answered our questions and provided needed information.	_____	_____	_____
Intake staff referred us to other programs.	_____	_____	_____
If determined not eligible, I/we were provided with a copy of the Board’s Complaint Resolution Policy.	_____	_____	_____

Additional comments:

Name (optional) \_\_\_\_\_ Phone \_\_\_\_\_

When completed, mail to the address listed below or scan and email to [rmacklen@mahoningcountyoh.gov](mailto:rmacklen@mahoningcountyoh.gov). Thank you in advance for your cooperation and input. This form may also be completed on the MCBDD website [www.mahoningdd.org](http://www.mahoningdd.org) saved and emailed to [rmacklen@mahoningcountyoh.gov](mailto:rmacklen@mahoningcountyoh.gov).