**MDRN Satisfaction Survey**

Care Coordinators are responsible for ensuring that all service recipient complete this satisfaction survey at the time of discharge. Completed surveys can be faxed to (410) 402-8601, mailed to the Behavioral Health Administration (BHA), 55 Wade Ave. Vocational Rehabilitation Building Catonsville MD 21228 ATTN: Maryland RecoveryNet Trish Konyeaso, or emailed to patricia.konyeaso@maryland.gov.

Region: Care Coordination Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each statement listed below, **please check the box** that most closely describes your experience with the Maryland RecoveryNet program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How satisfied were you with the assistance you received to obtain the following Recovery Support Services?** | Very Satisfied | Satisfied | Slightly Satisfied | Not Satisfied | Does Not Apply |
| Recovery Housing |  |  |  |  |  |
| Employment Services |  |  |  |  |  |
| Transportation (Monthly card) |  |  |  |  |  |
| Vital Documents (ID, Birth Certificates, Social Security card…) |  |  |  |  |  |
| Halfway House |  |  |  |  |  |
| Clothing |  |  |  |  |  |
| Medical or Dental |  |  |  |  |  |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Thinking about the MDRN services you received… How satisfied are you** | Very Satisfied | Satisfied | Slightly Satisfied | Not Satisfied | Does Not Apply |
| With the services you received from your Housing provider?  Name of Provider: |  |  |  |  |  |
| With the services you received from your Care Coordinator? |  |  |  |  |  |
| That you were treated with courtesy and respect. |  |  |  |  |  |
| That your Care Coordinator made contact with you on a regular basis? |  |  |  |  |  |
| That MDRN helped you achieve your personal and or recovery goals? |  |  |  |  |  |
| Overall, how satisfied are you with the Recovery Support and Care Coordination services you received from MDRN? |  |  |  |  |  |
| What service(s) did you need that MDRN did not offer? | | | | | |