0615373498

Community Questionnaire

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

Organisation ID# | | | | | | | | |

Date: _____
m m / d d / y y

Organisation Name: _____

City: _____ Province: _____

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 organisation's facilities are clean and well maintained.	○	○	○	○	○	○
2. The organisation's services are accessible to persons with disabilities.	○	○	○	○	○	○
3. The organisation's services are conveniently located and accessible to public transportation.	○	○	○	○	○	○
4. The organisation does not discriminate in the provision of its services.	○	○	○	○	○	○
5. Information about the organisation's services and eligibility criteria are made available to the community.	○	○	○	○	○	○
6. The organisation provides culturally sensitive services.	○	○	○	○	○	○
7. The organisation respects the confidentiality of the persons it serves.	○	○	○	○	○	○
8. The organisation is known for its integrity and ethical practices.	○	○	○	○	○	○
9. The organisation conducts a public education programme to make its presence known to the community.	○	○	○	○	○	○
10. The organisation works with other community organisations to advocate on behalf of the people it serves.	○	○	○	○	○	○
11. The organisation promptly screens applicants and persons referred for its services.	○	○	○	○	○	○
12. Waiting periods for services are reasonable.	○	○	○	○	○	○
13. Fees are reasonable and fair.	○	○	○	○	○	○
14. The organisation is fiscally responsible.	○	○	○	○	○	○
15. The organisation's reputation with the community is favorable.	○	○	○	○	○	○
16. Personnel are qualified and competent in the performance of their jobs.	○	○	○	○	○	○
17. The organization is in compliance with all applicable laws and regulations.	○	○	○	○	○	○

18. Please tell us which statement best describes your knowledge and frequency of interaction with the organisation:

- ○ Very familiar with and have regular contact with the organisation
- ○ Somewhat familiar with and have some contact with the organisation
- ○ Unfamiliar with and have had little or no contact with the organisation

19. Please tell us what best describes your relationship to the organisation: *(check all that apply)*

- ○ 1. Purchaser of Service
- ○ 2. Referral Source *(provides consumers)*
- ○ 3. Referral Source *(receives consumers)*
- ○ 4. Service Provider
- ○ 5. Health Care Plan/ Health Care Provider
- ○ 6. Funding Source
- ○ 7. Regulatory body/ Government Ministry
- ○ 8. Other (please specify) _____

20. Please use this space below to make additional comments about the organisation 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: _____

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