

**State Operated Community Program (SOCP)
Family and Guardian Survey**

To help us provide the best services for your family member, please complete this survey and return it in the stamp addressed envelope. Thanks you!

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| I have input into this person's Individual Support Plan (ISP) | | | | | |
| I receive timely information about this person throughout the year. | | | | | |
| I am satisfied with the amount of time that this person spends at work. | | | | | |
| I am satisfied with how often this person participates in community activities. | | | | | |
| I am satisfied with the physical environment of the home. | | | | | |
| The group home staff assists this person to be as healthy as possible. | | | | | |
| This person's nutritional needs are being met. | | | | | |
| This person's rights are protected. | | | | | |
| I am happy with the over all level of services this person receives from the State Operated Community Program. | | | | | |
| I am happy with the group home this person lives in. | | | | | |

I would prefer this person live: _____.

Additional Comments: