



**Kindale Developmental Association
Family / Caregiver Questionnaire
2017**

Kindale values input from family members and caregivers of the people we serve in order to achieve optimum success and satisfaction in all of our services.

To continually improve and meet the needs of the people we serve and our communities, we request your assistance in filling out this questionnaire.

As an **alternate choice** we have this survey available to you online at www.kindale.net .

If you are a not a Family Member or Caregiver for a person who receives services from Kindale, please complete our Stakeholder Survey. Call 250-546-3005 or visit www.kindale.net .

1. I am:

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<input type="checkbox"/>	Family Member of a person who receives services from Kindale
<input type="checkbox"/>	Caregiver to a person who receives services from Kindale
<input type="checkbox"/>	Respite Provider to a person who receives services from Kindale
<input type="checkbox"/>	Other: <i>(please specify)</i>

2. I participate or know of Kindale through:

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<input type="checkbox"/>	Services and Programs
<input type="checkbox"/>	Events
<input type="checkbox"/>	Marketing
<input type="checkbox"/>	Website
<input type="checkbox"/>	Facebook
<input type="checkbox"/>	Twitter
<input type="checkbox"/>	Other: <i>(please specify)</i>

3. Kindale employees listen to me when I have concerns or make requests:

Yes No

If no, please explain: _____



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4. I am treated with courtesy and respect at Kindale:

- Yes No

If no, please explain: _____

5. If the person we serve receives Residential Options Services from Kindale, please answer the following questions:

a. Type of service received:

- Kindale Residence Home Share Independent Living Support

b. Kindale employees have the ability to support the person served:

- Yes No

If no, please explain: _____

c. Kindale has helped the person served to achieve their goals in the area of peer and family relationships:

- Yes No

If no, please explain: _____

6. If the person we serve receives Community Inclusion / Day Program Services from Kindale, please answer the following questions:

a. Type of service received:

- Community Inclusion Day Program Recreation / Social Activities

b. Kindale employees have the ability to support the person served:

- Yes No

If no, please explain: _____

c. Kindale has helped the person served to achieve their goals in the area of peer and family relationships:

- Yes No

If no, please explain: _____



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7. If the person we serve receives Employment Services and/or Outreach Services from Kindale, please answer the questions below:

a. Type of service(s) received:

- Customized Employment WorkBC Outreach

b. Kindale employees have the ability to support the person served:

- Yes No

If no, please explain: _____

c. Kindale has helped the person served to achieve their goals:

- Yes No

If no, please explain: _____

8. I view Kindale as a respected member of the community:

- Yes No

If no, please explain: _____

9. I would recommend the services offered by Kindale:

- Yes No

If no, please explain: _____

10. Are there services needed by the community that Kindale could provide?

11. What suggestions do you have for improvement to Kindale services or organizational functions?

12. I would like to receive more information about Kindale Developmental Association:

Name _____ Email _____ Phone _____

Thank you for your feedback.