



Dear Customer,

The County of San Diego is committed to provide every one of our customers with a positive experience and we would like to hear your thoughts. Your input will help us provide exceptional service and your responses will be kept strictly confidential, if requested. Thank you for your participation.

Please fold and seal the survey at the perforated line, and place in a drop box at a Family Resource Center or a US Mailbox.

Thank you.

### Did you know?

You can do these things without coming into a Family Resource Center:

- ◆ Apply for Benefits
- ◆ Check on your Benefit Amount
- ◆ Report Changes
- ◆ Submit Verifications and Reports
- ◆ Order an Electronic Benefit Card (EBT)
- ◆ Submit Renewal Documents

Please use the resources below to access our services:

My Benefits CalWIN <a href="http://www.mybenefitscalwin.org">www.mybenefitscalwin.org</a>	Access Call Center 1-866-262-9881
CalWIN Mobile App <a href="http://www.sandiegocounty.ca.gov">www.sandiegocounty.ca.gov</a>	US Mail County of San Diego P.O. Box 85031 San Diego, CA 92186-9920



To help us serve you better,

### Please complete the Customer Satisfaction Survey below

1. Purpose of your visit/contact:
  - Application     Renewal     Provide Documents
  - Information     Appeals     Other
2. Date of Visit: \_\_\_\_\_ Location: \_\_\_\_\_
3. Which of the following best describes you?
  - Recent Applicant                       Family Member or Authorized Representative
  - Current Customer/Recipient     Provider, advocate
4. Did you receive courteous service?     Yes     No
5. Were you satisfied with the information you received?     Yes     No
6. Who was the staff person who served you? \_\_\_\_\_
7. What did we do well?

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8. What could we have done better?

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9. Overall are you satisfied with the service you received?

- 1-Strongly Disagree     2-Disagree     3-Agree     4-Strongly Agree

10. If you would like a response to any of your comments, please PRINT your full name, address and phone number below (optional):

First Name		Last Name	
Address		City	Zip Code
Daytime Telephone Number		Email Address:	



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 10326 SAN DIEGO, CA

POSTAGE WILL BE PAID BY ADDRESSEE

ELIGIBILITY OPERATIONS  
HEALTH AND HUMAN SERVICES AGENCY  
1255 IMPERIAL AVE STE 446  
SAN DIEGO CA 92101-9850



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*Thank you.*



COUNTY OF SAN DIEGO  
**HHS**A  
HEALTH AND HUMAN SERVICES AGENCY

 **LIVE WELL**  
SAN DIEGO



Eligibility Customer Satisfaction Survey