Dear Customer,

The County of San Diego is committed to providing 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: www.mybenefitscalwin.org
- Access Call Center: 1-866-262-9881
- CalWIN Mobile App: www.sandiegocounty.ca.gov
- 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?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

8. What could we have done better?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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):

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<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
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<tr>
<th>Daytime Telephone Number</th>
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(December 2016)
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Thank you.

Eligibility Customer Satisfaction Survey