



To help us serve you better,

Please complete the Customer Satisfaction Survey below

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:

BenefitsCal Access Call Center
www.benefitscal.com 1-866-262-9881
US Mail
County of San Diego
P.O. Box 85031
San Diego, CA 92186-9920

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

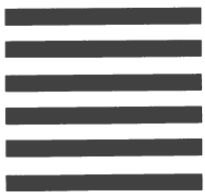
10. If you would like a response to any of your comments, please PRINT your full name, address and phone number below (optional):

Form with fields for First Name, Last Name, Address, City, Zip Code, Daytime Telephone Number, and 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

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
SELF-SUFFICIENCY SERVICES
1255 IMPERIAL AVE. SUITE 400
SAN DIEGO CA 92101-9850



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Thank you.



**LIVE WELL
SAN DIEGO**



Eligibility Customer Satisfaction Survey