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| **Interview conducted by (CFCHS Staff): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Interviewee Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Amount of Time Receiving Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. | Are the services and treatment you are receiving meeting your needs? |
| 2. | Does staff encourage you and allow you to assist in identifying goals in the development of your treatment/recovery plan? |
| 3. | Do you feel staff listen and respond to your cultural experiences, interests and concerns? |
| 4. | Does the staff encourage you to have hope, help you become more confident and have high expectations for yourself and your recovery? |
| 5. | Does the agency make special accommodations for you if needed?  |
| 6. | Do you feel the information you share is kept confidential? |
| 7. | Does staff/the agency help you to become involved in non-mental health/addiction related activities, such as church groups, education, job opportunities, sports, or hobbies? |
| 8. | Do you feel staff use language that is encouraging and hopeful, both written and verbal? |
| 9. | Do you know how to file a complaint or grievance? |
| 10. | Is the facility kept clean and safe? |
| 11. | Would you like to provide any suggestions for improvement? |