

Tenant & Supportive Housing Client Satisfaction Survey [YEAR]

We need your help to improve our services. You can help by taking a few minutes to answer this survey. **Your information is private.** You do not have to give your name or apartment number.

We have included an envelope for you to return the survey. Please return your survey to the Administration Office by **[DATE]**.

If you have any questions, please call Tim Siemens, CEO, at 905-468-1111.

Remember: We value your responses. They will help us continue to serve you with excellence, love and dignity.

INSTRUCTIONS

Please choose only 1 answer for each question unless you are asked to give more answers. Please mark an "X" in the appropriate column.

FOR EXAMPLE: Joe has lived in this building for 7 years. Here is how he would answer the first question on the survey:

1. How long have you been a tenant at Radiant Care?	Less than 1 year	1 – 3 years	4 -5 years	6 – 10 years	More than 10 years
				X	

SECTION 1 – YOUR UNIT AND HOUSEHOLD

1. How long have you been a tenant at Radiant Care?	Less than 1 year	1 – 3 years	4 -5 years	6 – 10 years	More than 10 years

2. Which building do you live in?	Arborview	Brookview	Creekview	Garden Court	Oakview

SECTION 2 – YOUR APARTMENT UNIT

3. Are you satisfied with your Apartment Unit?	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Appliances					
Kitchen					
Bathroom					
Windows					
Walls & Ceilings					
Entrance Door					
Temperature					
3b.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Overall, I am satisfied with the condition of my Apartment/Life Lease Unit					

4. Do you feel safe in your building/your apartment?	Yes	No

SECTION 3 – YOUR BUILDING’S COMMON AREAS

5. Are you satisfied with the condition of the common areas in your building?	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Parking lot/Garage					
Security (locks, fire alarms, smoke detectors)					
Exterior of buildings and grounds					
Inside common areas (stairwells, hallways, recreation rooms)					
Laundry areas					
Elevators					
Temperature					
Garbage/Recycling area					
5b.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Overall, I am satisfied with the condition of the common areas					

6. Which 3 items in your building need the most improvement?

Pick only 3 items from the list below and put an “X” in the box beside the item to rank its importance (1 is most important, 2 is second most important, 3 is third most important).

Building Area	1	2	3	Building Area	1	2	3
Appliances in your apartment				Exterior of Building and Grounds (garden, lawns, etc.)			
Kitchen				Parking lot/Garage			
Bathroom				Building Security			
Windows				Inside Common Areas (lobby, stairwells, recreation rooms, etc.)			
Carpets and Floors				Laundry area			
Walls and Ceilings				Elevators			
Entrance Door				Garbage/Recycling area			
Mail Box Area				Temperature in apartments			
Main Entrance to Building				Temperatures in common areas			

SECTION 4 – COMMUNICATIONS

7. Have you contacted Radiant Care staff in the past 3 months?	Yes	No
7b. If you answered 'Yes', why did you contact staff?		Check All That Apply
Repairs		
Financial (ie. rent calculation, billing, trust account, etc.)		
Neighbour Complaints		
Staff Issues (ie. concerns or complaints about staff)		
Information or help with a problem		
Other		

8. Are you satisfied with your contact with Radiant Care staff?	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
The ease of contacting staff					
The time it took for staff to respond					
The help provided by staff					
How well staff dealt with my question or request					
8b.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Overall, I am satisfied with the contact I have had with Radiant Care staff					

9. Do you feel like you can express your opinion without fear of consequences?	Yes	No

10. Are you satisfied with the written information you may have received from Radiant Care over the past 12 months?	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Planned maintenance and repairs					
Programs, activities, and special events					
Tenant meeting and information sessions					
10b.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Overall, I am satisfied with the information I have received in the past 12 months					

11. Do you have a computer or tablet (i.e. iPad)?	Yes	No
11b. If you answered 'Yes', which of the following programs do you use on a regular basis?	Check All That Apply	
E-mail		
Google		
Skype or Facetime		
Zoom		

12. Have you visited Radiant Care's	Yes	No
Website (https://radiantcare.net)		
Facebook page (https://www.facebook.com/radiantcareniagara)		
Instagram Page (https://www.instagram.com/radiantcareniagara/)		
12b. If you answered 'Yes' to any of the above, do you have any suggestions to make our website or social media accounts more useful to you?		
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SECTION 5 – HOUSING SERVICES

13. Do you use our congregate dining service?				Yes	No
13b. If yes, how satisfied are you with the dining room service?	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Service in the dining room					
Quality of the food					

14. The following services are contracted out. Please rate your satisfaction with them:	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Physiotherapy					
Hairdresser					
Exercise					
Foot Care					

15. Are you satisfied with the programs and activities offered?	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
The activities and programs offered are good quality					
The activities and programs meet my needs					

16. Radiant Care may work with organizations in the community to offer events and programs for you and other tenants. What in-service or education opportunity do you think would help your community?

SECTION 6 – RADIANT CARE FOUNDATION

As a charity, the Radiant Care Foundation exists to *Open Doors for Seniors* to social and education opportunities, recreational activities, equipment purchases, spiritual and cultural enrichment, and more! Through the generosity of our donors, the Foundation enhances the lives of residents and tenants in ways that add value and vitality to each day.

17. In the past year, which of the following Foundation-sponsored events/activities did you participate in? (Check all that apply)	Yes	No
[Insert Name of Event Here]		
[Insert Name of Event Here]		
[Insert Name of Event Here]		

18. In the coming year, which events/activities would you like to see the Foundation sponsor or support?

SECTION 7 – OVERALL IMPRESSION

19. In your experience, how satisfied are you with how Radiant Care is living out our Core Values?	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Love					
Respect					
Quality					
Excellence					
Faith & Community					
Accountability					

20. Would you recommend Radiant Care to your family and friends?	Yes	No

SECTION 8 – SUPPORTIVE HOUSING SERVICES

These questions are about the services provided by the Supportive Housing Department.

21. How long have you been receiving Supportive Housing services?

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22. Do you feel well informed about the Supportive Housing Program at Radiant Care?

Yes	No

23. Please indicate your satisfaction with your Plan of Care:

Yes	No

Did you participate in your plan of care?

Was the assessor supportive and helpful, and did they provide you with the services you require based on your assessment?

Were you involved in decisions about your care as much as you wanted to be?

24. Do you have a call bell or a Life Line?

Yes	No

24b. How satisfied are you with the emergency response system and the staff response?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know

25. Please rate your satisfaction with the following:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Courtesy & helpfulness of staff					
How well staff listen to you					
Quality of the food					
Laundry services					
Housekeeping services					
Overall quality of Supportive Housing services					

Courtesy & helpfulness of staff

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Overall quality of Supportive Housing services

26. Would you refer a friend or a neighbour to the Supportive Housing Program?

Yes	No

27. Are there any changes you would like to suggest for our Supportive Housing Program?

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Your feedback is important to us. Please use this space to provide us with anything else you would like us to know.

Thank you for taking the time to complete this survey! We appreciate your feedback!