

Access To Recovery Client Survey

Today's Date / /

I began receiving services through the ATR program in: /

Strongly Agree
Agree
I am neutral
Disagree
Strongly Disagree
Not Applicable

- I had a choice as to which providers I could go to.○
- I helped to choose my treatment services.○
- The locations of services were convenient.○
- Services were available at times convenient for me.○
- I received services that were right for me.○
- I was given information about my rights.○
- My care coordinator seemed genuinely interested in helping me.○
- I feel that the services I received have helped me in becoming drug and / or alcohol free.○
- My care coordinator contacted me monthly to see how I was doing.○
- I received services that specifically addressed my language / culture.○
- Overall, I am satisfied with the services I received.○

Please report on your use of services.	I <u>needed</u> this service to help with my recovery.			I <u>received</u> this service.			This <u>service helped</u> me.		
	Yes	No	Not sure	Yes	No	Not sure	Yes	No	Not sure
Residential treatment	○	○	○	○	○	○	○	○	○
Outpatient treatment	○	○	○	○	○	○	○	○	○
GED	○	○	○	○	○	○	○	○	○
Employment coaching	○	○	○	○	○	○	○	○	○
Transportation	○	○	○	○	○	○	○	○	○
Transitional housing	○	○	○	○	○	○	○	○	○
Individual recovery coaching	○	○	○	○	○	○	○	○	○
Recovery support group	○	○	○	○	○	○	○	○	○
Life skills	○	○	○	○	○	○	○	○	○
Spiritual support	○	○	○	○	○	○	○	○	○
Relapse prevention	○	○	○	○	○	○	○	○	○
Family or marriage counseling	○	○	○	○	○	○	○	○	○
Child care	○	○	○	○	○	○	○	○	○

I was referred to ATR services by: CPS Drug Court Probation **County**

Age Gender: Male Female Ethnicity: AfricanAmerican Asian Caucasian Hispanic/Latino NativeAmerican Other (specify)

What services were the most helpful to you in achieving your recovery?

What needs to be changed about this program?

* If you agree to allow access to your information in the state client data system, please complete the following section:

Last 4 digits of your social security number

First 3 letters of your mother's first name

First 5 letters of your city of birth

Date of birth / /

