

Customer Satisfaction and Site Survey for Environmental Modifications

Dear

Your care provider asked to make changes to your environment (“Change”).

The Change includes

Please complete this survey when the Change is finished.

1. Has all the work for the Change been completed? YES NO
2. Are you satisfied with the Change? YES NO
3. Do you need any other help from your care provider for the Change?
 YES NO

MEMBER OR GUARDIAN NAME (PRINT)	CARE PROVIDER REPRESENTATIVE
MEMBER OR GUARDIAN SIGNATURE	CARE PROVIDER SIGNATURE
DATE	DATE



Empowering members to live fuller, healthier lives at home in their communities!