

Community Outreach Survey

You recently received in-person assistance from the Senior LinkAge Line®. Please take a moment to answer the questions below to help us further improve our quality of service.

1. How did the Senior LinkAge Line® specialist/volunteer assist you?

- | | |
|---|---|
| <input type="checkbox"/> Organized bills and statements | <input type="checkbox"/> Compared health insurance options |
| <input type="checkbox"/> Healthcare program application (i.e; MNsure, Medical Assistance) | <input type="checkbox"/> Helped me leave a nursing home |
| <input type="checkbox"/> Researched a billing error or claim | <input type="checkbox"/> Arranged for services to come into my home |
| <input type="checkbox"/> Helped with prescription drug savings options | <input type="checkbox"/> Looked for volunteer/job opportunities |
| <input type="checkbox"/> Helped with long-term care insurance/planning | <input type="checkbox"/> Explored other areas of financial assistance |
| <input type="checkbox"/> Helped with Medicare issues | |
| <input type="checkbox"/> Other _____ | |

2. I was satisfied with the help I received from the Senior LinkAge Line®.

- Yes
 No Comments: _____

3. The Senior LinkAge Line® person who helped me was friendly and courteous.

- Yes
 No Comments: _____

4. After talking with the Senior LinkAge Line®, I better understand my health insurance and Medicare benefits.

- Yes
 No Comments: _____
 Not Applicable

5. After talking to the Senior LinkAge Line®, I understand my options for living in the community and using services to support me.

- Yes
 No Comments: _____
 Not Applicable

6. I received information on how to identify healthcare fraud and abuse.

- Yes
 No Comments: _____
 Not Applicable

7. The quality of the help I received met my expectations.

Yes

No

Comments: _____

8. This was my first in-person meeting with the Senior LinkAge Line®.

Yes

No

Comments: _____

9. I would recommend Senior LinkAge Line® in-person assistance to others.

Yes

No

Comments: _____

10. What information did you receive from the Senior LinkAge Line®?

Before A Move Packet

Health Care Journal

Caregiver Resource Guide

Other Senior LinkAge Line® brochures

Health Care Choices for Minnesotans on Medicare booklet

Returning Home booklet

Minnesota Long-term Care Partnership brochure

Other _____

Planning Ahead booklet

None

11. We would appreciate your feedback. If you would like us to reply, please include your name and phone number.

Name: _____

Phone Number: _____

Comments:

Office Use Only

Date: _____ Region: _____ Senior LinkAge Line® Staff/Volunteer: _____