

Community Care for Aged and Disabled and Community Based Alternatives

**Consumer Satisfaction Interview
Consumer Directed Services Addendum**

Individual	Type of Service Delivered through CDS
Respondent <input type="checkbox"/> Individual <input type="checkbox"/> Employer <input type="checkbox"/> DRP	Respondent's Relationship to Individual <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Reason for Contact	Date
Name of CDS Agency	Provider No.

1. Is the Consumer Directed Services Agency (CDSA) providing assistance and delivering financial management services to your satisfaction? Yes No

If No, explain:

2. Are the services being delivered according to the program service authorization? Yes No

If No, explain:

3. Have you had problems managing your attendants? Yes No

If Yes, explain:

4. Have you reported any problems to your CDSA? Yes No

If Yes, explain:

5. Is the CDS option meeting your needs? Yes No

If No, explain:

6. Did you receive a quarterly report from your CDSA? Yes No

Did the case manager receive a quarterly report? Yes No

If **no** to either of the above, the case manager must follow up.

7. Has the CDSA reported any concerns or problems to you this quarter? Yes No

If Yes, explain:

Required Follow-Up: _____

Additional Comments: