

Health Services  
Office of Medical Assistance Programs

Allison Knight, Acting Manager  
OMAP Program and Policy Section

Authorized Signature

Number: OMAP-IM-06-019

Issue Date: 02/28/06

Topic: DHS Customer Service Survey

Subject: Staff Announcement: Request for clients to complete online customer survey

Applies to (check all that apply):

- |                                     |                               |                                     |   |
|-------------------------------------|-------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | All DHS employees             | <input checked="" type="checkbox"/> | County Mental Health Directors  |
| <input checked="" type="checkbox"/> | Area Agencies on Aging        | <input checked="" type="checkbox"/> | Health Services   |
| <input checked="" type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities  |
| <input checked="" type="checkbox"/> | County DD Program Managers    | <input checked="" type="checkbox"/> | Other (please specify): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists |

**Message:** DHS is conducting a customer service survey in accordance with new statewide requirements. DHS will report results to DAS, the Legislature and the general public as part of our key performance measure efforts. **The following information will be printed on the March OMAP Medical Care IDs in the Message Box (field 14):**

*We would like to know how well the Department of Human Services (DHS) is serving you. A Web survey is available for you to give us your opinions. Please take the survey by April 15, 2006. [www.oregon.gov/DHS/survey.shtml](http://www.oregon.gov/DHS/survey.shtml)*

*The survey takes about 5 minutes to complete and is anonymous – we can't identify you. Your answers will be used to help us improve services. If you do not have use of a computer, a paper form is also available in local DHS and AAA offices.*

The comment form referenced in the Medical Care ID message is the Client Comment Form (DHS 0171). If you need copies of this form you can:

- Download them at < <http://dhsforms.hr.state.or.us/Forms/Served/DE0171.pdf> >, or
- Order them through your normal process.

**Mail completed Client Comment Forms (DHS 0171) by April 28, 2006, to:**

DHS Governor's Advocacy Office  
500 Summer St NE, E-17  
Salem, OR 97301-1097

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Cathy Iles, DHS Performance Measure Coordinator		
<b>Phone:</b>	(503) 945-5855	<b>Fax:</b>	(503) 378-2897
<b>E-mail:</b>	<a href="mailto:Cathy.f.iles@state.or.us">Cathy.f.iles@state.or.us</a>		