

United American Indian Involvement

Children's Health Insurance Program (CHIP) Client Satisfaction Survey

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinion, whether they are positive or negative. We also welcome your comments and suggestions.

Date: _____

Circle your answer:

1. How did you hear about UAI's Children's Health Insurance Program?
 - a. Family/Friend
 - b. UAI Brochure/Newsletter
 - c. Community Event/Pow Wow
 - d. UAI Staff
 - e. Other; please explain: _____

2. How would you rate the quality of service you have received?
 - a. Very satisfied
 - b. Satisfied
 - c. Neutral
 - d. Dissatisfied
 - e. Very DissatisfiedIf dissatisfied, could you explain what happened:

3. Was the information presented easy to understand and use.
 - a. Yes
 - b. NoIf no, please explain: _____

4. I understand I can find information on CHIP and Medi-Cal in the following areas. Please circle all that applies:
 - a. CHIPRA website, www.insurekidsnow.gov
 - b. Medicaid website, www.medicaid.gov
 - c. UAI website, www.uai.org
 - d. Healthy Families Program website, www.healthyfamilies.ca.gov

5. Do you feel you have an understanding and are comfortable in the re-determination process?
 - a. Yes
 - b. No
 - c. I don't know

6. Were you informed of the confidentiality/HIPAA Laws that protect you as a client?
 - a. Yes
 - b. No

7. Do you think your sensitive information is kept private and confidential by the staff?
 - a. Yes
 - b. No

