BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

Client Evaluation

Office: _____
Advocate: [inserted from Kemps]
Date: [generated from Kemps. Will be date closed]

To make our services better for clients, we need to know how well we helped you. Please circle the answer you think is best. Thank you!

1. How satisfactory were our services overall?

   Very Good Okay Could Improve Poor

Please explain: _____

_____

2. Was the staff respectful and responsive to you?

   Yes Somewhat not really Not at all

Please explain: _____

_____

3. Were you satisfied with how your advocate explained your case and the legal options open to you?

   Yes Somewhat Not really Not at all

Please explain: _____

_____

5. Did your advocate let you know enough about what was happening in your case?

   Yes Somewhat Not really Not at all

Please explain: _____

_____

6. Were you satisfied with the help you got from our office?

   Yes Somewhat Not really Not at all

Please explain: _____

_____

7. If you had another legal problem, would you come back? Would you send a friend or relative?

Yes Probably Not really Not at all

Please explain: _____

_____

9. How we can improve our services?

_____

_____

_____

10. Do you have any other comments?

_____

_____

_____

* * * * *

Thank you for your help. Your answers will remain confidential. They will only be used to evaluate our services unless we contact you and get your permission.

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

Evaluación Del Cliente

Oficina: _____
Abogado/defensor: [inserted from Kemps]
Fecha: [generated from Kemps. Will be date closed]

Para mejorar nuestros servicios para los clientes, necesitamos saber que tan bien le ayudamos. Por favor círcule la respuesta que usted piense es la mejor. Gracias!

1. ¿Qué tan satisfactorios fueron nuestros servicios en general?

Muy buenos Aceptables Podrían Mejorar Malos

Por favor explique: _____
_____

2. ¿Fue el personal respetuoso y sensible con usted?

Sí Algo No realmente No del todo

Por favor explique: _____
_____

3. ¿Estuvo usted satisfecho/a de cómo su abogado/defensor le explicó su caso y las opciones legales disponibles a usted?

Sí Algo No realmente No del todo

Por favor explique: _____
_____

4. ¿Su abogado/defensor le hizo saber lo suficiente acerca de lo que estaba pasando en su caso?

Sí Algo No Realmente No del todo

Por favor explique: _____

_____

5. ¿Estuvo satisfecho/a con la ayuda que recibió de nuestra oficina?

Sí Algo No Realmente No del todo

Por favor explique: _____

_____

6. ¿Si tuviera otro problema legal, volvería a nosotros? ¿Nos recomendaría a un amigo o a un pariente?

Sí Probablemente No Realmente No del todo

Por favor explique: _____

_____

7. ¿Cómo podríamos mejorar nuestros servicios?

_____

_____

_____

8. ¿Tiene otros comentarios?_____

_____

_____

* * * * *

Gracias por su ayuda. Sus respuestas permanecerán confidenciales. Solamente serán usadas para evaluar nuestros servicios, a menos que le contactemos y obtengamos su permiso.

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

Client Evaluation

Office/Clinic:
Date:
Client Prime Number:

To make our services better for clients, we need to know how well we helped you. Please circle the answer you think is best. Thank you!

1. Was the staff respectful and responsive to you?

Yes Somewhat Not really Not at all

Please explain: _____

_____

2. Did you get information that helped you understand your legal problem better?

Yes Somewhat Not really Not at all

Please explain: _____

_____

3. Do you have a clear idea about what to do next about your legal problem?

Yes Somewhat Not really Not at all

Please explain: _____

_____

4. If you had another legal problem, would you come back? Would you send a friend or relative?

Yes Somewhat Not really Not at all

Please explain: _____

_____

5. What was the best thing about BayLegal's services?

_____

_____

6. If you could suggest one change to BayLegal's services, what would it be?

_____

_____

7. How satisfactory were our services overall?

Excellent Very Good Good Average Poor

Please explain: _____

_____

* * * * *

Thank you for your help. Your answers will remain confidential. They will only be used to evaluate our services unless we contact you and get your permission.

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

Self-Represented Client Evaluation

Office/Clinic: _____
Area of Law [to be generated by Kemps]
Date: [To be generated by Kemps – will be date case opened]

To make our services better for clients, we need to know how well we helped you. Please circle the answer you think is best. Thank you!

1. How satisfactory were our services overall?

   Very Good Okay Could Improve Poor

Please explain: _____
_____

2. Was the staff respectful and responsive to you?

   Yes Somewhat Not really Not at all

Please explain: _____
_____

3. Did you get information that helped you understand your legal problem better?

   Yes Somewhat Not really Not at all

Please explain: _____
_____

4. Do you have a clear idea about what to do next about your legal problem?

   Yes Somewhat Not really Not at all

Please explain: _____
_____

5. If you had another legal problem, would you come back? Would you send a friend or relative?

   Yes Somewhat Not really Not at all

Please explain: _____

_____

6. How we can improve our services?

_____

_____

_____

7. Do you have any other comments?

_____

_____

_____

8. Can we contact you to discuss this?

____ Yes ____ No

If so, tell us your:

Name: _____
Address: _____

_____
Telephone Number: _____

* * * * *

Thank you for your help. Your answers will remain confidential. They will only be used to evaluate our services unless we contact you and get your permission.

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

Evaluación Del Cliente de Representación por sí mismo

Oficina/Clínica: _____
Área de la ley [to be generated by Kemps]
Fecha: [To be generated by Kemps – will be date case opened]

Para mejorar nuestros servicios para los clientes, necesitamos saber que tan bien le ayudamos. Por favor, círcule la respuesta que usted piense es la mejor. Gracias!

1. ¿Qué tan satisfactorios fueron nuestros servicios en general?

Muy Buenos Aceptables Podrían Mejorar Malos

Por favor explique: _____
_____

2. ¿Fue el personal respetuoso y sensible con usted?

Sí Algo No realmente No del todo

Por favor explique: _____
_____

3. ¿Consiguió usted la información que le ayudó a entender su problema legal mejor?

Sí Algo No realmente No del todo

Por favor explique: _____
_____

4. ¿Tiene usted una idea clara sobre qué hacer después con respecto a su problema legal?

Sí Algo No realmente No del todo

Por favor explique: _____

5. ¿Si usted tuviera otro problema legal, volvería a nosotros? ¿Nos recomendaría a un amigo o a un familiar?

Sí Tal vez No Realmente No del todo

Favor de explicar: _____

_____

6. ¿Cómo podríamos mejorar nuestros servicios?

_____

_____

_____

7. ¿Tiene otros comentarios?

_____

_____

_____

8. ¿Nos permitiría contactarle para hablar de esto?

____ Sí ____ No

Si sí nos permite, por favor de proveernos con su:

Nombre: _____

Dirección: _____

_____

Número de teléfono: _____

* * * * *

Gracias por su ayuda. Sus respuestas permanecerán confidenciales. Solamente serán usadas para evaluar nuestros servicios, a menos que le contactemos y obtengamos su permiso.

We value your opinion!

Did you receive legal help from Bay Area Legal Aid either (circle one):

- by phone, from the *Legal Advice Line*

  or

- in person, at our office: 2 West Santa Clara Street, San José?

If yes, please help us improve our services by telling us what you thought of the assistance you received!

Please fill out this short survey and return it to us in the enclosed envelope. All information will be kept confidential. Thank you!

1. **The help I got from Bay Area Legal Aid made me feel:**

   ☐ Safer

   ☐ More stable in my housing, health care, or benefits program

   ☐ I do <u>not</u> feel safer and/or more stable as a result of the legal services I received. If checked, please explain:

_____

_____

_____

2. Please let us know if you feel that you have begun to resolve at least one barrier to self-sufficiency, as a result of seeking legal assistance at Bay Area Legal Aid. Please check one of the following answers:

   ☐ I feel that seeking legal assistance was a good first step in resolving one of the issues that I face.

   ☐ I do <u>not</u> feel that I have begun to resolve the issues that I face.

   If checked, please explain:

_____

_____

_____

Thank you!

Bay Area Legal Aid Senior Legal Advocacy Project

Today's Date: _____

Case Number: _____

Please put an X in the box that best describes your opinion of the services you received at BayLegal.

1. Was the session or information you received useful?

☐ Yes

☐ No

2. Was the staff helpful?

☐ Yes

☐ No

3. Would you recommend BayLegal to a friend or neighbor?

☐ Yes

☐ No

☐ Maybe

Bay Area Legal Aid
Proyecto de Abogacía para Mayores de Edad

Fecha de hoy: _____
Número de caso: _____

Favor de marcar con "X" la caja que describe mejor su opinión de los servicios que Ud. recibió de Bay Area Legal Aid.

1. ¿Fue útil la sesión que Ud. asistió o la información que Ud. recibió?

☐ Sí

☐ No

2. ¿Fueron atentos los empleados?

☐ Sí

☐ No

3. ¿Ud. le recomendaría los servicios de Bay Area Legal Aid a un amigo o vecino?

☐ Sí

☐ No

☐ Tal vez

City of San Jose Healthy Neighborhoods
Senior Lifestyle Survey - FY 2009-10
Bay Area Legal Aid Senior Legal Advocacy Project

Today's Date: _____

Please fill in your birth date: Month ____ Day _____ Year ____

Please give us the first initial of your first name: First Name Initial ____

Please give us the first initial of your last name: Last Name Initial _____

Please put an X in the box that best describes your opinion of *Bay Area Legal Aid Senior Legal Advocacy Project*:

1. I think the program and activity I participated in was:
   ☐ Poor ☐ Fair ☐ Good ☐ Great

2. I feel I benefited from this program:
   ☐ Not at all ☐ Some ☐ A lot

3. I thought the people who run the program were:
   ☐ Very Helpful ☐ Somewhat Helpful ☐ Not Helpful

4. Do you think this program would help a friend or neighbor?
   ☐ Yes ☐ Maybe ☐ No

Please put an X in the box that best describes your health today, mental and physical:

5. My health overall is:
   ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..." (Place a check or X in the box.)	**More**	**Less**	**The Same**	**Don't Know**
6. Because of this program, my feeling of safety or stability is:				
7. Because of this program, my ability to access legal services or legal information that I need is:				
8. Because of this program, my understanding about my				

City of San Jose Healthy Neighborhoods
Senior Lifestyle Survey - FY 2009-10
Bay Area Legal Aid Senior Legal Advocacy Project

legal rights and/or my legal matter is:				
9. Because of this program, my understanding about my situation and the options I have for resolving it is:				

10. How many months did you participate in this program (1 month=4 weeks)? _____.

11. Tell us what you liked or disliked most about this program and the activities you participated in.

_____

_____

_____

City of San Jose Healthy Neighborhoods
Senior Lifestyle Survey - FY 2009-10
Bay Area Legal Aid Senior Legal Advocacy Project

Fecha de hoy: _____

Por favor escriba su fecha de nacimiento: Mes ____ Día_____ Año ____

Por favor escriba la inicial de su nombre: Inicial de su nombre _____

Por favor escriba la inicial de su apellido: Inicial de su apellido _____

Por favor marque una "X" en la caja de describe su opinión de *Bay Area Legal Aid Senior Legal Advocacy Project*:

1. Creo que el programa y la actividad en la que participe fue:
   ☐ Pobre ☐ Justo ☐ Bueno ☐ Excelente

2. Creo que beneficie de este programa:
   ☐ Nada ☐ Algo ☐ Mucho

3. Creo las personas que operaron este programa fueron:
   ☐ Muy serviciales ☐ Algo de servicial ☐ Nada de servicial

4. ¿Cree que este programa podría ayudar a un amigo o vecino?
   ☐ Sí ☐ Talvez ☐ No

Por favor marque una "X" en la caja que describe su salud mental y física de hoy:

5. Mi salud general es:
   ☐ Pobre ☐ Justa ☐ Buena ☐ Excelente

Marque la caja a la derecha que mejor describe lo que siente. Asegúrese de empezar cada pregunta diciendo, "A causa de este programa…" (ponga una √ o "X" en la caja)	**Más**	**Menos**	**Casi igual**	**No sé**
6. A causa de este programa, mi sentimiento de seguridad y estabilidad:				
7. A causa de este programa, mi habilidad de acesar servicios legales o información legal es:				
8. A causa de este programa, mi entendimiento de mis derechos leagales y/o mi asunto legal:				

City of San Jose Healthy Neighborhoods
Senior Lifestyle Survey - FY 2009-10
Bay Area Legal Aid Senior Legal Advocacy Project

Marque la caja a la derecha que mejor describe lo que siente. Asegúrese de empezar cada pregunta diciendo, "A causa de este programa..." (ponga una √ o "X" en la caja)	**Más**	**Menos**	**Casi igual**	**No sé**
9. A causa de este programa, mi entendimiento sobre mi situación y las opciones que tengo para resolverla es:				

10. ¿Cuántos meses participaste en este programa (1 mes=4 semanas)? _____.

11. Díganos lo que de gustó y desagradó de este programa y las actividades en las que participo.

_____

_____

_____

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

Please answer the following questions evaluating the services of Bay Area Legal Aid. Your answers are confidential and will help us improve our services to future clients. Thank you very much for taking the time to complete this evaluation.

Circle one answer for each question.

When I first called for assistance the service I received was:

Excellent Very good Good Poor

The attorney who assisted me with the case was:

Excellent Very good Good Poor

The result(s) of my case were:

Very satisfactory Satisfactory Not satisfactory

Please check all the following which apply:

As a result of the information or services provided to me by BayLegal:

___I now have increased knowledge of and access to community and legal resources

___I feel more stable, independent, healthy, and safe.

___I am satisfied with the legal services provided.

Any additional comments:_____

_____

_____

_____

Occasionally, BayLegal gets requests from the media to interview clients. Would you be interested in talking with the media? ____Yes ____No

Please return this evaluation in the enclosed envelope. Thank you for your cooperation.

請回答以下的問題來評估灣區法律援助會的服務。你的答案將會受到保密，并且能夠幫助改進我們對未來客人的服務。非常感謝你抽出寶貴的時間來填寫這評估。

請對每題問題圈出一個答案。

當我第一次致電要求援助時, 我所得到的服務是:

極好　　很好　　好　　差

幫助我此案的律師是:

極好　　很好　　好　　差

我案件所得到的結果是:

很滿意　　滿意　　不滿意

請打鉤以下所有適合的:

灣區法律援助會所提供給我的資詢或服務導致:

____ 我現在對獲得社會和法律資源增加更多的知識。

____ 我覺得更加穩定，獨立，健康，和安全。

____ 我很滿意所得到的法律服務。

額外意見:

_____

_____

_____

有時，媒體請求訪問灣區法律援助會的客人。請問你是否有興趣與傳媒談話呢?

____有 ____沒有

請使用附上的回郵信封寄回評估。

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

Xin hãy trả lời những câu hỏi sau đây để đánh giá sự dịch vụ của Hội Trợ Giúp Pháp Lý Vùng Vịnh. Những trả lời của quý vị được giữ bí mật và sẽ giúp cho chúng tôi cải tiến dịch vụ của chúng tôi cho những người khách trong tương lai. Cám ơn quý vị đã dùng thời gian để điền hết tờ đánh giá này.

Mỗi câu hỏi chỉ đánh vòng tròn vào một trả lời .

Khi lần đầu tiên tôi gọi về trợ giúp dịch vụ tôi đã nhận là:

Tuyệt vời Rất tốt Tốt Kém

Nhân viên luật sư giúp cho tôi với vụ án là:

Tuyệt vời Rất tốt Tốt Kém

Kết quả của vụ án của tôi là:

Rất hài lòng Hài lòng Không hài lòng

Hãy đánh dấu tất cả những câu hỏi sau đây nếu có áp dụng:

Như kết quả của thông tin hoặc dịch vụ đã cung cấp cho tôi bởi Hội Trợ Giúp Pháp Lý Vùng Vịnh:

___Tôi hiện nay tăng thêm sự hiểu biết và lối tiếp xúc với cộng đồng và nguồn pháp lý.

___Tôi cảm thấy ổn định, độc lập, khỏe mạnh, và an toàn hơn.

___Tôi hài lòng với sự dịch vụ pháp lý đã cung cấp.

Bổ sung ý kiến:

_____

_____

_____

_____

Thỉnh thoảng, Hội Trợ Giúp Pháp Lý Vùng Vịnh yêu cầu phương tiện truyền thống đại chúng để phỏng vấn khách. Quý vị có muốn nói chuyện với phương tiện truyền thống đại chúng hay không? ____Muốn ____Không muốn

Xin hãy gởi tờ đánh giá này trong bộc thơ đã kèm theo. Cám ơn sự hợp tác của quý vị.

Por favor conteste las siguientes preguntas evaluando los servicios de Bay Area Legal Aid.
Sus respuestas son confidenciales y nos ayudara a mejorar nuestros servicios para nuestros futuros clients. Muchas gracias por tomarse el tiempo de completar esta evaluación.

Circule una respuesta por cada pregunta.

Cuando llamé por primera vez para asistencia el servicio que recibi fue:

Excelente Muy bueno Bueno Insuficiente

El abogado que me ayudó con el caso fue:

Excelente Muy bueno Bueno Insuficiente

El resultado (s) de mi caso fue:

Muy satisfactorio Satisfactorio No satisfactorio

Por favor ponga un visto en todo lo siguiente que aplica:

Como resultado de la información o servicios proporcionados para mi por BayLegal:

___Mis conocimientos de acceso a los recursos legales y de la comunidad han aumentado.
___Me siento más estable, independiente, sana y segura.
___Me siento satisfecha con los servicios proporcionados.

Comentarios adicionales:

_____

_____

_____

Ocasionalmente, BayLegal recibe peticiones de la prensa para entrevistar a los clients.Estaria Ud. interesado en hablar con la prensa? ___Si___No

Por favor, devuelva esta evaluación en el sobre adjunto. Gracias por su cooperación.

Dear :

Bay Area Legal Aid has completed our work on your legal problem. We hope that our services have been of help to you. While we can never guarantee that we will obtain the legal result which you would have liked, we do try to provide the highest quality legal advice and help possible.

We would like to know what you think of our services. The Private Industry Council (PIC) and the Department of Human Services (DHS), which funded us to help you, would also like to know if we're doing a good job. Please help us by taking a few minutes to complete the enclosed questionnaire. You do not need to put your name on it if you would prefer that your comments are anonymous. We would of course prefer that you sign the form as it will be more useful to us. Because the nature of our legal assistance to you remains confidential, you should not include any specific information about your case which you are not willing to share with DHS and the PIC.

I hope you will assist us in this effort to improve our services to all of our clients. Please feel free to call us in the future if new legal problems come up.

Thank you.

Sincerely,

Staff Attorney

E:\STEVE\lbep\evaluationform.doc

Evaluation of Legal Services/Advice Provided by Bay Area Legal Aid

Were you satisfied with the help you received from us? Please explain.

Do you feel you have a greater chance at getting a job or keeping the job you now have because of the legal advice or assistance we gave you? Please explain. (For example: "I can focus on what I need to do instead of worry about an eviction." Or, "Having a driver's license will make it much easier to hold down my job.")

If your primary language is not English, did you receive services in your preferred language? Did you feel the translation services were satisfactory?

How could we improve our services?

Do you have any specific complaints about how you were treated by any member of our staff at BayLegal?

Do you have any other comments about the services we provided to you or suggestions for improvement?

You do not have to provide your name, but doing so will help us better understand your input and improve our services. Thank you.

_____ _____

(Print name) (Signature)

Please mail or drop off to: Bay Area Legal Aid,1035 Market St, 6th Floor, San Francisco, CA 94103

Оценка законных обслуживаний/консультации обеспечила юридической помощью

Залива Зоны Были вы удовлетворены с помощью вы получили от нас? Пожалуйста объясните.

Вы чувствуете вас иметь большой шанс на получать работу или держать работу вы теперь имеете из-за юридического совета или помощи мы дали вас? Пожалуйста объясните. (Например: «Я могу сфокусировать на чего мне нужно сделать вместо беспокойства о выселении.» Или, «иметь лицензию водителя сделает его гораздо легке держать вниз мое job.")

Если ваш основной язык нет английской языка, то вы получили обслуживания в вашем предпочитаемом языке? Вы чувствовали услуги по переводу были удовлетворительны?

Как смогли мы улучшить наши обслуживания?

Вы имеете специфические жалобы о как вы были обработаны любым членом нашего штата на BayLegal?

Вы имеете другие комментарии о обслуживаниях мы снабдили вы или предложение по усовершенствованиею?

_____ _____

(Имя печати) (Подпись)

Evaluación de Servicios Legales / Consejos Proporcionados por Bay Area Legal Aid

Está Usted satisfecha/o con la ayuda que recivio de nosotros?
Por favor explique.

Usted sienté que tiene grandes posibilidades en obtener un trabajo, o de mantener el trabajo que ahora tiene por la asistencia legal que le dimos? Por favor explique.

Si su lengua primaria no es Inglés, Usted recivió servicios en su lengua preferida? Sintió que los servicios de traducción fueron satisfactorios?

Si Usted recivió, servicios sociles de parte de nuestra trabajadora social, fueron de ayuda para Usted?

Como podriamos mejorar nuestros servicios?

Tiene Usted alguna queja especifica, acerca de como fué tratada por algun miembro de nuestro personal en BayLegal?

Tiene Usted otros comentarios, acerca de los servicios que recivió de parte de nosotros o sugerencias para mejorar?

_____ _____

(Nombre imprento) (Firma)

請對灣區法律援助會所提供的法律服務及意見作出評估

你是否滿意本會的服務? 請解釋.

是否因爲本會所提供給你的法律意見或援助,你覺得你有更大的機會找到工作或保持你現有的工作? 請解釋.

如果英語不是你的第一語言,你是否得到你所選擇的語言服務? 你是否滿意本會的翻譯服務?

如果你曾得到本會社工的社會服務,其服務是否有助於你?

本會怎樣可以改進我們的服務?

對於灣區法律援助會的工作人員所給你之待遇,你是否有任何特別的批評?

對於本會所提供給你之服務,你是否有任何其他意見或建議來幫助我們改進本會的服務?

_____ _____

你的姓名(請寫正楷) 簽名

Март 2010

Здравствуйте!

Если Вы получили это письмо, значит Вы обращались за юридической помощью в организацию Bay Aria Legal Aid (Юридическая помощь жителям залива), в программу PACE или CalWORKs. Мы надеемся, что сэрвис, предоставленный Вам, помог с решением Вашей проблемы.

Мы бы хотели получить от Вас отзыв по поводу качества помощи и сэрвиса в нашей организации. Пожалуйста, заполните прилагаемую анкету. Вы можете не указывать своего имени на анкете. Можете указать Ваше имя если у Вас есть какой-то конкретный вопрос. Почтовый конверт с марками и обратным адрессом прилагается.

Большое спасибо за Вашу помощь! Ваш отзыв поможет нам усовершенствовать качество сэрвиса и программ.

Если у Вас есть вопросы или появилась новая юридическая проблема, с которой мы можем помочь, пожайлуста позвоните по номеру: (145) 482 1300.

С уважением,

Стивен Бингам
Адвокат
Региональный офис Сан Франциско

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

PAES Client Advocacy Project and CalWORKS Client Advocacy Project
Client Feedback Survey March 2010

Часть I: Выделите цифру которая наиболее определяет Вашу оценку.

1. На сколько доступен сэрвис в Bay Area Legal Aid:

Не доступен — Так себе — Доступен

1	2	3	4	5

2. Та помощь которую придоствил BayLegal соответствовала моей юридической проблеме:

Не согласен — Так себе — Согласен

1	2	3	4	5

3. Качество сервиса предоствленное мне было:

Плохое — Так себе — Отличное

1	2	3	4	5

4. В целом, Я был удавлетворён сервисом предоствленном мне в BayLegal:

I Не согласен — Так себе — Согласен

1	2	3	4	5

Часть II: Пожайлуста, дайте ответы на эти вопросы:

5. Я получаю (или получал когда обратился в BayLagal) пособие: ☐ CalWORKS ☐ PAES
6. Какие у Вас есть рекомендации для улучшения сервиса в BayLagal?

7. Какие у Вас есть замечания или комментарии по поводу работы нашей организации?

Большое спасибо за то что Вы заполнили анкету!
Ваше участие помозет нам усовершенствовать нашу программу.

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

Tháng 3 Năm 2010

Kính thưa quý vị,

Quý vị nhận được lá thơ này nếu quý vị đã là khách của Hội Trợ Giúp Pháp Lý trước đây của Kế Hoạch Bênh Vực Cho Người Lãnh PAES hoặc CalWORKs. Chúng tôi hy vọng là dịch vụ của chúng tôi đã giúp cho quý vị.

Chúng tôi muốn biết là quý vị nghĩ gì về những dịch vụ mà quý vị đã nhận. Xin giúp cho chúng tôi bằng cách dùng vài phút để hoàn tất bản câu hỏi sau đây. Để giữ bản câu hỏi bí mật, không cần để tên trên tờ đơn trừ khi quý vị muốn chúng tôi liên lạc quý vị về một chi tiết nào đó. Kèm theo một bì thơ với địa chỉ đã có tem cho sự thuận lợi cho quý vị.

Cám ơn sự giúp đỡ của quý vị! Ý kiến của quý vị sẽ giúp cho chúng tôi cải tiến chương trình của chúng tôi.

Nếu quý vị có gì thắc mắc về bản điều tra này, hoặc quý vị có vấn đề pháp lý mới, hãy đừng ngại gọi cho chúng tôi tại (415) 482-1300.

Chân Thành

Stephen Bingham
Nhân Viên Luật Sư
Văn Phòng Địa Phương San Francisco

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

領取 PAES 福利人士辯護計劃組和領取 CalWORKS 福利人士辯護計劃組 2010 年 3 月客人反應調查表

第一部: 請在形容得最合適你的意見的號碼上打圈。

1. 獲得灣區法律援助會的服務是容易的:

極度不同意		同意		極度同意
1	2	3	4	5

2. 灣區法律援助會對我提供的服務配合我的問題/需要：

極度不同意		同意		極度同意
1	2	3	4	5

3. 灣區法律援助會對我提供的服務的質數是：

差		尚可		極好
1	2	3	4	5

4. 我對灣區法律援助會提供的服務整體上滿意:

完全不滿意		滿意		很滿意
1	2	3	4	5

第二部: 請回答以下的問題.

5. 我 (或當我在灣區法律援助會獲得服務時) 是參與: ☐ CalWORKS ☐ PAES
6. 你是否有任何本會如何可以改進我們的服務的建議?

7. 你是否有任何其它意見或反應你想與本會分享的?

多謝你參與我們的調查!
你的參與會幫助本會改進我們的服務.

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

PAES Client Advocacy Project and CalWORKS Client Advocacy Project Client Feedback Survey March 2010

Part I: Circle the number that best describes your opinion.

1. It was easy to access BayLegal's services:

Strongly Disagree		Agree		Strongly Agree
1	2	3	4	5

2. The services BayLegal provided to me matched my problem/need:

Strongly Disagree		Agree		Strongly Agree
1	2	3	4	5

3. The quality of services BayLegal provided to me was:

Poor		Fair		Excellent
1	2	3	4	5

4. Overall, I was satisfied with the services BayLegal provided to me:

Not at all		Satisfied		Very much
1	2	3	4	5

Part II: Please answer the questions below.

5. I am (or was when I received services from BayLegal) enrolled in: ☐ CalWORKS ☐ PAES

6. Do you have any suggestions for how we can improve our services?

7. Do you have any other comments or feedback you would like to share with us?

Thank you for participating in our survey!
Your participation will help us improve our program.

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

PAES Client Advocacy Project and CalWORKS Client Advocacy Project
Cuestionario de Cliente Marzo 2010

Parte Uno: Circule el número que describe mejor su opinión.

1. Fue fácil conseguir acceso a los servicios de BayLegal:

Totalmente en Desacuerdo		En acuerdo		Totalmente en Acuerdo
1	2	3	4	5

2. Los servicios que BayLegal me proporciono acertaron mi problema/necesidad:

Totalmente en Desacuerdo		En acuerdo		Totalmente en Acuerdo
1	2	3	4	5

3. La calidad de servicios que BayLegal me proporciono fue:

Mala		Buena		Excelente
1	2	3	4	5

4. En general, estaba satisfecho(a) con los servicios que Baylegal me proporciono:

Para nada Satisfecho(a)		Satisfecho(a)		Muy Satisfecho(a)
1	2	3	4	5

Parte Dos: Por favor, conteste las siguientes preguntas:

5. Estoy (o estaba cuando recibí servicios de parte de BayLegal) matriculado en: ☐ CalWORKS ☐ PAES

6. ¿Usted tiene sugerencias en como podemos mejorar nuestros servicios?

7. ¿Usted tiene otros comentarios u observaciones que le gustaría compartir con nosotros?

¡Gracias por su participación!
Su participación nos ayudara a mejorar nuestro programa.

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

PAES Client Advocacy Project and CalWORKS Client Advocacy Project Client Feedback Survey 2006

Thank you for participating in our survey!
Your participation will help us improve our program.

Part I: Circle the number that best describes your opinion.

1. It was easy to access BayLegal's services:

Strongly Disagree		Agree		Strongly Agree
1	2	3	4	5

2. The services BayLegal provided to me matched my problem/need:

Strongly Disagree		Agree		Strongly Agree
1	2	3	4	5

3. The quality of services BayLegal provided to me was:

Poor		Fair		Excellent
1	2	3	4	5

4. Overall, I was satisfied with the services BayLegal provided to me:

Not at all		Satisfied		Very much
1	2	3	4	5

Part II: Please answer the questions below.

5. I am (or was when I received services from BayLegal) enrolled in: ☐ CalWORKS ☐ PAES

6. Do you have any suggestions for how we can improve our services?

7. Do you have any other comments or feedback you would like to share with us?

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

San Mateo Restraining Order Clinic Evaluation

Date: _____

To improve our services to other clients, we need to know how well we helped you. Please circle your response. Thank you for your time.

1. How was the overall service you received?

   Excellent Good Satisfactory Needs Improvement Poor

2. Was the staff respectful, courteous, and responsive to you?

   Definitely Somewhat Not really Not at all

3. Did you receive accurate information that helped you understand your legal problem better?

   Definitely Somewhat Not really Not at all

4. Do you have a clear idea about what to do next with your legal problem?

   Definitely Somewhat Not really Not at all

5. If you had another legal problem, would you come back? Would you recommend a friend or relative?

   Definitely Somewhat Not really Not at all

6. After getting help at the Restraining Order Clinic... (please check all that apply):

   - ❑ I understand the Court process better.
   - ❑ I know more about other kinds of assistance that are available to me than I did before.
   - ❑ I feel that my life is more stable.
   - ❑ I feel safer.
   - ❑ I feel that my life has improved.

7. Before coming to the Restraining Order Clinic, did you know that you could get an order kicking the abuser out of the home? ___Yes ___No

8. If you couldn't get an order to kick the abuser out of the home would you have been forced to stay with the abuser?

   ____ Yes ___No ____I don't know _____ not applicable

For the following questions, **homeless** means:

you or your children are living with someone else (for example your sister's, friends', or parent's place), living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, in motels, hotels, trailer parks, camping grounds, emergency or transitional shelters because you have no place else to go.

9. After of the getting help from the Restraining Order Clinic
   - ❑ I am **much less** likely to become homeless.
   - ❑ I am **somewhat less** likely to become homeless.
   - ❑ I am **as likely** to become homeless as before.
   - ❑ I am **somewhat more likely** to become homeless.
   - ❑ I am **much more likely** to become homeless.

10. After getting help from the Restraining Order Clinic:
   - ❑ I have a safe place for me (and my children) to live.
   - ❑ The abuser will have to move out instead of me and the children.
   - ❑ I have the possibility of requesting child or spousal support at the hearing
   - ❑ I was referred to social services that will help me pay my rent.
   - ❑ I was referred to shelter services so that I will have a place for to live.

11. Do you have any other comments about any of the questions above, including how we can improve our services?

_____
_____
_____
_____
_____

12. May our staff contact you to discuss any of these matters? Yes No
    If so, please provide us with:

    Name: _____
    Address: _____
    _____
    Telephone Number: _____

* * * *

Thank you for your participation. Your responses to this questionnaire will remain confidential, and will only be used for evaluating our services unless we contact you and get your permission.

BAY AREA LEGAL AID

WORKING TOGETHER FOR JUSTICE

Evaluación - Clínica de Ordenes de Restricción en San Mateo

Fecha:_____

Para mejorar nuestros servicios, necesitamos saber que piensa usted de nuestra ayuda. Por favor encierre en un círculo su respuesta. Gracias por su tiempo.

1. ¿En general como le pareció el servicio que recibió?

Excelente Bueno Satisfactorio Necesita Mejorar Malo

2. ¿Nuestros empleados fueron respetuosos, corteses, y sensibles con Usted?

Definitivamente Algo Un poco No lo fueron

3. ¿Recibió Usted información que le ayudo a entender mejor su problema legal?

Definitivamente Algo Un poco No

4. ¿Tiene una idea clara del siguiente paso que debe tomar para su problema legal?

Definitivamente Algo Un poco No

5. ¿Si tuviera otro problema legal, regresaría a nuestra oficina? Nos recomendaría a amigos y familiares?

Definitivamente Algo Un poco No

6. Después de haber recibido ayuda legal en la Clínica de Ordenes de Restricciones. (Favor de tachar los que apliquen):

- ❑ Entiendo mejor el proceso de la corte.
- ❑ Ya entiendo más que antes a cerca de los recursos de apoyo / información a mi disposición.
- ❑ Siento que mi vida es más estable.
- ❑ Me siento más segura.
- ❑ Siento que mi vida ha mejorado.

7. Antes de venir a la clínica de ordenes de restricción, estaba usted enterada (o) de que podía pedir una orden para sacar al abusador de la casa? _____ Si _____ No

8. Si usted no pudiera conseguir una orden para sacar al abusador de la casa, se hubiese usted visto forzada (o) a quedarse con el abusador?

___ Si _____ No _____ No se _____ No Aplica

Para las siguientes preguntas, **sin hogar** significa

Usted o sus hijos estas viviendo en casa de alguien (por ejemplo, en casa de sus familiares o amigos) viviendo en un carro, en un parque, en espacios públicos, edificios abandonados, viviendas por debajo de los estándares normales, estaciones de tren o autobús, en moteles, hoteles, o parqueadero de trailers, en lugares de campamento, en refugios de emergencia u hogares de transición o no tiene ningún lugar a donde ir

9. Después de que recibió ayuda de la Clínica de Ordenes de Restricción
   - ❑ Tengo **muchas menos** posibilidades de convertirme en alguien sin hogar
   - ❑ Tengo **menos** posibilidades de convertirme en alguien sin hogar
   - ❑ Tengo **algunas** posibilidades de convertirme en alguien sin hogar
   - ❑ Tengo las **mismas** posibilidades de convertirme en alguien sin hogar que antes
   - ❑ Tengo **algunas** posibilidades de convertirme en alguien sin hogar
   - ❑ Tengo **mas** posibilidades de convertirme en alguien sin hogar

10. Después de que recibió ayuda de la Clínica de Ordenes de Restricción

   - ❑ Tengo un lugar seguro donde vivir (usted y sus hijos)
   - ❑ El abusador tendrá que moverse en vez de que nos movamos los niños y yo
   - ❑ Tengo la posibilidad de pedir manutención de niños y/o esposa (o) en la audiencia
   - ❑ Fue referida (o) a programas de servicios sociales que me ayudaran a pagar mi renta
   - ❑ Fui referida (o) a programas de refugio temporal y tendré un lugar donde vivir

Si fuese necesario, podríamos contactarlo para conversar sobre sus respuestas?

____ Sí ____ No

Si su respuesta es si, favor de proveer la siguiente información:

Nombre: _____
Dirección: _____

_____

Numero de Teléfono_____
(un numero donde podemos mencionar que estamos llamando de Bay Area Legal Aid

* * * * *

Gracias por su participación. Sus respuestas a este cuestionario son confidenciales, y solamente se usarán con el propósito de evaluar nuestros servicios, al menos que lo contactemos y pidamos su permiso.