Department of Aging and Disability Services (ADS) is committed to high quality service. You can help us to improve our service by answering the questions on this comment card. Please answer these questions based on your own experience with Aging and Disability Services.

1. **How did you find out about us?**
2. **Are you aware of the services offered by Aging and Disability Services?** Yes [ ]  No [ ]

Comments:

1. **Was the behavior of Aging and Disability Services staff professional and courteous?** Yes [ ]  No [ ]  Comments:
2. **If you could change one thing about your most recent interaction with Aging and Disability Services what would it be?**
3. **Were you connected to the services and/or supports you needed?** Yes [ ]  No [ ]

Comments:

1. **Did you find our response time reasonable?** Yes [ ]  No [ ]

Comments:

1. **What did Aging and Disability Services do well?**

**Further Comments and Suggestions:**

**Name (optional):**