NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 20 JEFFERSON CITY MO

POSTAGE WILL BE PAID BY ADDRESSEE

OFFICE OF THE DIRECTOR
QUALITY CONTROL UNIT
FAMILY SUPPORT DIVISION
PO BOX 2320
JEFFERSON CITY MO 65102-9772

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PLEASE TAKE A FEW MINUTES TO TELL US ABOUT YOUR VISIT TO A FAMILY SUPPORT DIVISION OFFICE. YOUR COMMENTS WILL AID OUR EFFORTS TO CONTINUALLY IMPROVE OUR SERVICE.

THANK YOU,
DIRECTOR, FAMILY SUPPORT DIVISION

OFFICE LOCATION (COUNTY)	TIME OF DAY ☐ AM ☐ PM	DATE

THE PURPOSE OF MY VISIT WAS TO:

APPLY FOR:
- ☐ TEMPORARY ASSISTANCE
- ☐ MEDICAID
- ☐ FOOD STAMPS
- ☐ OTHER BENEFITS

- ☐ REPORT A CHANGE
- ☐ TALK WITH MY ELIGIBILITY SPECIALIST
- ☐ GET INFORMATION
- ☐ LEAVE INFORMATION
- ☐ ADD A FAMILY MEMBER TO MY CASE
- ☐ OTHER

	YES	NO
I WAS TREATED WITH COURTESY BY RECEPTION STAFF.	☐	☐
I WAITED ________ MINUTES ________ HOURS TO BE SEEN.	☐	☐
THE OFFICE WAS BUSY WHEN I WAS THERE.	☐	☐
I WAS TREATED WITH COURTESY BY MY ELIGIBILITY SPECIALIST.	☐	☐
I WAS ABLE TO APPLY FOR ASSISTANCE	☐	☐
I UNDERSTAND WHAT ELSE I MUST DO TO GET APPROVED FOR ASSISTANCE.	☐	☐
I GOT EVERYTHING DONE I WANTED TO DO	☐	☐

OUR OFFICE WAS:	YES	NO
EASY TO FIND	☐	☐
EASY TO GET TO FROM MY HOME	☐	☐
ARRANGED SO I KNEW WHERE TO GO	☐	☐
CLEAN	☐	☐
COMFORTABLE	☐	☐

COMMENTS: ____

____

____

NAME, ADDRESS AND TELEPHONE NUMBER (OPTIONAL)

____

____

MO 886-2890 (1-07) IM-23-001 (1/07)

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