Targeted Case Management Program (TCM)
Screening, Assessment and Service Discharge Planning

- What services did you receive from the TCM Program?
  Screening _______ Assessment _______ Discharge Planning _______

  - If you requested screening services to see if you are eligible for services from the TCM, did you receive screening services within _____ days of your request?

- Were you satisfied with the TCM services you received?
  Screening _____yes/no
  Assessment _____yes/no
  Discharge Planning _____yes/no

- Were you able to include others, such as family and friends in meetings with the TCM unit?

- Please check below if you were informed about any of the following services:
  - Nursing Facility waiver services? ______
  - MSSP? ______
  - Mental Health services? ______
  - On Lok? ______
  - IHSS? ______
  - Case Management? ______
  - Money Management? ______
  - Help with Meals? ______
  - Home Nursing? ______
  - Equipment (wheelchair, hospital bed, commode)? ______
  - Were you informed about housing options? ______
  - Were you asked where you would like to live? ______
• Were you asked what kind of supports you desire to live in the community? __________

• If you had a discharge planning meeting, did you feel comfortable with the actions taken after the meeting to help you with discharge? _______

• Were you told or given information about your appeal rights? ____

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Please state any comments or concerns you may have about the TCM Program including any individual follow-up you need:

If you would like your name to be given to Protection and Advocacy, Inc. for information or assistance regarding follow-up, please print your name, sign and date below:

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<thead>
<tr>
<th>Print Name</th>
<th>Sign Name</th>
<th>Date</th>
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Address

Phone Number(s)

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