



Voluntary Self-Identification Survey

The following is strictly voluntary and will be treated confidentially. It will not affect your status in receiving benefits or services.

Please indicate the following:

Gender:

- Female
- Male

Ethnic Origin:

- Hispanic or Latino
- Not Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Are you an individual with a disability?

- Yes
- No



Participant Survey

1. Please describe the frequency of your visits or contacts with this local office (choose the most likely response, it does not have to exact):

- Once a year
- 2 to 4 times a year
- Once a month
- Once a week
- More often

2. Do you feel that this office is accessible to all, regardless of their:

a. Race/color/ethnicity

- Yes
- No

b. Sex or gender

- Yes
- No

c. Disability

- Yes
- No

d. Religion

- Yes
- No

e. National origin

- Yes
- No

f. Age

- Yes
- No

g. Limited ability to speak or understand English

- Yes
- No



h. Citizenship

Yes

No

i. Political affiliation or belief

Yes

No

3. What recommendations, if any, do you have for this office when it comes to making sure its programs and services are accessible to everyone?

Click or tap here to enter text.

4. What is your opinion of the quality of services you received?

Click or tap here to enter text.

5. Did you leave satisfied that you received the answers or services you were looking for?

Yes

No

6. Did anyone inform you of your equal opportunity nondiscrimination rights? (For example, did anyone inform you what to do if you believe you were discriminated against based on your race, gender, age, disability, national origin etc.?)

Yes

No

7. When you registered to participate in the program, did you receive a written copy of those rights?

Yes

No

8. Do you have any comments, concerns, or suggestions about your local office? (If you want to be contacted about any of the concerns please include your name)

Click or tap here to enter text.