

Medical Case Management/Service Provider--Early Intervention Services Survey

In an effort to improve services for our clients and communication between Early Intervention Services (EIS) and Medical Case Management (MCM) and other Service Provider staff, we would like feedback about EIS. This survey relates to AIDS Connecticut EIS staff only. If you have never made a referral to EIS, please state why on the back of this form. Thank you for your collaboration!

Date: _____ Site: _____

Name/Contact Information (optional): _____

Number of clients referred to EIS: _____

Please read and rate these statements on the following scale:

1 = strongly disagree 2 = disagree 3 = neither agree or disagree 4 = agree 5 = strongly agree
 N/A = not applicable

Statement	1	2	3	4	5	N/A
I understand the purpose of EIS.						
I understand how the EIS program works.						
EIS is an easy program to refer a client to.						
I need more information about the services EIS offers.						
EIS staff responds quickly to referrals.						
EIS staff is courteous with me.						
My client(s) think(s) EIS is a valuable resource.						
I am able to communicate effectively with the EIS staff.						
EIS staff is successful locating my clients and assisting them in returning to care.						
EIS staff notifies me when a client are found in the community.						
I would recommend this program to other providers.						

Are you aware that an EIS-specific release of information (beyond the general Network of Providers release) is required in order for EIS staff to contact a client? Yes No

Are you aware that an EIS referral form, in addition to an EIS CAREWare referral, must be included in a referral? Yes No

My overall feeling with EIS is:

Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Please write any additional comments or questions you may have on the back of this form.

If you have never made a referral to EIS, please indicate why you have not referred to EIS (e.g., did not know about EIS, no clients have fallen out of care) on the back of this form.