

As part of VIP, we value your input and feedback.

Please complete this anonymous survey to help us improve our services. The survey results are compiled by a third-party staff outside of VIP staff. If you want to provide additional feedback, discuss concerns, or need accommodation for this survey, contact Holly Ewing at 303-442-8662 or holly@cpwd.org.

Two names will be drawn from completed surveys to receive a \$50 gift card on March 15, 2026. To be included in the drawing enter your name and contact information at the end of this survey. Names will be separated from survey results for drawing purposes.

1. Please indicate the status of the person completing this survey:

- ☐ Veteran
- ☐ Family Member
- ☐ Authorized Representative
- ☐ Other (please specify)

2. How long have you been in the VIP Program?

- ☐ less than 6 months
- ☐ 6 - 12 months
- ☐ More than 12 months
- ☐ Other (please specify)

3. Who is your VIP Advisor?

- | | |
|--|--|
| ☐ Connie - CPWD | ☐ Eric - DMC |
| ☐ Heidi - CPWD | ☐ Marsha - League of Human Dignity |
| ☐ Ben - CPWD | ☐ Jackie - League of Human Dignity |
| ☐ Mark - CPWD | ☐ Ruthie - League of Human Dignity |
| ☐ Dylan - CPWD | ☐ Amy - League of Human Dignity |
| ☐ Jonathan - CPWD | ☐ Olga or Raquel - RICV |
| ☐ Dave - CPWD | ☐ Jasmine - Rolling Start |
| ☐ Kimberly - Connections | ☐ Nicole - League of Human Dignity |
| ☐ Cassie - Connections | ☐ Stacy - League of Human Dignity |
| ☐ Marysol - DMC | ☐ Megin - League of Human Dignity |
| ☐ Other (please specify) | |

4. Name and Contact Information for \$50 Amazon gift card drawing (optional):

Name

Email Address

Phone Number

5. I am satisfied with VIP.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

6. I get the care and support that I need to live safely in my own home.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

7. VIP has helped me continue to do the activities that are important to me.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

8. I am able to manage how my budget is spent.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

9. VIP has improved the way I live my life.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

10. VIP provides services and supports that help keep me independent.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

11. My VIP Advisor is helpful to me and treats me fairly and with respect.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

12. ARIS (financial management service) is helpful to me.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

13. My caregivers treat me with dignity and respect.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

14. I feel confident in managing my employees and being an employer.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

15. My caregivers provide me with the help I need.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

16. I am satisfied with the quality of my care.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

17. I have support from my VIP Advisor when I need to find new caregivers.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A
- ☐ Other (please specify)

18. Additional Comments/Suggestions: