



Debt Solver Program™ Client Exit Survey

In our effort to continually improve CCCS programs, we appreciate your completion and return of the following evaluation.

Your name (optional) _____ Client ID # _____ Date _____

Please select the reason you are closing your CCCS Debt Solver Program from the options below:

- _____ paid all accounts in full through CCCS
- _____ paid off all accounts in full on my own
- _____ decided to file bankruptcy
- _____ regained financial control and can repay my creditors on my own
- _____ dissatisfied with the Debt Solver Program and believe I can better handle my finances my own because _____
- _____ reduced income. Please specify _____. (Unemployment, divorce, disability, etc.)

Please circle the appropriate response for each question:

Level of Satisfaction	Strongly		Strongly		
	Agree	Neutral	Disagree		
CCCS employees treated me with respect	5	4	3	2	1
CCCS fees are fair/reasonable	5	4	3	2	1
Agency was sensitive to my cultural background	5	4	3	2	1
Overall rate your satisfaction with CCCS	5	4	3	2	1
Services from CCCS made a difference in the quality of my life	5	4	3	2	1

Would you recommend this service to others? Yes _____ No _____

Are there ways we can improve our services? (please specify)



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