





5. Please rate these services provided by your FMS.

	Excellent 5	4	Average 3	2	Very Poor 1	N/A
Assistance completing FMS enrollment paperwork. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness in processing FMS enrollment paperwork. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying your Attendants - on time. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying your Attendants - accurately. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing accurate and timely tax documentation. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. My overall satisfaction with my FMS can be described as:

	Very Satisfied 5	4	Neither Satisfied Nor Dissatisfied 3	2	Very Dissatisfied 1	N/A
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use this space for any additional feedback about your experience working with your FMS. Please note that your comments will not be read immediately by your FMS vendor. If you need immediate assistance please contact your FMS customer service center directly.

FOR REVIEW

Name (Optional\*) - please print:

Who completed this survey? Member  Authorized Representative

\*Do not write your name if you'd prefer that your comments remain anonymous.

If you have additional comments or suggestions, please submit them on another piece of paper with this survey.

Thank you for completing this survey.  
Your responses will help improve the CDASS Program!  
Please return in the enclosed envelope by **May 6, 2022**

Draft

