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| --- | --- | --- | --- | --- | --- |
| **Case Manager Skills/Performance** | **1 Very Poor** | **2 Poor** | **3 Neutral** | **4 Good** | **5 Very Good** |
| Advocacy |  |  |  |  |  |
| Availability/Accessibility |  |  |  |  |  |
| Communication |  |  |  |  |  |
| Coordination of Supports/Services |  |  |  |  |  |
| Ethical Behavior |  |  |  |  |  |
| Follow through |  |  |  |  |  |
| Knowledge of Available Resources |  |  |  |  |  |
| Problem Solving Skills |  |  |  |  |  |
| Quarterly Meeting/Home Visits |  |  |  |  |  |
| Respects you and your concerns |  |  |  |  |  |

**Please rate your case manager’s performance in the following areas:**

My Case Manager is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OPTIONAL***My name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Client HIPAA name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Waiver: FSW or CIHW  
Additional Comments:

**Thank you for your participation and feedback! Please let us know if you would appreciate a call from our management team. Yes, please!**