



To Our Esteemed Clients,

We need and greatly value your input.

As agreed upon during your original intake, and in order to assure Kemper Services, Inc is meeting your needs and employing the utmost professionally qualified caregivers, please assist us and take a moment to fill in this important information.

1. Does Kemper Services, Inc. meet or exceed your personal expectations? yes no

2. Does your selected care provider meet or exceed your personal expectations?

yes no _____

3. Is your selected care provider consistent and professional at their duty? yes no

4. Would you recommend Kemper Services, Inc. and or its personal care providers?

yes no _____

Signature

Date

Thank you for your time in answering these questions. Please forward this completed form along with your (optional) comments to: Kemper Services, Inc. 326 151st Pl SE, Lynnwood, WA 98087. Feel free to use the back of this form on an additional attached sheet to provide any detailed explanation you feel would be helpful.

In your service,

Jenny Kemper-Eigner

JK: jl/enclosure