

NorthCare Network Substance Abuse Services

200 W. Spring Street, Marquette, MI 49855

Phone: (906) 225-7222 Toll-Free: (800) 305-6564 Fax: (906) 225-7224

Quarterly Summary Report on Client Satisfaction Results FY 2008 - 2009

SUBSTANCE ABUSE TREATMENT PROGRAM NAME: _____

1st Quarter
Oct. 2008 – Dec. 2008
Due by Jan. 15, 2009

2nd Quarter
Jan. 2009 – Mar. 2009
Due by April 15, 2009

3rd Quarter
Apr. 2009 – June 2009
Due by July 15, 2009

4th Quarter
July 2009 – Sept. 2009
Due by Oct. 15, 2009

Age of Population	# of Clients Surveyed	# Responded to Survey	# of "Satisfied" Respondents	# of "Not Satisfied" Respondents
Age 18 and Older	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
Younger than Age 18	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>

Person Completing this Report: _____

Date of Report: _____

Due Date: Please FAX or email this Report *within* 15 days of the END of EVERY Report Month to: Jan McCombie, FAX: 225-7224 Phone: 225-4435