



OARS Participant Feedback Form – Tell us what you think about OARS!

Please take this opportunity to share your experiences while participating in OARS. Your honest responses will help us to improve the OARS programs. We value your input! All responses are confidential and optional. If you need additional space, please write on the back. Thank you!

Date: _____

SRS Office Location (optional): _____

- 1. How long have you been participating in OARS? _____.
- 2. Do you feel safer while participating in OARS? Yes No Why or why not?
- 3. What activities are you involved in through OARS? Check all that apply.

<input type="checkbox"/> legal advocacy	<input type="checkbox"/> transportation	<input type="checkbox"/> medical advocacy	<input type="checkbox"/> other (please list below)
<input type="checkbox"/> protection order	<input type="checkbox"/> counseling	<input type="checkbox"/> children/family events	
<input type="checkbox"/> safety planning	<input type="checkbox"/> support groups	<input type="checkbox"/> referrals	
<input type="checkbox"/> shelter	<input type="checkbox"/> housing advocacy	<input type="checkbox"/> financial literacy	

- 4. Were you given information on how domestic and/or sexual violence can affect your safety and employment or attempts to become employed? Yes No
- 5. Have you been given safety tools that you can use now and in the future? Yes No
- 6. Have you been offered an opportunity to participate in work program activities? Yes No
- 7. How is the OARS program meeting your needs? Please explain - feel free to use the back of the form.
- 8. What suggestions do you have to improve OARS?
- 9. Please describe any concerns about the quality of the OARS services you have received.
- 10. If you have been satisfied with OARS services and wish to share examples of quality service, please do so.

*If you would like to contact someone directly regarding your OARS experience you may do so in the following ways:
 Sheila Hollis, 915 SW Harrison 5th Floor Ste#580W, Topeka, KS 66612 Email: sheila.hollis@srs.ks.gov Phone#785-296-5162
 Rebekah Moses, 634 SW Harrison, Topeka, KS 66603 Email: rmoses@kcsdv.org Phone #785-232-9784*

Instructions for completing the OARS Participant Feedback Form

OARS Participants are invited to complete the OARS Participant Feedback Form in the following ways:

- At intake to the OARS Program, OARS Advocates should make OARS Participants aware that they will have the opportunity to complete the OARS Participant Feedback Form at each six month review and at any time upon their request during their participation in the program. Completion of the OARS Feedback Form is voluntary.
- OARS Advocates are required to offer the Feedback Form at each six month review.
- EES Case Managers may have access to this form via KEESM and may offer it to the OARS participant at any time.
- OARS participants may request this form at any time from an OARS Advocate or from an EES Case Manager.
- OARS Participant Feedback forms are confidential. After an OARS participant completes the form they should place it in an envelope, seal it and label it "OARS Confidential". Any envelopes collected by EES staff should be given to the OARS Advocate who will ensure that they are forwarded unopened to the OARS Advocacy Coordinator at KCSDV.

(Space for OARS Participant's additional feedback)