



## POST-PERMANENCY SERVICES QUESTIONNAIRE (PPSQ)

**Purpose:** The purpose of this questionnaire is to obtain feedback about the quality of services provided by the Post-Permanency contractor. In April of each year, the contractor provides this questionnaire to all families who received Post-Permanency services within the current contract year.

**Directions:** Please check one response for each statement. If a statement does not apply to you, please check "NA". We will keep your answers confidential. Please return your finished questionnaire in the enclosed self-addressed envelope or by email to  
(Contractor to insert email address)

### GENERAL INFORMATION

Provider:	Family Name (Not Required):
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### STATEMENTS

Check one response for each statement	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Post-Permanency Services helped us identify our needs and address our family dynamics related to permanency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We were able to call agency staff during regular business hours as well as after hours for emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After we gave the contractor our completed application packet, my family received a Service Plan within 30 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The contractor provided or referred us to the services and resources we needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We felt safe going to and from the place(s) where services were provided, and we felt safe while in attendance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Service Plan was sensitive to and respectful of our family's permanency needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We received services for a sufficient amount of time to make progress on our needs related to permanency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We received services or referrals for the permanency-related issues that we wanted to address.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The services we received helped my family remain together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The services we received helped us understand and cope with our child's (or children's) history of trauma and any resulting behavioral or emotional needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The services we received helped improve my child's (or children's) educational needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**COMMENTS**

If any of your answers are "Disagree" or "Strongly Disagree" please explain. Use the back or an additional page if more space is needed.

**PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).