

## Appendix I. Mail Survey Instructions and Sample Cover Letter

Below are the steps for collecting the surveys through the mail, followed by sample cover letters. The letter on page 74 is for a client who will do the *SCP Independent Living Performance Measure Survey*, or a caregiver who will get the *SCP Respite Performance Measure Survey*. The letter on page 75 is for the family member of a client, if you have determined that the client needs someone else (a surrogate) to fill out the survey for him or her.

To mail the survey, you will need:

- Copies of the survey(s);
- Copies of the cover letter;
- Lists of clients'/caregivers' addresses;
- Envelopes and postage for mailing the survey to clients/caregivers; and
- Stamped self-addressed envelopes for getting the completed survey back from clients/caregivers

### Mail Survey Steps

**Step 1:** Put together lists of the people who should get a survey – one list for clients receiving companionship/independent living services if you are measuring H9, and one list for caregivers receiving respite care services if you are measuring H14. Clients and caregivers who have been receiving services for at least the minimum amount of time indicated in your work plan should get a survey.

**Step 2:** Download survey(s) needed and make a copy for each client/caregiver on the list. The surveys are available at the National Service Knowledge Network ([www.nationalserviceresources.gov/scp-surveys](http://www.nationalserviceresources.gov/scp-surveys)).

**Step 3:** Write a cover letter explaining the survey and make copies. There is a sample cover letter included in this appendix that you can adapt, and tips for writing your own letter if you prefer.

**Step 4:** Put together the mailing. Stamp and address each envelope, and put the following inside:

- Cover letter signed by the Project Director;
- Blank survey; and,
- Self-addressed stamped envelope to return the completed survey form to the Project Director.

**Step 5:** Mail out the surveys.

**Step 6:** After about 5 days, you may want to send a reminder/thank you message. You will not know who has returned a survey because they are anonymous, so send the message to everyone. For example, you can say:

“Greetings, we recently sent you a survey about the Senior Companion services you receive. If you have already sent the survey back to us, thank you. If you have not sent the survey back, please take a moment to fill it out. If you have any questions, please call ...”

**Step 7:** As surveys are returned, store them in a safe place. Keep them for your records.

**Step 8:** Enter survey data into the *Client-Caregiver Surveys Spreadsheet* (recommended). You may want to do this as the surveys come in to save time later and avoid misplacing data.

**Step 9:** When it comes time to report your performance measure results for H9/H14 in eGrants, the *summary* page of the spreadsheet automatically calculates the numbers of clients/caregivers who were surveyed and who met the outcome targets.

### **Sample Cover Letter**

On the following pages are sample cover letters that can be adapted and mailed to either clients or caregivers (page 74), or a family member (surrogate) who will be completing the survey for a client (page 75). If you prefer to write your own cover letter, here are some tips:

- Use official project/agency stationary with letterhead.
- Keep the letter to one page, easy to read, and a large font size.
- State why the study is important and how the results will be used.
- Let the reader know why they are being asked to do the survey.
- Let the reader know that their participation is voluntary.
- Let the reader know that the survey is confidential and their individual answers will not be shared.
- Remind the reader not to put their name on the survey.
- Include instructions on how to return the survey, and give a “due date”.
- Give your name and telephone number and ask them to call you if they have questions.
- Include a self-addressed stamped envelope.

[Your Agency Letterhead]

**Sample Letter for Client or Caregiver**

[date]

Dear *[client or caregiver name]*,

A Senior Companion, *[name]*, has been assisting you. We are asking you to complete a survey about the services you receive. The purpose is to learn how the support of a Senior Companion may affect your life. We invite you to share your thoughts by completing the enclosed survey.

***You may choose not to do the survey***, and this will not affect your access to services.

***The survey is confidential.*** We do not ask for names or other personal information. Survey results will be presented in a way that prevents individual from being identified.

The survey takes about 10 minutes to fill out. Circle one answer for each question. If a question does not apply to you, leave it blank.

Please do not put your name on the survey. When you are finished, return your survey using the enclosed envelope ***by [date]***.

If you have any questions about the survey, please call *[Project Director]* at *[telephone]*.

Sincerely,

*[Name and title]*

[Your Agency Letterhead]

**Sample Letter for Family Member (Surrogate)**

[date]

Dear *[family member name]*,

A Senior Companion volunteer *[name]*, has been assisting *[name of family member]*. We are asking you to complete a survey about the services your family member receives. The purpose is to learn how the support of a Senior Companion has affected our clients' lives.

Would you be willing to complete the survey on behalf of your family member?

***You may choose not to do the survey***, and this will not affect your family member's access to services in any way.

If you choose to take the survey, you will need to answer the questions the way you believe your family member would answer. If a question doesn't apply, or you are unsure of how your family member would feel about it, please leave it blank.

***The survey is confidential.*** We do not ask for names or other personal information. Survey results will be presented in a way that prevents individual from being identified.

The survey takes about 10 minutes to fill out. Circle one answer for each question. If a question does not apply, leave it blank.

Please do not put your name on the survey. When you are finished, send your survey back in the enclosed envelope ***by [date]***.

If you have any questions about the survey, please call *[Project Director]* at *[telephone]*.

Sincerely,

*[Name and title]*