

HARRISBURG OVR - BVRS

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[REDACTED]  
[REDACTED]

6 Month Survey

Fax: 717-783-5221

Phone: 1-800-233-3008

Office of Vocational Rehabilitation

Program, Policy and Evaluation Division

1521 North 6th St

Harrisburg, PA 17102

The OVR Bureau of Vocational Rehabilitation is conducting this survey so that we may be more helpful to people with disabilities. The information you provide will help us better serve our customers.

Please complete the enclosed survey and return it in the enclosed envelope within 5 days. When choosing your answers think of all your services from OVR, not just 1 or 2. All information will be kept confidential.

If you have any questions regarding further OVR services, please contact the HARRISBURG OVR - BVRS at (800) 442-6352

If you need help completing this survey or need an alternate format, please contact **OVR at 1-800-442-6351(voice)**. 1-800 number is only available for making calls within Pennsylvania

TTY users, please use the Pennsylvania Relay Service at **711 or TTY number 1-800-233-3008**



Thank you for answering this survey.

Please tell us if any of your contact information has changed. Enter the new information on the lines below.

New Name \_\_\_\_\_

New Address \_\_\_\_\_

New City \_\_\_\_\_

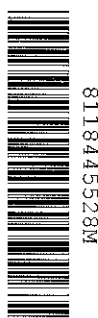
New State \_\_\_\_\_

New Zip Code \_\_\_\_\_ New Phone Number (\_\_\_\_) \_\_\_\_\_  
Area code Number

**CUSTOMER SURVEY**  
**Office of Vocational Rehabilitation**

*Please read each statement then completely fill in the oval that best matches your opinion.*  
Please use blue or black ink when completing this form.

	Yes	No	Not Sure
1. Did you actively participate with your counselor in writing your employment plan (IPE)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Were you satisfied with the amount of contact between you and your counselor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Did your counselor listen to your ideas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Are you satisfied with the help you received from OVR in achieving your employment goal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Did you receive information about OVR's appeal process, including how to contact the Client Assistance Program (CAP)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you currently have a job and get a paycheck?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Are you satisfied with the job you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you think you will have chances to get promotions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do you have health insurance through your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do you pay for all or some of your health insurance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you belong to a retirement plan through your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Do you contribute part of your pay to the retirement plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Do you receive paid vacation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Do you receive paid sick leave?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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How many hours a week do you work?

How much do you earn per week before taxes are taken out?

**CUSTOMER SURVEY**  
**Office of Vocational Rehabilitation**

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Please use this space to make comments about OVR or make suggestions for  
how we can improve our services.




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YORK OVR - BVRS

[REDACTED]

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[REDACTED]  
[REDACTED]

Yearly Survey

Fax: 717-783-5221

Phone: 1-800-233-3008

Office of Vocational Rehabilitation

Program, Policy and Evaluation Division

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Harrisburg, PA 17102

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Thank you for answering this survey.

Please tell us if any of your contact information has changed. Enter the new information on the lines below.

New Name \_\_\_\_\_

New Address \_\_\_\_\_

New City \_\_\_\_\_

New State \_\_\_\_\_

New Zip Code \_\_\_\_\_ New Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Area code Number

**CUSTOMER SURVEY**  
**Office of Vocational Rehabilitation**

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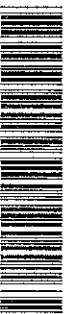
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JOHNSTOWN OVR - BVRS



6 Month Survey

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If you have any questions regarding further OVR services, please contact the JOHNSTOWN OVR - BVRS at (814) 255-6771

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8118302837M

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New City \_\_\_\_\_

New State \_\_\_\_\_

New Zip Code \_\_\_\_\_ New Phone Number ( ) \_\_\_\_\_

Area code

Number





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