Feedback SNR E

Accessible Diversity Services Initiative Limited

(Aged Care)

Date:	Name:			
Activities / Services:				
				Pre-filled by Worker
Do you feel supported by ADSi in your independent living?				
Were ADSi services / activities were well organised?				
Are you satisfied with the services received?				
Did workers listened to you and understood issues?				
Please provid	le other commo	ents below		

Please return completed form to your support worker, thank you.

Aged Care - Feedback Version 2020-04-01 Page 1