



**Please answer the following questions to let us know how you are doing.**

24. How long did you receive services from this Center?

- a. Less than 1 month
- b. 1—2 months
- c. 3—5 months
- d. 6 months to 1 year
- e. More than 1 year

25. Are you still getting services from this Center?  Yes  No

**Please answer the following questions to let us know a little about you.**

26. **Race:** (Check two if needed)

American Indian/Alaskan Native       White (Caucasian)       Black (African American)  
 Asian/Pacific Islander       Other (describe): \_\_\_\_\_

27. **Are either of your parents Spanish/Hispanic/Latino?**  Yes  No

28. **Gender:**  Male  Female  Transgender

29. **Age:** \_\_\_\_\_

30. **Do you have Medicaid insurance?**  Yes  No  Don't Know

***Thank you for taking the time to answer these questions!***

# Gift Card Claim Form

The answers that you have given in this survey will help us make the services you receive better. As a token of appreciation for completing this survey, we would like to give you a Wal-Mart gift card worth \$5.00.

CC/FSP Initials \_\_\_\_\_

Date \_\_\_\_\_

**Thank you!**



**Gift Card Distribution**

*This section to be filled out by Wraparound Staff*

Date: \_\_\_\_\_

CC/FSP/WS name: \_\_\_\_\_

CC/FSP/WS signature: \_\_\_\_\_

Wraparound staff should sign and date this claim form and fax it to  
EMSTAR Research (404-681-1067).

THANKS!