|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Recipient Evaluation YVEDDI Weatherization Assistance Program | | | | | | | | | | |
|  | | | | | | | | | | |
| Job #: | | | | | | | | | | |
| Recipient: |  | | | | | County: | | |  | |
| Address: |  | | | | | | | | | |
| City: |  | State: |  | | | | Zip: |  | | |
|  | | | | | | | | | | |
| Please rate the following aspects of your experience with the YVEDDI Weatherization Assistance Program and the crew/contractors who worked at your home. | | | | | | | | | | |
|  | | | | **Poor** |  | | | | | **Excellent** |
| Communication with the Weatherization Office Staff (during the application process and appointment scheduling) | | | | 1 | 2 | | 3 | 4 | | 5 |
| Courtesy and cooperation of the Weatherization crew | | | | 1 | 2 | | 3 | 4 | | 5 |
| Crew was organized and worked well as a team | | | | 1 | 2 | | 3 | 4 | | 5 |
| Crew kept busy and engaged in work | | | | 1 | 2 | | 3 | 4 | | 5 |
| Crew cleaned up at the end of the day | | | | 1 | 2 | | 3 | 4 | | 5 |
| Courtesy and cooperation of other contractors or delivery personnel | | | | 1 | 2 | | 3 | 4 | | 5 |
| My questions were addressed by the Crew Leader | | | | 1 | 2 | | 3 | 4 | | 5 |
| Quality of workmanship | | | | 1 | 2 | | 3 | 4 | | 5 |
| My overall satisfaction with the work | | | | 1 | 2 | | 3 | 4 | | 5 |
|  | | | | | | | | | | |
| Additional Comments: | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Recipient Signature | | | | | | | | Date | | |