We would appreciate feedback about your ICAP assessment experience. To submit this survey to MAXIMUS, you can fax it to 877.431.9568, or mail it to: MAXIMUS, 840 Crescent Centre Dr. Suite 400 Franklin, TN. 37067. You can also complete and submit this survey online at [https://www.surveymonkey.com/r/MSICAPSatisfactionSurvey](https://www.surveymonkey.com/r/MSICAPSatisfactionSurvey)

### Your Name:  
Name of Person Assessed in the ICAP:

### Your Phone #:  
Assessment Date:

### Relationship to the individual:  
Did the person assessed in the ICAP attend?  
☐ Yes  ☐ No

### Did you receive a reminder call about the meeting time?  
☐ Yes  ☐ No

### Did the assessor arrive on time?  
☐ Yes  ☐ No

### Length of Assessment:  
☐ Less than 1 hour  
☐ 2 to 2.5 hours  
☐ 1 to 1.5 hours  
☐ 2.5 to 3 hours  
☐ 1.5 to 2 hours  
☐ More than 3 hours

### Please rate your agreement with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>1 Disagree</th>
<th>2 Somewhat Disagree</th>
<th>3 Neutral</th>
<th>4 Somewhat Agree</th>
<th>5 Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The assessment happened at a time, date, and location that worked well for me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The scheduler was polite and spoke clearly.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The assessor took the time to learn about the person's support needs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Do you have any other feedback about the assessment, the assessor, the scheduling process, or anything else?  
Comments:

If you would like to speak to a MAXIMUS Representative, please contact the MS ICAP Help Desk at 844.967.4227 and ask to speak to the Program Manager.

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