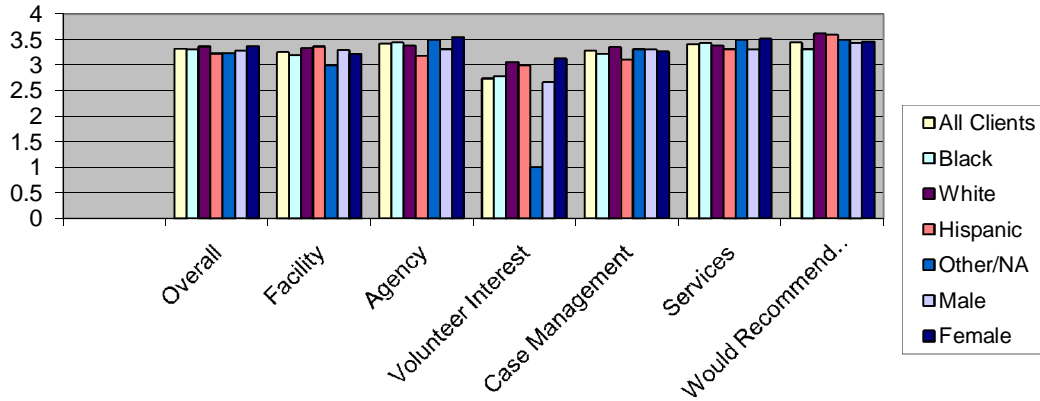


**Island Coast AIDS Network  
2009 Survey Results - Gender & Race**

Survey Data:

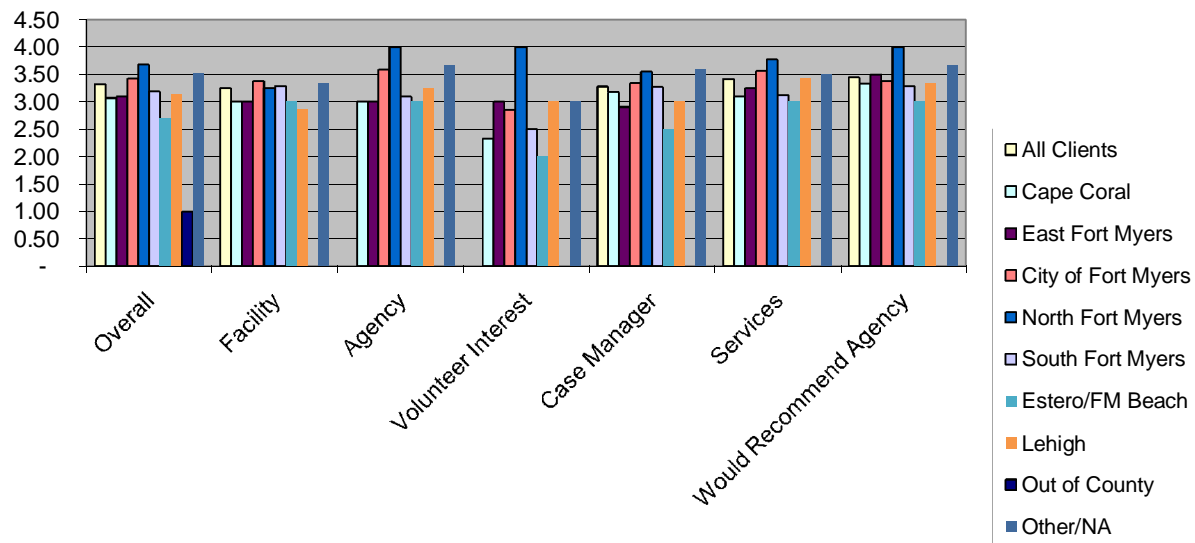
Surveys Distributed            339  
 Surveys Returned                60  
 Percentage Returned            18%

	2009 All Clients	Black	White	Hispanic	Other/NA	Male	Female
Overall	3.32	3.30	3.36	3.22	3.23	3.28	3.37
Facility	3.25	3.19	3.33	3.36	3.00	3.29	3.21
Agency	3.42	3.44	3.38	3.17	3.50	3.31	3.55
Volunteer Interest	2.73	2.78	3.06	3.00	1.00	2.67	3.13
Case Management	3.28	3.21	3.35	3.11	3.31	3.30	3.26
Services	3.41	3.43	3.38	3.31	3.50	3.30	3.52
Would Recommend Agency	3.44	3.31	3.61	3.60	3.50	3.43	3.46
# Responses	60	30	28	7	2	32	28
% of Responses*	100%	50%	47%	12%	3%	53%	47%



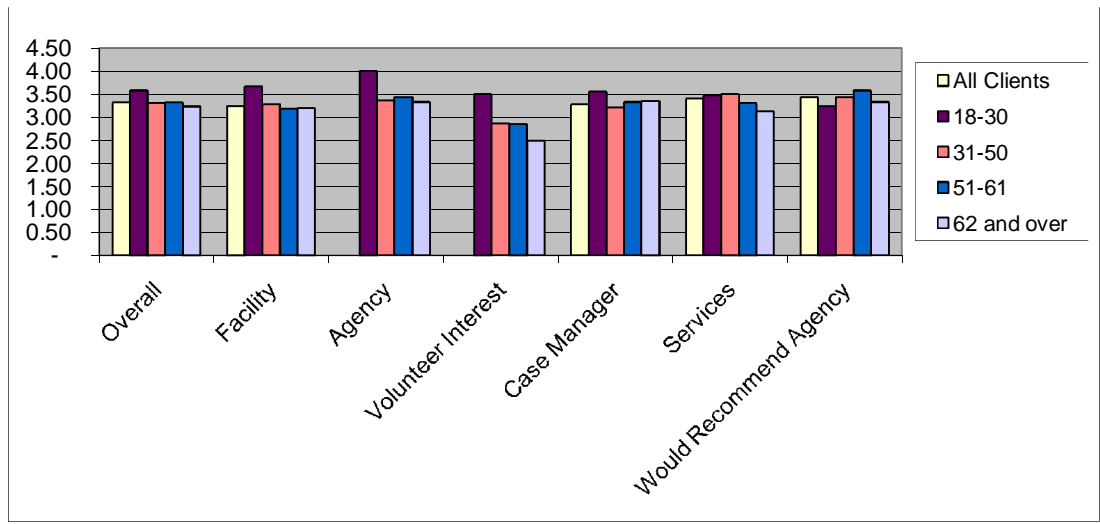
**Island Coast AIDS Network  
2009 Survey Results - Geographic**

	2009	All Clients	Cape Coral	East Fort Myers	City of Fort Myers	North Fort Myers	South Fort Myers	Estero/FM Beach	Lehigh	Out of County	Other/NA
Overall		3.32	3.07	3.09	3.42	3.68	3.19	2.70	3.13	3.36	3.52
Facility		3.25	3.00	3.00	3.38	3.25	3.29	3.00	2.86	3.36	3.33
Agency			3.00	3.00	3.59	4.00	3.09	3.00	3.25	3.60	3.67
Volunteer Interest			2.33	3.00	2.85	4.00	2.50	2.00	3.00	3.43	3.00
Case Manager		3.28	3.18	2.90	3.34	3.55	3.27	2.50	3.00	3.31	3.59
Services		3.41	3.09	3.25	3.56	3.77	3.12	3.00	3.42	3.28	3.50
Would Recommend Agency		3.44	3.33	3.50	3.38	4.00	3.29	3.00	3.33	3.67	3.67
# Responses		60	8	2	22	2	7	1	4	11	3
% of Responses*		100%	13%	3%	37%	3%	12%	2%	7%	18%	5%



**Island Coast AIDS Network  
2009 Survey Results - Client Age**

	2009	All Clients	Under 18	18-30	31-50	51-61	62 and over
Overall		3.32		3.58	3.31	3.32	3.23
Facility		3.25		3.67	3.29	3.19	3.20
Agency		-		4.00	3.36	3.44	3.33
Volunteer Interest		-		3.50	2.87	2.85	2.50
Case Manager		3.28		3.56	3.21	3.33	3.35
Services		3.41		3.47	3.50	3.31	3.13
Would Recommend Agency		3.44		3.25	3.44	3.58	3.33
# Responses		60.00	0%	4	35	15	6
% of Responses*		100%	0%	7%	58%	25%	10%



**Island Coast AIDS Network  
2009 Survey Results - Requested Services**

**Number of clients requesting:**

One additional service	5
Two	5
Three	10
Four	1
Five	5
Six	3
Seven	1
Eight	1
Nine	1
Fourteen	1
None	27

**Number of clients Requesting:**

Legal Assistance	17
Transportation Assistance	13
Pet Services	10
Mental Health	16
Client Education	9
Work Skills Training	8
Life Skills Training	8
Credit/Budget Counseling	10
Buddy System	9
Substance Abuse	7
Other	9
Childcare Services	3
Literacy Training	3
Interpreter Services	2

Other:

- Massage Therapy
- Ins Council/Guidance
- English Speaking Classes
- Rental and Electrical Assistance
- Dental
- Meet & Greet Sessions
- Crystal Meth Support Group
- HIV/AIDS MD Services
- Support Group for Women Only
- Support Group for Spanish Speakers

## ICAN CLIENT OPINION SURVEY

DATE: October, 2009

### FACILITY

	Please put an "X" in the appropriate box.	2009	2008	2006	2005
1.	I am able to get to ICAN without difficulty.	3.2	3.3	3.3	3.3
2.	Once at ICAN, I can move about the facility without difficulty.	3.3	3.5	3.5	3.4

### AGENCY

3.	Agency staff greets me warmly and I feel comfortable whenever I visit or call the agency.	3.4	3.5	3.7	3.6
4.	I feel that staff is concerned for my welfare and protect my confidentiality.	3.4	3.5	3.7	3.6
5.	I would be interested in volunteering at the thrift stores or office.	2.9	2.6	NA	NA

### CASE MANAGEMENT

6.	My case manager returns my calls within 24 hours.	3.3	3.5	3.6	3.6
7.	My case manager understands my problems.	3.5	3.6	3.8	3.7
8.	My case manager listens to me and tries to help solve my problems.	3.5	3.6	3.8	3.7
9.	My case manager has helped me improve my overall health and I have learned more about the disease from him/her.	3.3	3.4	3.6	3.4
10.	My case manager is welcome in my home by appointment. PAC CLIENTS ONLY	3.5	3.6	3.5	3.5
11.	My case manager should contact me more often.	2.3	2.7	2.6	2.5
12.	Overall, I am satisfied with the case manager assigned to me.	3.5	3.7	3.7	3.6

### SERVICES

13.	The services I receive from ICAN have improved my life.	3.5	3.5	3.6	3.4
14.	The services I receive have been helpful and supportive for my (circle any) family members / partner / spouse.	3.3	3.5	3.6	3.5
15.	I have had a positive experience with other services provided to me through ICAN (circle any): Education and Prevention Services, Client Activity Center, Support Group or Volunteer Services.	3	3.5	3.4	3.3
16.	I participate in and benefit from my weekly support group at ICAN.	2.8	3.2	3.2	2.4
17.	If you receive food and / or vitamins from the ICAN Client Food Pantry:				
	a. The supplies I receive from the food pantry are a big help to me/my family.	3.6	3.7	3.7	3.5
	b. The food pantry staff are courteous and helpful.	3.7	3.7	3.6	3.6
	c. The days and hours of operation of the food pantry work well for me.	3.5	NQ	NQ	NQ
18.	I would recommend ICAN to others who might be in need of the agency's various services.	3.4	3.6	3.7	3.6

NQ: New Question