

Recipient Fingerprint Imaging Pilot Recipient / Social Worker Questionnaire

County: _____

Social Worker Name: _____

Case #: _____

CIN#: _____

Device: _____

Transaction #: _____

Recipient Questions:

1. Between 1 and 5 how did the device work for you to provide your fingerprint and picture? (1 being very easy to 5 very difficult)?

1 2 3 4 5

2. Do you have any other comment on the process of providing your fingerprint and picture?

Social Worker Questions:

1. Were you able to successfully get the applicant fingerprint image and photograph? Did you experience any problems with the device? If so, what?

2. Between 1 and 5, how did the recipient respond to the process? (1 being very positive to 5 very negative)

1 2 3 4 5

3. Between 1 and 5, did the recipient have any difficulty with the process? (1 being very easy to 5 very difficult) If so, please indicate why (i.e. physical or mental limitation) physically or mentally?

1 2 3 4 5

4. If you identified a difficulty in question #3 please describe the difficulty and should the condition be considered for inclusion as an on-going exemption criterion? If yes, why?

