



**2010 Confidence Satisfaction Survey Program Pricing**

**Non-Members**

<b>RESIDENT SURVEYS \$8.00 PER SURVEY * Minimum 10 surveys (includes one report)</b>	<b>QUANTITY</b>	<b>COST</b>
Assisted Living Resident		
Independent Living Resident		
Nursing Facility Resident		
Supportive Living Resident		
Short Stay Resident		
<b>FAMILY SURVEYS \$8.00 PER SURVEY * Minimum 10 surveys (includes one report)</b>		
Assisted Living Family		
Nursing Facility Family		
Supportive Living Family		
<b>EMPLOYEE SURVEYS \$8.00 PER SURVEY *Minimum 10 surveys(includes one report)</b>		
Employee/Manager Surveys		
<b>OTHER SURVEYS \$8.00 PER SURVEY (Includes one report)</b>		
Home and Community Based Survey		
Physician (admitting to long-term care setting)		
<b>ADDITIONAL SERVICES- See below for pricing</b>		
9 X 12 Postage paid envelopes - respondents return surveys directly to LSN <b>COST: \$1.95 each</b>		
Customization of Surveys – changing or adding of survey items <b>COST : \$200.00 each</b>		
<b>REPORTING OPTIONS-report will automatically be emailed unless other option is chosen</b>		
Full Color – Bound Copy of Report or Sub-Group (Department) Report <b>COST: \$50.00 each</b>		
Full Color Report on CD-ROM <b>COST: \$15.00 each</b>		
Power Point Presentation of Survey Results <b>Cost: \$50.00 per survey</b>		
<b>TOTAL COST OF ORDER</b>		<b>\$\$</b>

Prices are “per survey ordered.” Organizations order surveys based upon the number of participants to whom you will distribute surveys.

In addition to the personalization of surveys, above pricing includes: (1) reporting of hand-written comments; (2) one copy of the Confidence Report (emailed) for each survey ordered; (3) Action Plan Tools; (4) Seal of Confidence Certificate (one per facility) for display; and, (5) several additional valuable resources to help you through the survey process.

Please fill out the following information in order to process your order

Date of Order: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Organization Name - to appear on the survey forms:  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address of person requesting reports: \_\_\_\_\_

Payment Methods please circle one: \_\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_

CHECK (payable to Life Services Network) or CREDIT CARD (American Express, Discover, MasterCard, or VISA)

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please fax or mail order form with payment information to:

Life Services Network, Confidence Satisfaction Surveys

1001 Warrenville Road Suite 150

Lisle, IL 60532

Phone: 630-325-6170 Fax: 630-325-0749

## 2010 AGREEMENT OF PROGRAM PARTICIPATION

### LIFE SERVICES NETWORK CONFIDENCE SATISFACTION SURVEYS

The purpose of this agreement is to set forth a good faith understanding between Life Services Network (LSN) and \_\_\_\_\_ (name of your organization) to provide products and services as part of LSN's Confidence Satisfaction Survey Program (LSN Program). LSN agrees to provide to your organization satisfaction survey instruments and reports documenting survey results reflective of the information provided by your survey respondents. As an LSN Program participant organization, you are expected to adhere to the provisions below, described under the **Customer Agreement Section**. If you fail to follow the provisions of the Customer Agreement Section, LSN may be unable to fulfill some or all of the agreed upon deliverables, which are listed below as **LSN's Stated Obligations**.

Failure of LSN or your organization to adhere to the terms of this agreement may constitute a breach of this agreement. LSN will make every effort to reach an amicable solution to disputes, if any, resulting from your organization's participation in the LSN Program. Resolution may include, but will be limited to, a full refund of all fees charged to your organization.

#### LSN's Stated Obligations

- ✓ Please do not copy, share, transfer or distribute any survey instrument provided to you by LSN. The name of your organization or other identifying attribute you specify will be imprinted at the top of the survey. This does not constitute a transfer of ownership of the survey instruments from LSN to your organization. Please be aware, LSN retains all copyright privileges.
- ✓ LSN will ship surveys and reports via UPS ground or other traceable delivery method to a person or department you specify at each participating unit of your organization. Please contact LSN about your requirements in this regard, as additional coding may be required to identify attributes of your organization.
- ✓ Extra charges will apply for overnight shipping services, if requested.
- ✓ LSN will be allowed 30 days to deliver the survey order, starting from the date LSN receives the order form, full payment, and this signed agreement of participation from your organization.
- ✓ A cut-off date (defined as the last date for receipt of survey responses) for survey return and inclusion in the analysis is set via correspondence with you - via telephone call or email.
- ✓ On cut-off date, LSN will contact you via telephone with a count of the number of surveys received to date. At that time, your organization can decide to extend the cut-off date to allow more time for surveys to arrive.
- ✓ LSN has **60 days** to process surveys and deliver a report to your organization starting on the day following the final cut-off date for survey receipt at our offices.
- ✓ LSN will make every effort to read and transcribe open-ended comments, however we reserve the right to not include illegible open-ended comments.
- ✓ LSN cannot provide reports of comments by organizational subset(s).
- ✓ Aggregate, unidentifiable survey response data may be used for comparison purposes, such as State specific aggregate data, National aggregate data, or Ownership specific aggregate data.
- ✓ LSN reserves the right to use aggregate, unidentifiable data for its internal research purposes
- ✓ Confidentiality of survey responses is assured to all respondents and is aggressively guarded by LSN staff.
- ✓ LSN will retain scanned surveys for up to six months after survey processing date is established. The scanned surveys will then be destroyed.

**Customer Agreement Section**

**Please read and initial.**

- \_\_\_\_\_ Do not fold or staple surveys. Do not copy, share, transfer or distribute any survey instrument unless such copies are provided to you by LSN.
- \_\_\_\_\_ Do not review survey responses prior to sending to LSN for processing.
- \_\_\_\_\_ Take all precautions to assure the confidentiality of survey responses.
- \_\_\_\_\_ You may not change the survey instruments by adding, deleting or modifying questions in any way. If the survey instrument is modified via an addendum to this agreement, your organization will forfeit the ability to obtain any comparisons to other respondents or their affiliated organizations. Your organization must provide a copy of this signed agreement prior to order fulfillment.
- \_\_\_\_\_ Your organization must provide, via FAX, email, or U.S. mail, a signed order form indicating quantity and types of surveys desired.
- \_\_\_\_\_ Your organization must complete the "required" section of customer profile and return to LSN prior to report generation.
- \_\_\_\_\_ Payment for services is required with the order form via check, money order, or credit card. Payment from a purchase order must be received within 30 days of the order. Orders are not fulfilled until full payment is received.
- \_\_\_\_\_ Your organization must adhere to sampling and survey guidelines provided by LSN.
- \_\_\_\_\_ Do not prescreen surveys.
- \_\_\_\_\_ Return all surveys to LSN including unused surveys.
- \_\_\_\_\_ If not using return envelopes, agree to provide a secure, tamperproof survey collection point in a public area of the community.
- \_\_\_\_\_ Do not use #10 envelopes to return surveys to LSN. Use LSN postage paid envelopes or provide a suitable substitute vehicle for U.S. mail delivery to LSN postage paid in a 9x12 envelope.
- \_\_\_\_\_ Provide copies of guidelines to any volunteers if requested.
- \_\_\_\_\_ Designate an unbiased, trusted staff person or volunteer to return the surveys to LSN via a traceable shipping method (UPS or other).

*PLEASE SIGN AGREEMENT AND RETURN TO  
**LIFE SERVICES NETWORK***

VIA FAX **630.325.0749**  
**OR**

**U.S. MAIL: LIFE SERVICES NETWORK 1001 Warrenville Road, Suite 150 Lisle, IL 60532**

\_\_\_\_\_  
Life Services Network

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Your Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date