

Demographics About the Person Who Receives DD Services

A.	Name of Person Survey is About:	First:	Last:			
B.	City/Town of Residence:					
C.	Age Range:	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	
		<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75 years or older		
D.	Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other		
E.	Name of Person Who Helped:	First:	Last:		<input type="checkbox"/> n/a	
F.	How is this Person Related to the Individual?	<input type="checkbox"/> Guardian		<input type="checkbox"/> Family/not guardian		<input type="checkbox"/> Friend
		<input type="checkbox"/> Direct Support Professional, "DSP"			<input type="checkbox"/> Agency Staff, not DSP, <i>i.e.: Case Mngr</i>	
		<input type="checkbox"/> Other (<i>please specify</i>):				
G.	Contact Person First Name:					
H.	Contact Person Last Name:					
I.	How is the Contact Person Related to the Individual:	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian	<input type="checkbox"/> Family/notguardian	<input type="checkbox"/> Friend	
		<input type="checkbox"/> Direct Support Professional, DSP			<input type="checkbox"/> Agency Staff, not DSP, <i>i.e.: Case Mngr</i>	
		<input type="checkbox"/> Other (<i>please specify</i>):				
J.	Contact E-Mail Address:					
K.	Contact Phone Number:					
L.	Best Times to Call	<input type="checkbox"/> Mornings (9am-12pm)	<input type="checkbox"/> Afternoon (12pm-5pm)	<input type="checkbox"/> Early Evening (5pm-8pm)		
M.	DD Agency(ies) and/or Self-Direct:	<input type="checkbox"/> 1 DD Agency	<input type="checkbox"/> 2 DD Agencies	<input type="checkbox"/> SD + Agency(ies)	<input type="checkbox"/> SD Only	
N.	DD Provider 1					
O.	DD Provider 2:					
P.	Name of Interviewer:	First:	Last:			
Q.	Interviewer Comments or Follow-up Information Needed:	INFORMATION ONLY			Date:	
					Data Entered: <input type="checkbox"/>	

Name of Interviewee:		Initials:
Name of Interviewer from AinA:		Initials:
Section I: Person-Centered Plans and Non-Vocational Day Services		
1.	Have you seen a signed copy of your Individualized Service Plan (ISP)?	
a.	<input type="checkbox"/> Yes	
b.	<input type="checkbox"/> No/ I'm not sure	
2.	Do you have a copy of your ISP?	
a.	<input type="checkbox"/> Yes (skip to question #4)	
b.	<input type="checkbox"/> No	
3.	If you don't have a copy of your ISP, why is that?	
	Here are some reasons why people don't have their plan. Check all that apply:	
	<input type="checkbox"/> I don't have a copy, but I know how to get one if I need it <input type="checkbox"/> I was never given a copy of my plan <input type="checkbox"/> I was given a copy of my plan, but I don't know where it is now <input type="checkbox"/> A family member is holding on to a copy of my plan for me	
	Write anything else a person shares in the space below	
INFORMATION ONLY		
4.	Did the person who wrote your plan take the time to explain it to you in a way that helped you understand what it says?	
a.	<input type="checkbox"/> Yes	
b.	<input type="checkbox"/> No	

5.	If you're not satisfied with your support staff, or the services you receive, would you feel comfortable talking to the people who run your provider agency to let them know?		
a.	<input type="checkbox"/> Yes		
b.	<input type="checkbox"/> No		
c.	<input type="checkbox"/> N/A – I don't use a provider agency. I Self-Direct all of my services (skip to question #7)		
6.	Are you confident that the people who run your provider agency will listen to your concerns and help you, if you tell them you're not getting the services you're supposed to be receiving?		
a.	<input type="checkbox"/> Yes		
b.	<input type="checkbox"/> No		
INFORMATION ONLY			
7.	Are you currently receiving any services during the day that are not related to working or getting a job? IOW: Do you do anything else during the day other than learning about employment or looking for a job. <i>Some examples:</i> Do you get support so you can go to school, volunteer, join a club or group, find a hobby, learn a skill, and/or other social or recreational activities?		
a.	<input type="checkbox"/> Yes		
b.	<input type="checkbox"/> No (skip to question #11)		
8.	Answer the questions below about 3 of the activities you receive support to do during the day, that are not related to working or getting a job: Note to Interviewee: This question is about the activities that your support staff helps you with, as part of the day services you receive. It does not mean the things you do independently, and/or with family or friends, unless your staff is also helping you with those activities.		
a.	Day/Community Activity #1:	Where I do it: <input type="checkbox"/> At my agency <input type="checkbox"/> In the community	Who are the primary people you do this with? (<i>check one</i>): <input type="checkbox"/> Other people who also receive DD Services <input type="checkbox"/> People in the community who don't receive DD Services <input type="checkbox"/> I do this 1:1 with my support staff

b.	Day/Community Activity #2:	<u>Where I do it:</u> <input type="checkbox"/> At my agency <input type="checkbox"/> In the community	<u>Who are the primary people you do this with? (check one):</u> <input type="checkbox"/> Other people who also receive DD Services <input type="checkbox"/> People in the community who don't receive DD Services <input type="checkbox"/> I do this 1:1 with my support staff
c.	Day/Community Activity #3:	<u>Where I do it:</u> <input type="checkbox"/> At my agency <input type="checkbox"/> In the community	<u>Who are the primary people you do this with? (check one):</u> <input type="checkbox"/> Other people who also receive DD Services <input type="checkbox"/> People in the community who don't receive DD Services <input type="checkbox"/> I do this 1:1 with my support staff
9.	Are you getting enough support during the day to help you do the things that are important to you and for you ?		
Note: "Important to you" means something you value and want to do. "Important for you" means something you need to do because it will help you in some way.			
a.	<input type="checkbox"/> Yes (skip to question #12)		
b.	<input type="checkbox"/> No		
10.	If you're not getting enough support during the day to help you do the things that are important to you and for you, what else do you need?		
Here are some examples that other people have shared: Try some different activities in the community, 1:1 support staff, staff who will listen to me, learn how to take the bus, get involved in Self-Advocacy			
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Skip to Question #12			
11.	If you're not receiving any services other than those related to working or getting a job, why is that?		
Here are some reasons people don't receive services other than those related to employment. Check all that apply: <input type="checkbox"/> I don't want or need any services that aren't related to Employment			

	<ul style="list-style-type: none"> <input type="checkbox"/> I'm working and did not know that I could get other services in addition to Employment Services <input type="checkbox"/> I don't have enough funding to add more services to my plan <input type="checkbox"/> My family doesn't want me to have any other services besides the ones related to working or getting a job <input type="checkbox"/> I want to receive other services, but I can't find an agency that suits me <p>Write anything else a person shares in the space below:</p>
12.	<p>Add any additional comments you would like to share about the services and supports you receive on a typical weekday that are not related to employment. If you don't have anything to add, write "N/A":</p> <p><i>For example:</i> Do you have any issues, concerns, or compliments about any of the agencies that supports you? Did you have any difficulty finding an agency? If you Self-Direct your services, how's that going for you? Do you have any suggestions to improve the Day and Community Services funded through the RI Division of Developmental Disabilities overall?</p> <p><i>This is your opportunity to speak-up! What's on your mind?</i></p> <div style="text-align: center; border: 2px solid blue; border-radius: 15px; padding: 10px; width: fit-content; margin: 20px auto;"> <p>INFORMATION ONLY</p> </div>
<p>Everyone who takes this survey will complete either Section II -or- Section III</p>	
13.	<p>Are you currently working in any type of paid employment now?</p>
	<p>Note: This question is about paid employment. If you volunteer, have an unpaid internship, and/or do any other employment-related activities which you are not paid for, select "NO".</p>
a.	<p><input type="checkbox"/> YES: <i>If you are WORKING IN PAID EMPLOYMENT now, go to Section II</i></p>
b.	<p><input type="checkbox"/> NO: <i>If you are NOT WORKING IN PAID EMPLOYMENT now, go to Section III</i></p>

SECTION II: For People Who *ARE* Working

14.

Answer the questions below for your current job(s). Indicate the type of work you do, who you work for, how many hours you work, and whether or not you like your job overall.

INFORMATION ONLY

a.	JOB #1:				
	Type of Employment:	<input type="checkbox"/> Self-Employed Business Owner	<input type="checkbox"/> Independent Contractor	<input type="checkbox"/> Competitively Employed	<input type="checkbox"/> Non-competitive/ Provider Paid
	Employer:				
	# of Hours:	<input type="checkbox"/> Per Week:		<input type="checkbox"/> Per Month:	
	Job Satisfaction:	<input type="checkbox"/> I LIKE this job		<input type="checkbox"/> I DO NOT like this job	
b.	JOB #2:				
	Type of Employment:	<input type="checkbox"/> Self-Employed Business Owner	<input type="checkbox"/> Independent Contractor	<input type="checkbox"/> Competitively Employed	<input type="checkbox"/> Non-competitive/ Provider Paid
	Employer:				
	# of Hours:	<input type="checkbox"/> Per Week:		<input type="checkbox"/> Per Month:	
	Job Satisfaction:	<input type="checkbox"/> I LIKE this job		<input type="checkbox"/> I DO NOT like this job	
c.	JOB #3:				
	Type of Employment:	<input type="checkbox"/> Self-Employed Business Owner	<input type="checkbox"/> Independent Contractor	<input type="checkbox"/> Competitively Employed	<input type="checkbox"/> Non-competitive/ Provider Paid
	Employer:				
	# of Hours/Week:	<input type="checkbox"/> Per Week:		<input type="checkbox"/> Per Month:	
	Satisfaction:	<input type="checkbox"/> I LIKE this job		<input type="checkbox"/> I DO NOT like this job	

15.	<p>Are you satisfied with the total number of hours you work? (<i>check only one</i>)</p> <p>IOW: Would you rather work more hours or less hours than you do right now? Note: A person may be satisfied with the fact that they have a job, but not satisfied with the number of hours they work. This is an important question so we can find out if a person wants to work more or work less. >> Please consider all 3 of the following choices before giving your answer <<</p>
a.	<input type="checkbox"/> Yes. I am satisfied with the number of hours I work
b.	<input type="checkbox"/> No. I am not satisfied because I would like to work fewer hours
c.	<input type="checkbox"/> No. I am not satisfied because I would like to work more hours
16.	<p>Do you have more than one job?</p>
a.	<input type="checkbox"/> Yes
b.	<input type="checkbox"/> No (skip to question #18)
17.	<p>Why do you have more than one job?</p> <p>Here are some reasons that people have more than one job. Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I could not get as many hours as I wanted at just one job <input type="checkbox"/> I don't make enough money at just one job to pay my bills <input type="checkbox"/> I like the variety of having more than one job <input type="checkbox"/> I work at one of my jobs to help a family member or friend <input type="checkbox"/> I want the different job experiences for my resume <input type="checkbox"/> One or more of my jobs is seasonal, so I only work part of the year. <i>For example:</i> a crossing guard works during the school year. A lifeguard works during the summer. A bell ringer works during the Christmas holidays <input type="checkbox"/> I don't have anything else to do during the day so I work a lot <input type="checkbox"/> I am working as many hours as possible because I thought I had to or I might lose my services <input type="checkbox"/> I like going to work at each of my jobs <p>Write anything else a person shares in the space below:</p>

INFORMATION ONLY

18.	<p>What are some of the things you like about your current job(s)?</p>
	<p>Here are some things people like about their job. Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> I like getting a paycheck <input type="checkbox"/> I am doing the kind of work that I want to do <input type="checkbox"/> I am good at my job <input type="checkbox"/> This is an important job. I feel like I am helping people and making a difference when I go to work <input type="checkbox"/> People without a disability have this job, too. I like doing the same kind of regular, “normal” work as everyone else <input type="checkbox"/> I like going to work instead of being at a day program or at home <input type="checkbox"/> I like my boss/supervisor/co-workers/company I work for <p>Write anything else a person shares in the space below:</p>
	<div style="border: 2px solid blue; border-radius: 15px; padding: 10px; display: inline-block; background-color: #e6f2ff;"> <p>INFORMATION ONLY</p> </div>

19.	<p>What are some of the things you do not like about your current job(s)?</p>
	<p>Here are some things people do not like about their job. Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I don't make enough money <input type="checkbox"/> I don't like the days or times that I'm scheduled to work <input type="checkbox"/> I don't like the long commute (time it takes to get there) <input type="checkbox"/> I don't enjoy the type of work I am doing <input type="checkbox"/> My boss/co-workers treat me differently than the other employees <input type="checkbox"/> I don't have any friends where I work <input type="checkbox"/> I don't understand my responsibilities <input type="checkbox"/> The job is not what I expected it to be <input type="checkbox"/> I have a hard time doing the work that the job requires <input type="checkbox"/> I feel limited because I don't think there is room for advancement, or a way for me to get promoted at this job <input type="checkbox"/> I can't think of anything I dislike about my current job(s), so I am checking this box instead <p>Write anything else a person shares in the space below:</p>
	<p> </p>

20.	Are you currently receiving any Employment Services?
	Employment Services are any type of support that will help you find and/or keep a job. They can also help you learn about how work may affect you, and help you explore other jobs and different career paths, even if you already have a job.
a.	<input type="checkbox"/> Yes
b.	<input type="checkbox"/> No/ I'm not sure (skip to question # 24)
21.	<p>What types of Employment Services do you receive?</p> <p>Here are some types of Employment Services. Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have a job coach <input type="checkbox"/> I'm trying different jobs or volunteer positions to figure out the type of work I might want to do (job trials) <input type="checkbox"/> I'm getting help to discover what I like and what I'm good at (vocational evaluations/assessments) <input type="checkbox"/> I'm learning about how a paycheck might affect my benefits (benefits counseling) <input type="checkbox"/> I'm getting help to address some of my immediate concerns, such as my health, family issues or living arrangements <input type="checkbox"/> I get help with transportation to employment related activities and appointments <input type="checkbox"/> I belong to a job club to talk about employment with my peers <input type="checkbox"/> I get help writing my resume, applying for other jobs and going on job interviews <input type="checkbox"/> I am learning some on-the-job interpersonal skills, such as how to interact with co-workers ("soft skills") <p>Write anything else a person shares in the space below:</p> <div style="text-align: center; border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p>INFORMATION ONLY</p> </div>
22.	Do the services you listed in question #21 provide enough support to help you do the things that are important to you and for you , to help you reach your employment related goals?
	Note: " <i>Important to you</i> " means something you value and want to do. " <i>Important for you</i> " means something you need to do because it will help you in some way.
a.	<input type="checkbox"/> (if yes, go to question #25)
b.	<input type="checkbox"/> No

23.	If the Employment Services you listed in question #21 don't provide enough support to help you do the things that are important to you and for you, what else do you need?
	<i>For example:</i> Do you need a 1:1 support person? Transportation to work? Help exploring other possible jobs?

(Skip to **question #25**)

24.	If you're not receiving any Employment Services, why is that?
	<p>Here are some reasons why people don't receive Employment Services. Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I don't need/want any Employment Services <input type="checkbox"/> I didn't know I could get Employment Services <input type="checkbox"/> I don't have enough funding to add Employment Services to my plan <input type="checkbox"/> My family doesn't think I need Employment Services to do my job <input type="checkbox"/> I want to receive Employment Services, but I cannot find an agency that suits me <input type="checkbox"/> I have Employment Services in my plan, but I am not receiving them <input type="checkbox"/> I'm not sure why I don't have any Employment Services in my plan <p>Write anything else a person shares in the space below:</p>
	<div style="border: 2px solid blue; border-radius: 15px; padding: 10px; display: inline-block; background-color: #e6f2ff;"> INFORMATION ONLY </div>

25.	Add any additional comments you would like to share about the Employment Services you currently receive, or would like to receive. If you don't have anything to add, write "N/A".
	<p>IOW: This is your opportunity to speak-up! Share your thoughts about the supports you receive related to your current job, and your employment goals in general. <i>For example:</i> Do you have any issues, concerns, or compliments about any of the agencies that supports you? Did you have any difficulty finding an agency? If you Self-Direct your services, how's that going for you? Do you have any suggestions to improve the Employment Services funded through the RI Division of Developmental Disabilities overall? What's on your mind?</p>