



## Member Survey

Instructions: Please provide a response to each question. DPHHS staff may follow-up at a later date with additional questions or may ask to visit with you at your home. This survey will take approximately 30 minutes to complete.

### Respondent Information

Your Name: \_\_\_\_\_

Your Home Address (house number and street name): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Your Phone Number: (\_\_\_\_\_) \_\_\_\_\_

### Respondent Assistance to Complete Survey

1. Is someone helping you complete this survey?  
 Yes: If marked, provide contact information in Question 2.  
 No
  
2. Contact information of person who is helping you to complete this survey?
  - a. Name: \_\_\_\_\_
  - b. Contact Phone Number: \_\_\_\_\_
  - c. Contact Email Address: \_\_\_\_\_
  
3. Is this person (check all that apply):
  - a.  A family member
  - b.  Your guardian or legal representative
  - c.  Your Case Manager
  - d.  Other, please specify: \_\_\_\_\_

## **Section I: Your Living Arrangement**

### 1. Your Home

#### a. How would you describe your home?

- Private residence with natural or adoptive family
- Private residence by yourself or with spouse or non-relatives
- Foster family home
- Specialized residential
- Assisted Living Facility
- Group Home
- Other: \_\_\_\_\_

#### b. Type of Home:

- Single family home
- Duplex
- Multi-unit or apartment building
- Single residence within complex of unit/apartments for people with disabilities
- Other, please specify: \_\_\_\_\_

## **Section II: Physical Location of Your Living Arrangement**

### 1. Is the residence located in a wing or same building as a nursing home or hospital setting?

- Yes
- No

If yes, choose setting:

- Nursing Home
- Psychiatric Setting
- Hospital

2. Does the provider operate or manage multiple residences/locations on the same street, nearby streets, or same neighborhood?
  - Yes
  - No
  - Don't Know
  - I do not live in a provider operated/managed residence.
  
3. Is the residence a gated or secured living setting?
  - Yes
  - No
  
4. Is the residence intended only for people with disabilities?
  - Yes
  - No

### **Section III: Community Integration**

1. Do you have the option to use community services instead of onsite services for things such as getting your haircut in a salon/barber shop?
  - Yes
  - No
  - There are no onsite services where I live.
  
2. Do you participate in a variety of community activities?
  - Yes: If marked, answer part a and b of this question.
  - No: If marked, move to question 3.
  - a. Who assists you in accessing the community?
    - Personal Assistance
    - Staff
    - Case Manager
    - Family/Friends
    - Volunteer(s)

- b. Do you participate in any of the following activities of your choosing in the community (check all that apply)?
- Individual shopping
  - Religious or spiritual services
  - Scheduled appointments (personal or medical)
  - Meals with friends or family
  - Recreation activities
  - Community events
  - Volunteer community services
  - Community employment
  - Other
3. Can your Case Manager or others visit at any time?
- Yes
  - No
4. Is accessible transportation available for you to make trips to the community?
- Yes
  - No
5. Do you have access to nearby public transportation?
- Yes
  - No
  - No public transportation available where I live

#### **Section IV: Your Rights in Your Living Arrangement**

1. Do you have a lease or written agreement for the living arrangement?
- Yes
  - No
2. Satisfaction with your living arrangement
- a. Are you satisfied with your living arrangement?
- Yes
  - No, please complete 2nd part of the question.

- b. Do you know how to request new housing?  
 Yes  
 No
3. Do you know how to file a complaint about your living arrangement?  
 Yes  
 No
4. Do you know how to contact your family members, friends, or guardian when there is a problem?  
 Yes  
 No
5. Personal Funds
- a. Does the place you live control your personal funds?  
 Yes, please complete 2nd part of the question.  
 No
- b. Do you have access to your personal funds?  
 Yes  
 No
6. Do staff discuss your personal issues in public spaces?  
 Yes  
 No
7. Do you have choice in who provides your services and supports?  
 Yes  
 No
8. Are you able to update or change your services and supports based on your likes/dislikes?  
 Yes  
 No

9. Do you have a Plan of Care?
- Yes
  - No
  - Don't Know

**Section V: Your Individual Experience in Your Living Arrangement**

1. Did you choose where you live?
- Yes
  - No
2. Do you have keys to your front door?
- Yes
  - No
3. Do staff member have keys to your front door?
- Yes
  - No
4. Can you close and lock your bedroom door?
- Yes
  - No
5. Can you close and lock your bathroom door?
- Yes
  - No
6. Do staff respect your privacy when entering your personal space?
- Yes
  - No
7. Do you have options for your meals:
- a. when you eat your meals?
    - Yes
    - No

b. what you eat?

Yes

No

c. to eat alone or with other housemates?

Yes

No

8. Do you have access to food at any time unless limited due to health and safety?

Yes

No

9. Do you choose the clothes you wear?

Yes

No

10. If you share a telephone or computer with other individuals you live with, can it be used in a place for private communication?

Yes

No

11. Do you have a choice in your roommate?

Yes

No

I have no roommate.

I share a living space with my husband/wife.

12. Do you have the freedom to furnish, decorate your own personal space/bedroom?

Yes

No

13. Do you arrange and control your personal schedule of daily appointments/activities?

Yes

No

14. Can you choose to come and go from home when you want?  
 Yes  
 No
15. If applicable, is the home setting physically accessible?  
 Yes  
 No
16. Does the home have gates, locked doors, or other barriers preventing entrance/exit to shared areas of the home setting?  
 Yes  
 No

**Section VI: Your Other Supports and Services (Non-Residential Living Supports)**

Instructions: If you receive non-residential services, please complete this section. In this section, the questions will ask about how you spend your day. This includes services such as work, supported employment and day activities. In this survey, this provider is called, “Your Non- Residential Support Provider”.

**If you do not participate in any of the below, then you are finished with the survey! We greatly appreciate you taking the time to complete it!**

Please check all of the following that apply.

I participate in:

- work activities  
 supported employment  
 day activities

If you checked one or more of the boxes, please respond to the following questions.

Your Non-Residential Support Provider Name: \_\_\_\_\_

1. Do you help decide your schedule?  
 Yes  
 No

2. Do you have a space to keep your personal belongings?  
 Yes  
 No
3. Do you have privacy when you need help with personal care?  
 Yes  
 No
4. Are you assigned to spend your day with only a certain group of people?  
 Yes  
 No
5. Are your tasks and activities matched to your skills, abilities and desires?  
 Yes  
 No
6. Do you interact with individuals from the community/public during your day?  
 Yes  
 No

**Thank you for participating in this Member Survey. We greatly appreciate you taking the time to complete it!**