

Persons Receiving Non Residential Services Survey

Date you did this survey:

Name of person who helped you complete this survey?

Relationship:

This survey will help us understand what it is like to be in an Adult Day Health or Adult Day Care Program. We want to hear about your services and how they help you to be independent, make decisions and choices.

Things to **THINK** about when you are doing this survey:

1. Think about the **SETTING**.
2. Tell us what it is like to be at your **DAY PROGRAM**.
3. Tell us about the **CHOICES** you get to make.
4. Check the box to answer **YES**  or **NO**  to the questions.

		YES 	NO 
CHOICE			
1. My Program 	a. Did you pick your program?	☐	☐
	b. Did you visit other programs before you picked your day program?	☐	☐
	c. Did you get information about your rights?	☐	☐
	d. Did you get a copy of your rights?	☐	☐
	e. Is information on your rights posted where you can see it?	☐	☐
	f. Did the program talk to you about making your own choices?	☐	☐
	g. If you want to vote, would the program let you go to the voting place?	☐	☐
2. Program Activities 	a. Do you choose your program activities?	☐	☐
	b. Do you pick what time you do them?	☐	☐
	c. Can you choose who you do the activity with?	☐	☐
	d. Are people without a disability at the activities?	☐	☐
	e. Is there volunteer opportunities?	☐	☐
	f. Are there job opportunities?	☐	☐
	g. Is there a safe place to put your personal items?	☐	☐
	h. Are there activities that keep you involved and active?	☐	☐
	i. Are there activities that help you relax and slow down?	☐	☐
	j. Can you choose activities you can do alone?	☐	☐
	k. Can you choose group activities?	☐	☐
l. Do you learn new things at the program?	☐	☐	

		YES 	NO 
3. Meals & Snacks 	a. Do you choose what you want to eat?	☐	☐
	b. Can you pick the time you want to eat?	☐	☐
	c. Do you choose who you eat with?	☐	☐
4. Person-Centered Plan 	a. Do you attend your Person-Centered Planning meetings?	☐	☐
	b. Can you pick the time, place, and who attends your meeting?	☐	☐
	c. Are you in charge of your own meeting?	☐	☐
	d. Does the program follow your plan and interests?	☐	☐
	e. Do you get to change your plan when you want?	☐	☐
	f. Does your plan talk about how people can help you stay calm and relaxed?	☐	☐
	g. Do the staff know how to help you if you are stressed and upset?	☐	☐
5. Staff Worker 	a. Can you choose who helps you?	☐	☐
	b. Do you know you can ask for a new staff worker?	☐	☐
	c. Do you know who to ask if you want a new staff worker?	☐	☐
PRIVACY			
6. Privacy 	a. Do you have privacy when you receive care?	☐	☐
	b. Does the staff keep your personal and health information private?	☐	☐
	c. Does staff talk about you in front of other people?	☐	☐
	d. Does staff talk about other people in front of you?	☐	☐
	e. Is there a place for you to meet with your family and friends in private?	☐	☐

		YES 	NO 
DIGNITY & RESPECT			
7. Respect 	a. Does the staff say hello and use your name?	☐	☐
	b. Does the staff talk to you with respect?	☐	☐
	c. Does the staff use words that you can understand?	☐	☐
8. Free from being bullied 	a. Do you feel that people listen to you if you talk about your concerns?	☐	☐
	b. Do you know what to do if you have a problem with your caregiver or service?	☐	☐
	c. Do you know that your complaint is kept private?	☐	☐
ACCESS			
9. Inside the program 	a. Can you get around safely inside the program?	☐	☐
	b. Is it easy to get around the facility?	☐	☐
	c. Are there any gates, Velcro strips, locked doors, or other things that stop you from going in or out of places?	☐	☐
	d. Are there locks or straps on the refrigerator or cabinets that make it hard to get a snack or a drink when you want?	☐	☐
	e. Do visitors come to see you at the program?	☐	☐
	f. Can you have visitors at any time?	☐	☐
	g. Do people without disabilities spend time at your program?	☐	☐

		YES 	NO 
10. Outside the program 	a. Can you get around safely outside the program?	☐	☐
	b. Is your program near other houses, stores, and businesses?	☐	☐
	c. Do you have a way to get a ride?	☐	☐
11. Employment 	a. Do you have a job?	☐	☐
	b. If no, do you need help finding a job?	☐	☐
	c. If yes, do you work with people who do not have a disability?	☐	☐
	d. Are you paid \$7.75 per hour (minimum wage) or more?	☐	☐
	e. Does the program let you bring your service worker to your job?	☐	☐
	f. Do you pick your work schedule?	☐	☐
	g. Do you volunteer?	☐	☐
12. Money 	a. Do you have a bank account?	☐	☐
	b. If no, do you want a bank account?	☐	☐
	c. If yes, can you get money when you need it?	☐	☐
	d. If you need help with your money, did you get to pick the person to help you?	☐	☐

Comments:

If you have any questions, want more information or would like someone to contact you regarding your comments, please leave your name and most convenient way to contact you.

Name: _____

Relationship to participant: _____

Phone: _____

Mailing address: _____

Email address: _____

Thank you for participating and your answers are very important to us!