

## Persons Receiving Residential Services Survey

Do you live with a caregiver? YES  NO

How many other people with disabilities do you live with?

Date you did this survey:



Name of person who helped you complete this survey?



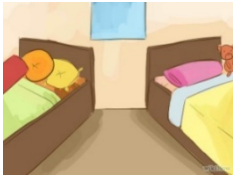



Relationship:






This survey will help us understand what it is like to live in your home. We want to hear about your services and how they help you to be independent, make decisions and choices.







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

1. Think about where you **LIVE**.
2. Tell us what it is like living in your **HOME**.
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			
<b>1. Where I live</b> 	a. Did you pick where you live?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Did you visit other places before you picked where you live now?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you have an agreement in writing for where you live?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Do you know your rights in regards to your agreement?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Do you have your own room?	<input type="checkbox"/>	<input type="checkbox"/>
	f. If you share a room, did you choose your roommate?	<input type="checkbox"/>	<input type="checkbox"/>
	g. Do you decorate your room with your favorite things?	<input type="checkbox"/>	<input type="checkbox"/>
	h. Can you pick the clothes you want to wear?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Going out</b> 	a. Do you go out?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Can you pick how often you go out?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you choose what you do?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Can you pick who goes with you?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Schedule</b> 	a. Do you pick the times you get up and go to bed?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Can you take a bath when you want?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Can you pick the time you watch TV?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Do you talk on the phone when you want?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Can you go on the computer when you want?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Meals &amp; Snacks</b> 	a. Do you choose what you want to eat?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Can you pick the time you want to eat?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you choose who you eat with?	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>5. Person-Centered Plan</b> 	a. Do you attend your Person-Centered Planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Can you pick the time, place, and who attends your meeting?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Are you in charge of your own meeting?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Caregiver</b> 	a. Can you choose who helps you?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Do you know you can ask for a new caregiver?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you know who to ask if you want a new caregiver?	<input type="checkbox"/>	<input type="checkbox"/>
<b>PRIVACY</b>			
<b>7. Inside your home</b> 	a. Do you have a key to your home?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Can you close and lock the bedroom door?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you have a key to your bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Can you close and lock the bathroom door?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Do staff and other residents knock and ask your permission to enter your bedroom or bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Do you have privacy when you receive care?	<input type="checkbox"/>	<input type="checkbox"/>
	g. Do you feel that the caregiver keeps your personal and health information private?	<input type="checkbox"/>	<input type="checkbox"/>
	h. Does staff talk about you in front of other people?	<input type="checkbox"/>	<input type="checkbox"/>
	i. Does staff talk about other people in front of you?	<input type="checkbox"/>	<input type="checkbox"/>
	j. Is there a place for you to meet in private with your family and friends?	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>7. Inside your home</b> 	k. Is the telephone, computer or other device in a spot where you can have privacy?	<input type="checkbox"/>	<input type="checkbox"/>
<b>DIGNITY &amp; RESPECT</b>			
<b>8. Respect</b> 	a. Does the staff say hello and use your name?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Does the staff talk to you with respect?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Does the staff use words that you can understand?	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Free from being bullied</b> 	a. Do you feel that people listen to you if you talk about your concerns?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Do you know what to do if you have a problem with your caregiver or service?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you know that your complaint is kept private?	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACCESS</b>			
<b>10. Inside your home</b> 	a. Can you get around your home safely?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Is it easy to get around inside your home?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Are there any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Do you use the kitchen when you want?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Are there locks or straps on the refrigerator or cabinets that make it hard to get a snack or a drink when you want?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Do you get scolded for getting a snack or drink when you want?	<input type="checkbox"/>	<input type="checkbox"/>
	g. Can you use the washer and dryer when you want?	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>10. Inside your home</b> 	h. Do you have visitors that come to see you at your home?	<input type="checkbox"/>	<input type="checkbox"/>
	i. Are there certain hours visitors can spend time with you?	<input type="checkbox"/>	<input type="checkbox"/>
	j. Does your home have internet connection that you can use?	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Outside your home</b> 	a. Is your home near other houses, stores, and businesses?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Do you know your neighbors?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do people greet you or say hello to you?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Do you have a way to get a ride?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Is there a curfew or a rule that says what time you have to be back?	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Employment</b> 	a. Do you have a job?	<input type="checkbox"/>	<input type="checkbox"/>
	b. If no, do you need help finding a job?	<input type="checkbox"/>	<input type="checkbox"/>
	c. If yes, do you work with people who do not have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Money</b> 	a. Do you have a bank account?	<input type="checkbox"/>	<input type="checkbox"/>
	b. If no, do you want a bank account?	<input type="checkbox"/>	<input type="checkbox"/>
	c. If yes, can you get money when you need it?	<input type="checkbox"/>	<input type="checkbox"/>
	d. If you need help with your money, did you get to pick the person to help you?	<input type="checkbox"/>	<input type="checkbox"/>

**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!***