

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?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Did you visit other programs before you picked your day program?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Did you get information about your rights?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Did you get a copy of your rights?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Is information on your rights posted where you can see it?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Did the program talk to you about making your own choices?	<input type="checkbox"/>	<input type="checkbox"/>
	g. If you want to vote, would the program let you go to the voting place?	<input type="checkbox"/>	<input type="checkbox"/>
2. Program Activities 	a. Do you choose your program activities?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Do you pick what time you do them?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Can you choose who you do the activity with?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Are people without a disability at the activities?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Is there volunteer opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Are there job opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
	g. Is there a safe place to put your personal items?	<input type="checkbox"/>	<input type="checkbox"/>
	h. Are there activities that keep you involved and active?	<input type="checkbox"/>	<input type="checkbox"/>
	i. Are there activities that help you relax and slow down?	<input type="checkbox"/>	<input type="checkbox"/>
	j. Can you choose activities you can do alone?	<input type="checkbox"/>	<input type="checkbox"/>
	k. Can you choose group activities?	<input type="checkbox"/>	<input type="checkbox"/>
l. Do you learn new things at the program?	<input type="checkbox"/>	<input type="checkbox"/>	

		YES 	NO 
3. Meals & Snacks 	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"/>
4. Person-Centered Plan 	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"/>
	d. Does the program follow your plan and interests?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Do you get to change your plan when you want?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Does your plan talk about how people can help you stay calm and relaxed?	<input type="checkbox"/>	<input type="checkbox"/>
	g. Do the staff know how to help you if you are stressed and upset?	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff Worker 	a. Can you choose who helps you?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Do you know you can ask for a new staff worker?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you know who to ask if you want a new staff worker?	<input type="checkbox"/>	<input type="checkbox"/>
PRIVACY			
6. Privacy 	a. Do you have privacy when you receive care?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Does the staff keep your personal and health information private?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Does staff talk about you in front of other people?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Does staff talk about other people in front of you?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Is there a place for you to meet with your family and friends in private?	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
DIGNITY & RESPECT			
7. Respect 	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"/>
8. Free from being bullied 	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"/>
ACCESS			
9. Inside the program 	a. Can you get around safely inside the program?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Is it easy to get around the facility?	<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 places?	<input type="checkbox"/>	<input type="checkbox"/>
	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?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Do visitors come to see you at the program?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Can you have visitors at any time?	<input type="checkbox"/>	<input type="checkbox"/>
	g. Do people without disabilities spend time at your program?	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
10. Outside the program 	a. Can you get around safely outside the program?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Is your program near other houses, stores, and businesses?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you have a way to get a ride?	<input type="checkbox"/>	<input type="checkbox"/>
11. Employment 	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"/>
	d. Are you paid \$7.75 per hour (minimum wage) or more?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Does the program let you bring your service worker to your job?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Do you pick your work schedule?	<input type="checkbox"/>	<input type="checkbox"/>
	g. Do you volunteer?	<input type="checkbox"/>	<input type="checkbox"/>
12. Money 	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!