

SURVEY OF NEEDS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

This questionnaire is for persons who:

- have a disability that occurred before the age of 22 and
- do not have a diagnosis of mental retardation.

This is not an application for services. Please complete the questionnaire only once even if you receive more than one copy. This questionnaire is intended to assist the Developmental Disabilities Task Force that was established by the Tennessee legislature to identify needs and to plan for services that are needed by persons who have developmental disabilities other than mental retardation.

Please return the completed survey **within 7 days** so that your information can be used for the Task Force's report. Please return the survey to:

DD Task Force; c/o UCP of Middle Tennessee
1200 9th Avenue North, Suite 110; Nashville, TN 37208

INFORMATION ABOUT THE PERSON WITH A DEVELOPMENTAL DISABILITY:

County in which you live

Your Age Group

0 - 2	22 - 39
3 - 5	40 - 59
6 - 17	60 - 79
18 - 21	80 +

Your Gender

Female	Male
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Ethnic Background

Asian/Pacific Islander	Black/African American
Latino/Hispanic	Native American
White, non-Hispanic	Prefer not to identify
Other:	

Your Disability: What is the diagnosis of your primary disability? (check only one)

<input type="checkbox"/>	Autism spectrum disorder	<input type="checkbox"/>	Neurological Impairment
<input type="checkbox"/>	Blind/Visual Impairment	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Spina Bifida
<input type="checkbox"/>	Deaf/Hearing Impairment	<input type="checkbox"/>	Spinal Cord Injury
<input type="checkbox"/>	Health Impairment	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Other		

Did your disability occur before age 22? YES NO

Your Living Situation

Do you live (check only one):

<input type="checkbox"/>	Alone
<input type="checkbox"/>	With your parent(s)
<input type="checkbox"/>	With other family members
<input type="checkbox"/>	With other persons, not family, who are caregivers
<input type="checkbox"/>	With other persons, not family, who are NOT caregivers
<input type="checkbox"/>	Other:

Who is your primary caregiver (check only one):

<input type="checkbox"/>	Myself
<input type="checkbox"/>	Parent(s)
<input type="checkbox"/>	Other family members
<input type="checkbox"/>	Other unpaid persons
<input type="checkbox"/>	Other paid persons
<input type="checkbox"/>	Other:

CURRENT SERVICES

Health Care: Who pays for your health care? (Select all that apply)

YES	NO	
		Receive Medicaid or TennCare (including EPSDT/TENNderCare)
		Receive Medicare
		Have private health insurance
		No health insurance
		Other:

Funding for Your Supports: (Select all that apply)

YES	NO	
		Do you receive services through the State of Tennessee Family Support program?
		Are you on the waiting list for the State of Tennessee Family Support program?
		Do you receive SSI?
		Do you receive other funding for supports in your home or community? If YES, please describe:

NEEDED SERVICES

Do you need more services than you are currently receiving?

YES NO

If Yes, what additional services do you need? Please check each service that you need.

<i>Needed Services</i>			
	<i>Information & Referral</i> – someone to provide information to you about available services and how to apply for them		
	<i>Service Coordination</i> – someone to help you manage your services		
	<i>Personal Assistance</i> – someone to help you with everyday activities in your home or in the community; may include assistance with bathing, dressing, taking care of personal hygiene, and other activities of daily living; may also include housekeeping chores and meal preparation <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"><i>Approximately how many hours per day do you need Personal Assistance?</i></td> <td style="width: 30%; padding: 5px; text-align: center;"><i>hours per day</i></td> </tr> </table>	<i>Approximately how many hours per day do you need Personal Assistance?</i>	<i>hours per day</i>
<i>Approximately how many hours per day do you need Personal Assistance?</i>	<i>hours per day</i>		
	<i>Homemaker Services</i> – someone to help you with general household activities, such as meal preparation and routine cleaning		
	<i>Respite</i> – someone to give your caregivers a break for short periods of time		
	<i>Residential Services</i> – living arrangement, either alone or with two or three other persons, with around the clock staff support		
	<i>Day Services/Training</i> – out-of-home services provided to adults for the purpose of enhancing or maintaining the person’s skills		
	<i>Education</i> – post-secondary education		
	<i>Specialized child care or before/after school care</i> -		
	<i>Employment Services</i> – services to help you get or maintain a job		
	<i>Home Modifications</i> – changes to your home to make it more accessible		
	<i>Vehicle Modifications</i> – services to make changes to your vehicle to make it more accessible		
	<i>Assistive Technology (or Repair/Maintenance)</i> – equipment or supplies that are needed due to your disability that are not covered by any other program; may also include maintenance or repair of equipment or supplies		
	<i>Transportation</i> – public or private transportation to services or to access necessary community resources		
	<i>Nursing</i> – in-home nursing services to meet your medical needs		
	<i>Therapy</i> - physical therapy, occupational therapy or speech therapy		

Needed Services	
	Behavioral Services
	Personal Emergency Response System – a way for people who live alone to call for emergency assistance in case of accident or other emergency
	Other:
	Other:
	Other:
	Other:
	Other:

Other comments about services or assistance that you (or your family) need that you are not currently receiving:

The DD Task Force thanks you for participating in this survey. We will work hard to ensure that the information is used to develop an effective plan for developmental disabilities services to submit to the Administration and the Tennessee Legislature.

Optional Information

You do not have to complete this page. However, if you would like to receive more information about this project, please provide the following information and submit this page with your completed questionnaire.

Name _____

Address _____

Phone _____

E-mail _____