

306 CCCC Sponsored Res Survey

Welcome!

This survey is designed to assist DBHDS and DMAS fulfill the General Assembly's mandate to "collect information and feedback related to payments to [sponsored residential] family homes and the extent to which changes in [waiver] rates have impacted payments to the family homes statewide, and the increase or decrease in the capacity in each of the five geographic regions." Please complete this for each person you support in your home (you will see "person 1" and "person 2" options).

Thank you in advance for participating and enabling our two agencies to make an accurate report to the General Assembly.

1. What is the zip code for your sponsored residential home?

2. What is the supports level of each individual you support in your sponsored residential home?

Supports level (1 - 7) for person #1

Supports level (1 - 7) for person #2

3. What was your monthly revenue from sponsored residential services provision in the month of November, 2016?

Monthly revenue for person #1

Monthly revenue for person #2

4. What was your monthly revenue from sponsored residential services provision in the month of March, 2017?

Monthly revenue for person #1

Monthly revenue for person #2

5. Rate the ability of the supports provided to each individual in your home to meet each individual's needs.

	Person 1	Person 2
Needs not met	<input type="radio"/>	<input type="radio"/>
Needs partially met	<input type="radio"/>	<input type="radio"/>
Needs mostly met	<input type="radio"/>	<input type="radio"/>
Needs fully met	<input type="radio"/>	<input type="radio"/>

Describe any improvements needed to fully meet needs, if applicable.

6. Rate the challenges you face in providing supports to each individual in your home.

	Person 1	Person 2
No challenges	<input type="radio"/>	<input type="radio"/>
A few challenges	<input type="radio"/>	<input type="radio"/>
Some challenges	<input type="radio"/>	<input type="radio"/>
Major challenges	<input type="radio"/>	<input type="radio"/>

Describe challenges, if applicable.

7. Rate the level of community engagement provided to each individual in your home.

	Person 1	Person 2
Minimally engaged	<input type="radio"/>	<input type="radio"/>
Partially engaged	<input type="radio"/>	<input type="radio"/>
Significantly engaged	<input type="radio"/>	<input type="radio"/>
Fully engaged	<input type="radio"/>	<input type="radio"/>

Describe any barriers encountered to full community engagement.

8. If you would like to provide the state with additional input regarding the provision of sponsored residential services, please describe below.