

## CONSUMER DIRECTED COMMUNITY SUPPORTS (CDCS) SURVEY INDIVIDUAL COMMENTS

A total of 410 survey respondents provided individual comments in response to the question about what aspect of CDCS most impacted their satisfaction with the program. Respondents often gave more than one answer to the question. Comments were sorted into categories of positive comments and concerns.

Categories of positive comments included:

- Positive comments about the program's flexibility;
- Positive comments about program outcomes;
- Positive comments about staffing.

Categories of concerns included:

- Concerns about staffing;
- Concerns about program guidelines;
- Concerns about the lack of alignment to self determination philosophy;
- Concerns about the inability to fund certain services.

### POSITIVE COMMENTS

1. A total of 120 survey respondents offered positive comments about the CDCS program's flexibility and reduction in stress:

- CDCS is a great program; keep it going (49);
- CDCS is responsive to actual needs (30);
- Greater control over resources (21);
- Ability to purchase specific treatments, therapies, equipment, and environmental modifications (14);

- Able to make changes throughout the year, can move funds between categories, less paperwork (6).
2. A total of 81 survey respondents identified specific positive outcomes:
- An increase in community integration (27);
  - Improved family relationships, prevention of out of home placements, and respite care (24);
  - An increase in quality of life, freedom, happiness, and self esteem (15);
  - An increase in independence, living where I like, getting a job with benefits, and people listening to me (12);
  - Better health and fewer behavior issues (3).
3. A total of 72 survey respondents listed positive statements about staffing:
- The ability to hire and retain staff, choice and control in selecting staff who are qualified, reliable, and caring (40);
  - Helpful, caring case managers (19);
  - Better pay rate is possible so staff feel rewarded and respected (8);
  - We do the training (3);
  - Work hours of staff match individual needs (2).

#### **CONCERNS**

4. A total of 118 survey respondents mentioned concerns with county staff, the amount of effort needed by family members, training, and support staff:
- County staff lack empathy, trust, aren't communicating, have high case loads, inconsistency, and micromanaging (49);

- Training is needed on how CDCS works, what is possible under the program, an orientation to the whole system, accounting, and issues dealing with (29);
  - Parents should be paid because of the administrative duties and time spent as a provider of services (14);
  - Need help finding staff (PCAs, respite staff (13);
  - Need individual help in understanding this program step by step (10);
  - Need a housing specialist, staff should be paid on time, need retirement options for in-home staff (3).
5. A total of 115 survey respondents stated problems with guidelines, paperwork, and inconsistency with the program:
- Guidelines are not understood, are inconsistent, have changed and become more restrictive, arbitrary caps are applied, inability to change between categories, inconsistency, don't know how to write a plan that will be approved (54);
  - Processes need simplification, too much paperwork, paperwork has increased, too complicated, lack of professional management of the program; all forms could be on the web (34);
  - Amount of time this program takes, delays in approval, lack of timeliness of payments (11);
  - Monthly fiscal reports aren't understandable or helpful, need better details, reports could be web based, need far better tracking (10);
  - Parental fees are too high (3);
  - Poor coordination between CDCS and Medicaid (3).
6. A total of 52 survey respondents indicated that implementation of CDCS is not aligned to self determination philosophy:
- Intent of CDCS is not understood and the program is headed toward

restrictions, one size fits all, promises aren't kept, no longer flexible, can't make ongoing adjustments, overdocumentation for \$5 to \$10 purchases (39);

- Funding doesn't match needs (11);
- CDCS doesn't help people without an active family member or advocate (2).

7. A total of 31 survey respondents described the inability to fund certain services or inability to achieve certain outcomes:

- Unable to pay for diets, treatments, alternative approaches (9);
- Unable to pay for community integration activities, ways to connect kids with disabilities in community settings, eating out, a bicycle (11);
- Unable to pay for transit, vans, and equipment maintenance (4);
- Unable to pay for occupational therapists and music therapists (3);
- Unable to purchase assorted items such as large purchases by setting aside funds over time, fences, and wills and trusts (4).

## Overall Satisfact

*Allen:*  
 I selected 25,  
 for variety; also  
 ones that seemed  
 easier to read (after  
 several copies).  
 Mary



1. Given all the consideration: consumer directed support
2. How likely would you be to support program in your co
3. Has the consumer directed that were set for you by you services department?

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*MORE defined information - often they don't have the answers to my questions - or the answers can change.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Strongly Disagree

1. I can (even if someone helps me because of my disability) get to where I want to go.
2. I have control over my daily schedule.
3. I have privacy to be alone or with people I choose.
4. Only people who are supposed to know my personal information have access to it.
5. I can set desired outcomes (goals) for myself.
6. I can decide about how I spend my money.
7. I can make decisions that will affect my future.
8. I am satisfied with my current level of independence.



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

*That people listen to me.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible

# Independence

## Mobility / Control / Privacy

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
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3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? .....

Very satisfied	<input checked="" type="checkbox"/>	Neither satisfied nor dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very dissatisfied
Very likely	<input checked="" type="checkbox"/>	Neither likely nor unlikely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very unlikely
Exceeded Expectations	<input type="checkbox"/>	Met Expectations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failed Expectations

*more flexibility to spend the money  
For example, alternative medicine*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          |                                     | Disagree                 |                          |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*It would be helpful to meet periodically with your case manager to discuss your service budget and to make adjustments as necessary.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction



- |   |                          |                                     |                                     |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied           | Neither satisfied nor dissatisfied  | Very dissatisfied                   |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely              | Neither likely nor unlikely         | Very unlikely                       |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations    | Met Expectations                    | Failed Expectations                 |
|   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*We were told the purpose of the program was to put the parents "in the driver seat" to make the choices. This has turned out to be untrue. We have to fight over every little expenditure. The "rules" of the program do not realistically meet the needs of the child. Our social worker acts like a "gestapo agent". Medical Needs are NOT Met!!*

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | Agree                    | Disagree                            |
|  | Strongly Somewhat        | Neither Somewhat Strongly           |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program?
 

	Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation?
 

	Very likely		Neither likely nor unlikely		Very unlikely
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department?
 

	Exceeded Expectations		Met Expectations		Failed Expectations
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

SOMEONE TO HOLD YOUR HAND + WALK EACH PARENT THROUGH EVERYTHING - THIS IS ALL VERY OVERWHELMING WHEN HAVING TO DEAL WITH A CHILD THAT IS ALREADY OVERWHELMING YOU DADLY.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |   | Agree                    |                                     |                                     | Disagree                 |                          |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|   | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose.                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself.                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future.                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence.                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? the one on one she gets with Kim

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                  | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*including salaries.*

*Given control in paying staff, being allow to interact in the community at large. Such as gym memberships.*

*Very happy not to have Nurses from PCA Companies coming to my home monthly.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |    |   | Agree                               |                                     | Disagree                 |                          |                          |
|----|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|    |   | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. | I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations				Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
The Ability To Hire Own Staff And Have The Ability To Negotiate A Wage With Them. Staff Not Only Meet The Needs Of Our Daughter w/ Special Needs, But Also Work Well w/ Our Family Dynamics!!

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                  | Disagree                            |                                     |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            |                          | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Help or Assistance Finding Lower Cost Housing, Having a Housing Specialist Available

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

1) Meals (food) - The program does not provide for my expense at restaurants but does provide for PCA. I believe both exps should be provided for for many of the program participants. Eating out is a community event that is very valuable.

*and for some participants of the program eating out is one of the things that fits.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          |                                     | Disagree                 |                          |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied  Neither satisfied nor dissatisfied  Very dissatisfied
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely  Neither likely nor unlikely  Very unlikely
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations  Met Expectations  Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Please allow monies to be used for purchase of bicycle, (our request was denied), This is an important part of independence and exercise for our young adult son. Also, let the consumer decide on other ~~such~~ purchases to continue the learning process: classes, books, computer.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 2. I have control over my daily schedule. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 3. I have privacy to be alone or with people I choose. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 4. Only people who are supposed to know my personal information have access to it. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 5. I can set desired outcomes (goals) for myself. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 6. I can decide about how I spend my money. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 7. I can make decisions that will affect my future. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 8. I am satisfied with my current level of independence. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree

# Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Very likely	Neither likely nor unlikely					Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Client gets out in community more!*

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

	Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very likely	Neither likely nor unlikely			Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exceeded Expectations	Met Expectations		Failed Expectations	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*opportunities for socialization with typical peers*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                             | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            |                                     | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied										Neither satisfied nor dissatisfied										Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely										Neither likely nor unlikely										Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations										Met Expectations										Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																		
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
The fact that Karl is able to do many activities in the community which he would not be able to participate in.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |    |   | Agree                               |                                     |                          | Disagree                 |                          |
|----|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|    |   | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. | I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied           | Neither satisfied nor dissatisfied  | Very dissatisfied        |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely              | Neither likely nor unlikely         | Very unlikely            |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations    | Met Expectations                    | Failed Expectations      |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Availability of male staff*

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely		Neither likely nor unlikely		Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations		Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*More knowledge at the county level about what is available & how to access it. Also coordination of services.*

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                    |                                     |                          | Disagree                            |                          |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... 

Very satisfied										Neither satisfied nor dissatisfied											Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? .. 

Very likely										Neither likely nor unlikely											Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... 

Exceeded Expectations										Met Expectations											Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>																				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

TIME - Although I am so grateful for CD supports, it takes so much time to do the planning/accounting/managing, secretarial work etc. I feel I should be paid for HR work or be able to hire someone to do the work & be reimbursed through the plan. I spend 5-10 hours each week on timesheets, conferencing, etc.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The flexibility is the best. It helps our son & our family greatly.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree Disagree  
 Strongly   Somewhat   Neither   Somewhat   Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....

## Overall Satisfaction

- ✓
- |   |                          |                                       |                          |
|---|--------------------------|---------------------------------------|--------------------------|
|   | Very satisfied           | Neither satisfied<br>nor dissatisfied | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |
|   | Very likely              | Neither likely<br>nor unlikely        | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |
|   | Exceeded<br>Expectations | Met<br>Expectations                   | Failed<br>Expectations   |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? <u>Flexibility.</u>                    |                          |                                       |                          |

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                                     |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations				Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Understanding Children with Developmental Disabilities -

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                            |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
- 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? He ~~take~~ talk to me and answer all my questions. He is a very nice person.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree: Strongly, Somewhat, Neither, Disagree: Somewhat, Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it .....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money .....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence .....

## Overall Satisfaction

- |   |   |                                    |                          |                          |                          |                          |                          |
|---|---|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Very satisfied  | Neither satisfied nor dissatisfied |                          |                          |                          |                          | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely   | Neither likely nor unlikely        |                          |                          |                          |                          | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Exceeded Expectations   | Met Expectations                   |                          |                          | Failed Expectations      |                          |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  | <u>Well organized + well managed program to meet the needs of disabled person</u> |                                    |                          |                          |                          |                          |                          |
|   |   |                                    |                          |                          |                          |                          |                          |
|   |   |                                    |                          |                          |                          |                          |                          |
|   |   |                                    |                          |                          |                          |                          |                          |

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          | Neither                  | Disagree                 |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely	Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations	Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

More activities with young adults his own age

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                                     |                                     |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

*It has allowed my daughter to experience numerous community activities while giving her parent a break from having to do it all!*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                 |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied           | Neither satisfied nor dissatisfied  | Very dissatisfied        |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely              | Neither likely nor unlikely         | Very unlikely            |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations    | Met Expectations                    | Failed Expectations      |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The ability to find qualified staff for the hours available.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
|  | Agree                               |                                     | Disagree                 |
|  | Strongly                            | Somewhat                            | Neither                  |
|  |                                     | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... 

Very satisfied								Neither satisfied nor dissatisfied									Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>															
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ... 

Very likely								Neither likely nor unlikely									Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>															
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... 

Exceeded Expectations								Met Expectations									Failed Expectations
	<input checked="" type="checkbox"/>	<input type="checkbox"/>															

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? individualized plan to meet specific needs

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Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree: Strongly, Somewhat; Disagree: Somewhat, Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. .... 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
- 2. I have control over my daily schedule. .... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
- 3. I have privacy to be alone or with people I choose. .... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
- 4. Only people who are supposed to know my personal information have access to it ..... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
- 5. I can set desired outcomes (goals) for myself. .... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
- 6. I can decide about how I spend my money ..... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
- 7. I can make decisions that will affect my future. .... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
- 8. I am satisfied with my current level of independence ..... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
- There are so many much more in the line of options than before to benefit the disabilities & keeping costs down. I am looking forward to seeing my son's life & improve & in the integration & dealing with his Autism with his very new plan. I can only answer ~~these~~ some of these questions according to our experience thus far.*

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*I am very happy with the program*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... ✓
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*everything is being handled by our St. Bands is excellent and wonderful to work with!!*

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied		Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely		Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations		Met Expectations			Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*increased*  
 If there were ~~restrictions~~ *increased* on how the money should be spent. We like the flexibility we have and the feeling of having some control.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
 Strongly Somewhat Neither Somewhat Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? The flexibility to meet our ever-changing needs.

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Case manager and County social services departments are very expectations*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          | Disagree                 |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Ability to direct Funds to resources that are actually needed & To be flexible in that regard

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                  | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

Allows Heidi to live a more full normal life

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                          | Neither                             | Disagree                 |                          |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



- |   |  |                                    |                          |                          |                          |                          |
|---|--|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Very satisfied   | Neither satisfied nor dissatisfied |                          |                          |                          | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely  | Neither likely nor unlikely        |                          |                          |                          | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input checked="" type="checkbox"/>  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Exceeded Expectations  | Met Expectations                   |                          |                          | Failed Expectations      |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input checked="" type="checkbox"/>  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  | <p style="text-align: center;"> <u>Being able to get out &amp; interact with the community - stepping outside programs at St. Davids - meeting new people</u> </p> |                                    |                          |                          |                          |                          |

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied        Very dissatisfied
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely       Very unlikely
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations       Failed Expectations
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Doing something more like this to help the child and the parents.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                            |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
The County and their staff having more client empathy and to work at keeping their word and not putting in extra words after giving you approval for purchases

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Can't read*

## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

*to have a better support system to help me*

*to have more support services available to me*

*to have more support services available to me*

*to have more support services available to me*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

*I am very happy with all the assistance I get.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....

# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? ✓
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*removal of financial coverage for supplements add vitamins and food products not covered by insurance or medical assistance - but that are proving to be 100% effective for treating autism. It is because of this waiver money that parents are figuring it out instead of the medical community*

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                            |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |





# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Given the information that*  
*information*

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence ....



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

# self directed for my child not county directed

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied		Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely		Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Continued Service      Continued service

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Flexibility re: maximum number of services  
client can use personal supports

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely	Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations	Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
The choices I make are the ones that work best for our family.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? TO MAKE SURE THE PROGRAM BUDGET IS NOT ELIMINATED DUE TO BUDGET CUTS

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

Agree	Disagree			
Strongly	Somewhat	Neither	Somewhat	Strongly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Ease of use

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....	Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..	Very likely	Neither likely nor unlikely					Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....	Exceeded Expectations	Met Expectations			Failed Expectations		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?	_____						
	<i>She case manager I work with.</i>						
	_____						
	_____						
	_____						

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
 Our county has been absolutely phenomenal in providing support to us through training, networking opportunities with other parents, the COS retreat held in March, not to mention the terrific job the social worker does in helping us plan services for our son.

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                  | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*What is consumer direct support? I work mainly with one or two social workers. They provide what my team needs as far as services.*

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |    |   | Agree                               |                          | Disagree                            |                          |                          |
|----|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|    |   | Strongly                            | Somewhat                 | Neither                             | Somewhat                 | Strongly                 |
| 1. | I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Knowing it could continue and never be taken away

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                  | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            |                          | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
 \_\_\_\_\_  
 Control  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree Disagree  
 Strongly Somewhat Neither Somewhat Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations				Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Being able to use the checkbook system is key to my satisfaction. It makes the program easy to use and completely painless! Kudos to Dakota Co!

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*The ability to believe others and get involved in the community with the consumer directed support*

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          |                          | Disagree                 |                                     |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? . . . . .
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? . . . . .
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? . . . . .

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The ability to receive the services we need without any additional hassles. Our life is hectic and would enough without complications from the County. We would drop out of the program if it was too much work - even though the services are very valuable to our family.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |   | Agree                    |                                     |                                     | Disagree                            |                                     |
|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. . . . .   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. . . . .                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it . . . . .     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. . . . .                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money . . . . .  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. . . . .                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence . . . . .                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |





# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
That my child is treated with respect  
which he is already getting his ~~support~~ supports!

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
ONLY THE ASSURANCE THAT IT WILL CONTINUE.  
WE ARE VERY SATISFIED AS IT IS.

Very satisfied		Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely		Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations		Met Expectations				Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          | Disagree                 |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? Very satisfied         Neither satisfied nor dissatisfied         Very dissatisfied
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? Very likely         Neither likely nor unlikely         Very unlikely
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? Exceeded Expectations         Met Expectations         Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? .

*Having Choices & Flexibility has been wonderful  
Consumer directed services are a Blessing.  
J. Lantz*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied                      | Neither satisfied nor dissatisfied  | Very dissatisfied        |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely                         | Neither likely nor unlikely         | Very unlikely            |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations               | Met Expectations                    | Failed Expectations      |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Yes, we are. As parents, we are able to do better, we have more of the quality time with Sarah, with this service, Sarah is able to go many places, community activities, and has some therapy equipment at home to use. Our house is tidier, cleaner. As parents we are able to keep our daily schedule at work and other activities.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                            |                          |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*That the program continue. :)*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
 Strongly    Somewhat    Neither    Somewhat    Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it .....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money .....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence .....

## Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....	Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..	Very likely	Neither likely nor unlikely	Very unlikely
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....	Exceeded Expectations	Met Expectations	Failed Expectations
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?	<u>easier to contact. Community inclusion time more convient for my family.</u>		

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

*Get somebody to fill out this paperwork for me! (Just kidding)*  
*Your system seems to operate efficiently.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |    |   | Agree                    |                                     |                          | Disagree                            |                                     |
|----|---|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|    |   | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                            |
| 1. | I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. | I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. | I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. | Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. | I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. | I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. | I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. | I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

# Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
SUFFICIENT OFFERS FOR PROGRAMS,  
OUTINGS INTO THE COMMUNITY, AND SUPPORT STAFF  
TO ENABLE THE CLIENT TO LIVE A MORE NORMAL  
LIFE. SUFFICIENT DOLLARS BUDGETED TO MEET  
THEIR OFFENSIVE NEEDS ANNUALLY.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

	Agree		Neither	Disagree	
	Strongly	Somewhat		Somewhat	Strongly
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Going out in the community and to differed places  
to eat to resturants to eat.

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... ✓
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations				Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*I think if everyone had a support coordinator. I never knew until this year that I could have one. So, I think, I hope! this will help out majorly. Because my social worker doesn't have time to help with anything.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                          | Disagree                            |                                     |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*That it exists! We appreciate all the help we can get + knowledge + mostly resource!*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                                     |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
- 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? That it can keep going it been a great gift for our family.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly   Somewhat   Neither   Somewhat   Disagree Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Mamsi is great to work with. It's very ~~difficult~~ difficult working with County people who do not understand what it is like having a child with autism & non-verbal - Certain Guidelines do not pertain to kids like this & this age. Flexibility with Rules is not encouraged.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                 |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied		Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  

The flexibility of the plan for our child

Making it specific to our child's needs.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          |                                     | Disagree                 |                          |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... 

Very satisfied									
	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? .. 

Very likely									
	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... 

Exceeded Expectations									
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*the ability to search what are things we can do within the MC budget.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree: Strongly, Somewhat; Disagree: Somewhat, Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go..... 

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. I have control over my daily schedule..... 

	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. I have privacy to be alone or with people I choose..... 

	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 4. Only people who are supposed to know my personal information have access to it..... 

	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 5. I can set desired outcomes (goals) for myself..... 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 6. I can decide about how I spend my money..... 

	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 7. I can make decisions that will affect my future..... 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 8. I am satisfied with my current level of independence..... 

	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

*Having Consumer directed services is wonderful has enhanced many lives. Thanks*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied									
	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely									
	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations									
	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Flexibility - we have a very unique situation and what our handicapped teen needs may be VERY DIFFERENT from any other one.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program?  Very satisfied   Neither satisfied nor dissatisfied     Very dissatisfied
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation?  Very likely   Neither likely nor unlikely     Very unlikely
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department?  Exceeded Expectations   Met Expectations    Failed Expectations
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
The Gluten free Casein free diet is VERY important for our son. The county seems to waiver on whether or not it will be covered along with the supplements & specialate. Please trust the parents - these interventions do help some kids with autism immensely - especially when it comes to behavior.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                            |                                     |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied		Neither satisfied nor dissatisfied			Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations		Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  

*I think you do a wonderful program. I am so satisfied with the help you provide (re money support etc)*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
Very likely	Neither likely nor unlikely			Very unlikely
Exceeded Expectations	Met Expectations			Failed Expectations

*Relationship with County Case Manager*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Control over supports - As well with the responsibility*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          | Disagree                 |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Have always been*



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

THE CONTINUED INTER ACTION WITH ALL THE PEOPLE INVOLVED

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                            |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

They care for the Family needs and supports with lots of help.

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? to continue support system & services

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
AVAILABLE FINANCE, STAFFING AND BETTER COMMUNITY INVOLVEMENT.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

*continue to allow checkbook option  
and allow therapeutic purchases*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely					Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? MOM - I like the idea of being able to pay our son's people more but finding people to work the after school & weekend shift is harder than you'd think. We also like the of being able to fire some that's not working out

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Strongly Disagree

- I can (even if someone helps me because of my disability) get to where I want to go. ....  
 Strongly  Somewhat  Neither  Somewhat  Strongly Disagree
- I have control over my daily schedule. .... constantly  
 Strongly  Somewhat  Neither  Somewhat  Strongly Disagree
- I have privacy to be alone or with people I choose. ....  
 Strongly  Somewhat  Neither  Somewhat  Strongly Disagree
- Only people who are supposed to know my personal information have access to it .....  
 Strongly  Somewhat  Neither  Somewhat  Strongly Disagree
- I can set desired outcomes (goals) for myself. ....  
 Strongly  Somewhat  Neither  Somewhat  Strongly Disagree
- I can decide about how I spend my money .....  
 Strongly  Somewhat  Neither  Somewhat  Strongly Disagree
- I can make decisions that will affect my future. ....  
 Strongly  Somewhat  Neither  Somewhat  Strongly Disagree
- I am satisfied with my current level of independence .....  
 Strongly  Somewhat  Neither  Somewhat  Strongly Disagree



## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....	Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..	Very likely	Neither likely nor unlikely	Very unlikely
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....	Exceeded Expectations	Met Expectations	Failed Expectations
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?	<u>Finally being able to make doctor's of our choice visits paid, supplements paid for and other items our son requires due to his diagnosis of Autism and allergies!</u>		

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree	Disagree
	Strongly Somewhat	Neither Somewhat Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. I can decide about how I spend my money .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. I am satisfied with my current level of independence .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....	Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..	Very likely	Neither likely nor unlikely	Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....	Exceeded Expectations	Met Expectations	Failed Expectations
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?			
	<u>Can explain and talk to them about every concern I have and they will go out of their way to find out their answer to explain to us.</u>		

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*for my child that I can achieve the goals set.*

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely	Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations	Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
flexibility. Each disabled individual has unique needs. Restrictions on services do not benefit individuals. More flexibility and more services should be available

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Understanding, but it is hard to describe it in one word. (or one thing).

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....

Agree	Disagree			
Strongly	Somewhat	Neither	Somewhat	Strongly

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

- ✓
1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
- I am satisfied, if they decided to go back to the old program. This is so much easier. I love the simplicity of the plan.*

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. <i>Nikki just follows directions at this point</i> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely	Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations	Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Child As - A Consumer Directed by me  
Do not NEED to be paid who  
is best interest of child*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                 |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

*Poder contratar un miembro de la familia para trabajar con mi hijo.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |    |   | Agree                               |                          | Disagree                 |                          |                          |
|----|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|    |   | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                 |
| 1. | I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I can live in my own home  
I have a job with  
benefits.

~~4/10/2009~~



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations				Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*When my son can read and write few correct words most importantly his name with out support  
 when he can express him self more fluently*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

Agree	Disagree			
Strongly	Somewhat	Neither	Somewhat	Strongly

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Overall Satisfaction

- ✓
1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations				Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Im constantly worried Im not doing organization something correctly a lot of specifics are needed for the book keeping to be maintained properly and for things to be kept in an orderly fashion.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

*NA 8 years old*  
 Mobility / Control / Privacy

- |  | Agree                    |                          |                                     | Disagree                 |                          |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                 | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely	Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations	Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
  
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

Following through with initial promises

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
 Strongly Somewhat Neither Somewhat Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  
2. I have control over my daily schedule. ....
 

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------
  
3. I have privacy to be alone or with people I choose. ....
 

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------
  
4. Only people who are supposed to know my personal information have access to it. ....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------
  
5. I can set desired outcomes (goals) for myself. ....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------
  
6. I can decide about how I spend my money. ....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------
  
7. I can make decisions that will affect my future. ....
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  
8. I am satisfied with my current level of independence. ....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

Greater understanding of the finances - who can read that thing type & what does it mean? I should have taken an accounting class! I'd like to know how much \$ there is to work with. When I call the Haven Co. Soc. Worker says that "You're fine" Not very specific - well! Anyway, glad the amount is there for him & he needs help getting it.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Knowing what it is!

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Strongly Disagree

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it .....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money .....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence .....

# Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

An increase in budget to cover additional costs of caregiver training, homemaker services

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Each child has different needs. It is difficult when programs get changed &/or cut that are the most beneficial for my child and what his needs are within his disability. It would be very helpful if each individual child was looked at separately. I realize this is next to impossible but maybe there can be categories set up to fit each child into i.e. my child does not need 24 hr care or wheelchair, but he needs private swimming lessons.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

*Safety and to be able to overcome motor skill issues to learn.*

Agree Disagree

Strongly Somewhat Neither Somewhat Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. .... *too young* ...
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ... *too young* ..
- I can decide about how I spend my money ... *too young* ..
- I can make decisions that will affect my future. *too young*
- I am satisfied with my current level of independence. ....

## Overall Satisfaction



- |   |   |                                    |                                     |                          |                          |                          |                          |
|---|---|------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Very satisfied  | Neither satisfied nor dissatisfied |                                     |                          |                          |                          | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input checked="" type="checkbox"/>                   | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely   | Neither likely nor unlikely        |                                     |                          |                          |                          | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input checked="" type="checkbox"/>                   | <input type="checkbox"/>           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Exceeded Expectations                                 | Met Expectations                   |                                     |                          | Failed Expectations      |                          |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input type="checkbox"/>                              | <input type="checkbox"/>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?<br><u>high.</u>                        | <u>STAFF in Home more &amp; consistant. Turn over</u> |                                    |                                     |                          |                          |                          |                          |

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  |                                     |                                     |                          |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Agree                               |                                     | Disagree                 |                          |                          |
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- |   |   |                                       |                          |
|---|---|---------------------------------------|--------------------------|
|   | Very satisfied                                  | Neither satisfied<br>nor dissatisfied | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input type="checkbox"/>                        | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |
|   | Very likely                                     | Neither likely<br>nor unlikely        | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input type="checkbox"/>                        | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |
|   | Exceeded<br>Expectations                        | Met<br>Expectations                   | Failed<br>Expectations   |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input type="checkbox"/>                        | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? .....                                  | <u>less paperwork, less administrative time</u> |                                       |                          |
| .....   |   |                                       |                          |
| .....   |   |                                       |                          |
| .....   |   |                                       |                          |
| .....   |   |                                       |                          |

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Agree                    |                                     |                          | Disagree                            |                          |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied			<input checked="" type="checkbox"/>							Neither satisfied nor dissatisfied									Very dissatisfied
----------------	--	--	-------------------------------------	--	--	--	--	--	--	------------------------------------	--	--	--	--	--	--	--	--	-------------------

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	<input checked="" type="checkbox"/>									Neither likely nor unlikely									Very unlikely
-------------	-------------------------------------	--	--	--	--	--	--	--	--	-----------------------------	--	--	--	--	--	--	--	--	---------------

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .. *Last year: yes This year: I have some concerns.*

Exceeded Expectations			<input checked="" type="checkbox"/>							Met Expectations									Failed Expectations
-----------------------	--	--	-------------------------------------	--	--	--	--	--	--	------------------	--	--	--	--	--	--	--	--	---------------------

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*To allow supports necessary for the deficits in development directly related to a disability. Children with PDD or other disabilities may need academic support. If there is a visual/cognitive issue they may need academic therapy to maintain grade level performance in addition to what the school offers.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly   Somewhat   Neither   Somewhat   Disagree Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

2. I have control over my daily schedule. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

3. I have privacy to be alone or with people I choose. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

4. Only people who are supposed to know my personal information have access to it. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

5. I can set desired outcomes (goals) for myself. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

6. I can decide about how I spend my money. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

7. I can make decisions that will affect my future. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

8. I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Less paperwork*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied  Neither satisfied nor dissatisfied  Very dissatisfied
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely  Neither likely nor unlikely  Very unlikely
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations  Met Expectations  Failed Expectations
- 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? provide money for nutritional support ie: special diet, supplements, vitamins.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Strongly Disagree

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 2. I have control over my daily schedule. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 3. I have privacy to be alone or with people I choose. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 4. Only people who are supposed to know my personal information have access to it .....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 5. I can set desired outcomes (goals) for myself. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 6. I can decide about how I spend my money .....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 7. I can make decisions that will affect my future. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 8. I am satisfied with my current level of independence .....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree

## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely		Neither likely nor unlikely		Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations		Met Expectations		Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Checkbook option - more flexibility when using checkbook. Cross-over between "Categories." Ex: self enough \$s in equipment area + you need more in respite category being able to just write the check instead of having so many numbers*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                 |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? .....

Finding PCA services  
We have never had PCA services, so we have never really started this program

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
 Strongly   Somewhat   Neither   Somewhat   Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....

2. I have control over my daily schedule. ....

3. I have privacy to be alone or with people I choose. ....

4. Only people who are supposed to know my personal information have access to it. ....

5. I can set desired outcomes (goals) for myself. ....

6. I can decide about how I spend my money. ....

7. I can make decisions that will affect my future. ....

8. I am satisfied with my current level of independence. ....



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? for the County to quit giving lip service to consumer directed supports, do the training necessary for their case managers to operate in the system adequately (or even better) and to fully support consumers (and their guardians) to live consumer directed lives!

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree	Disagree		
Strongly    Somewhat	Neither	Somewhat	Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely	Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations	Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

Understanding the verbiage needed to write an approvable program.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
 Strongly Somewhat Neither Somewhat Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  
2. I have control over my daily schedule. ....
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  
3. I have privacy to be alone or with people I choose. ....
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  
4. Only people who are supposed to know my personal information have access to it .....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------
  
5. I can set desired outcomes (goals) for myself. ....
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  
6. I can decide about how I spend my money .....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------
  
7. I can make decisions that will affect my future. ....
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  
8. I am satisfied with my current level of independence .....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------





# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

	Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very likely	Neither likely nor unlikely				Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exceeded Expectations	Met Expectations			Failed Expectations	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

HELP

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? More info

Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely		Neither likely nor unlikely		Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations		Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                                     |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied  Neither satisfied nor dissatisfied  Very dissatisfied
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely  Neither likely nor unlikely  Very unlikely
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations  Met Expectations  Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Finding staff*

*Deadline for reimbursement/payroll*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
Strongly Somewhat Neither Somewhat Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
2. I have control over my daily schedule. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
3. I have privacy to be alone or with people I choose. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
4. Only people who are supposed to know my personal information have access to it. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
5. I can set desired outcomes (goals) for myself. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
6. I can decide about how I spend my money. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
7. I can make decisions that will affect my future. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
8. I am satisfied with my current level of independence. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

	Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

	Very likely		Neither likely nor unlikely		Very unlikely
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

	Exceeded Expectations		Met Expectations		Failed Expectations
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

*My case manager does not seem to have the info I need when I call and it takes too long (a series of phone calls) to accomplish anything. It is frustrating to have the process take so much of my time. Information I have sent to the county regarding reimbursement or charges to plan has been either lost or misdirected. It should not have to be this difficult to manage the plan. I do believe CDS is a good idea but the procedures need to be dealt with more efficiently.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Having a greater flexibility in the budgeting issues that would allow for the expenditure of minor items without having to always consult case manager. Also maintenance costs that come up during the year. (Van, lift, door opener, etc).

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone tells me because of my disability) get to where I want to go ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my own schedule .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone with people I choose. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how to spend my money .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

Having the same person throughout the entire year @ the fiscal intermediary agency.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
 Strongly   Somewhat   Neither   Somewhat   Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it .....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money .....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence .....

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

*more training on how the whole system works - I thought this questionnaire was unfair to those of us who are new to this process.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

LOSS OF FUNDING

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Neither                  | Disagree                            |                          |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neither satisfied nor dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very dissatisfied
----------------	--------------------------	-------------------------------------	------------------------------------	--------------------------	--------------------------	--------------------------	-------------------
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neither likely nor unlikely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very unlikely
-------------	--------------------------	-------------------------------------	-----------------------------	--------------------------	--------------------------	--------------------------	---------------
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Met Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failed Expectations
-----------------------	--------------------------	-------------------------------------	------------------	--------------------------	--------------------------	--------------------------	---------------------

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? THERE IS TOO MUCH PAPERWORK

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*less paper work*

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Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree	Disagree		
Strongly    Somewhat	Neither	Somewhat	Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Have statewide regulations valid in all counties with similar practices, that are actually carried out identically in each county. Have total disclosure of the benefits available for each one and how care givers/parents can appropriate them.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
- More information on involvement opportunities*

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                 |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*less annual paperwork*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                                     |                                     |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations				Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? consistency

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*overall a better informed County SW, case manager, Note so much on Autism, but in what is allowable.*

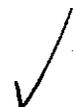
*Also SW is required to get their supervisor for all approvals - #10 or anything. To many delays.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                  | Disagree                            |                                     |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            |                          | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |



## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? . . . . .

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? . . . . .

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? . . . . .

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Smaller case loads for social workers so more time can be focused on me.*

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree		Neither	Disagree	
	Strongly	Somewhat		Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. I have privacy to be alone or with people I choose. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. I can decide about how I spend my money. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. I can make decisions that will affect my future. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. I am satisfied with my current level of independence. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Parents of minor children should be able to pay themselves for direct care when other staff are not available to provide care, or when there is a shortage in staffing*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Less paper work, etc

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

Stability of support staff at fiscal intermediary and at the County level. It's very difficult to always be bringing people "up to speed" on a case.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                 |                                     |                                     |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
  
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  
- 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

not limiting the dollars for community activities

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                             | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

	Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

	Very likely		Neither likely nor unlikely		Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

	Exceeded Expectations		Met Expectations		Failed Expectations
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Clear guidelines and rules. Each social worker trained properly. A central clearinghouse / approval committee that included parents, medical personnel, therapists, etc. Instructions clearly written, simplified forms.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations				Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? keep it simple

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*if parents of a minor child could pay themselves, that would greatly impact my life and my satisfaction with COS. Money for big expenditures that COS might only pay a portion of the amount could be set aside, i.e. adapted vans, elevators, addition of a room. It would also help if we didn't have to write so much in the memo line; do paperwork. But I don't think that is ever going to go away.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. <i>weekdays go to school</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely	Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations	Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Following thru with specialty services that were originally approved and then later being told we couldn't do them — ex. hyperbaric oxygen treatment  
cranial sacral therapy  
listening therapy

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                            |                          |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*When our contract renews in June for our son we will no longer be able to have the OT person work with our son. This is due to the services no longer being paid under CDSC because it's a service, he can get at a clinic, which will then be paid under MA. However the gains he has made with our OT provider in our home and at the pool for swimming lessons have by far been*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

*greater than when he was at a clinic,*

# Independence

## Mobility / Control / Privacy

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....

Agree	Disagree		
Strongly    Somewhat	Neither	Somewhat	Strongly
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

Working with someone who is willing to take the time to explain step-by-step how CDS operates.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations				Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

Consistent, clearly out-lined paper-work.

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





## Overall Satisfaction

- |   |                                     |                                    |                          |                          |                          |                          |                          |
|---|-------------------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied                      | Neither satisfied nor dissatisfied |                          |                          |                          |                          | Very dissatisfied        |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely                         | Neither likely nor unlikely        |                          |                          |                          |                          | Very unlikely            |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations               | Met Expectations                   |                          |                          | Failed Expectations      |                          |                          |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Helping me actually find P.T., O.T. in home services.*

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  |                                     |                          |                          |                          |                                     |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
|  | Agree                               |                          |                          | Disagree                 |                                     |
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Financial support: There are some things, such as funding for handicap vehicle, which are very difficult to use. And some things are not even covered which should be. If those <sup>few's</sup> were taken care of or other items already covered were taken away, that would be the biggest impact on our satisfaction with the support program.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

2. I have control over my daily schedule. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

3. I have privacy to be alone or with people I choose. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

4. Only people who are supposed to know my personal information have access to it. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------

5. I can set desired outcomes (goals) for myself. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------

6. I can decide about how I spend my money. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

7. I can make decisions that will affect my future. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

8. I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? . . . . .

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? . . .

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? . . . . .

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
There is great time consuming paper work to get things approved. The the approval group does not know the needs of an autistic child and constantly refuses to allow things that are very needed.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. I can decide about how I spend my money . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. I can make decisions that will affect my future. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. I am satisfied with my current level of independence . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

- ✓
- |   |  |                                    |                          |                                     |                          |                          |
|---|--|------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|   | Very satisfied                                       | Neither satisfied nor dissatisfied |                          |                                     |                          | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input type="checkbox"/>                             | <input type="checkbox"/>           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely  | Neither likely nor unlikely        |                          |                                     |                          | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input type="checkbox"/>                             | <input type="checkbox"/>           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Exceeded Expectations                                | Met Expectations                   |                          |                                     | Failed Expectations      |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input type="checkbox"/>                             | <input type="checkbox"/>           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  | <u>more information, more help from case workers</u> |                                    |                          |                                     |                          |                          |
| _____   |  |                                    |                          |                                     |                          |                          |
| _____   |  |                                    |                          |                                     |                          |                          |
| _____   |  |                                    |                          |                                     |                          |                          |
| _____   |  |                                    |                          |                                     |                          |                          |

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                          | Disagree                 |                                     |                                     |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                 | Neither                  | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

# Overall Satisfaction



- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

IF full time employees were offered a 403B retirement option.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                                     |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*to help establish AND fund SMALL GROUPS where a child and PCA/WAIVER person can meet and attend things together. It is VERY lonely for a child to spend many hours a week out wandering around with an adult PCA, with no way to connect with other kids and no money to do things, week after week, month after month, etc.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
 Strongly   Somewhat   Neither   Somewhat   Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied			<input checked="" type="checkbox"/>					Neither satisfied nor dissatisfied							Very dissatisfied
----------------	--	--	-------------------------------------	--	--	--	--	------------------------------------	--	--	--	--	--	--	-------------------
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely		<input checked="" type="checkbox"/>						Neither likely nor unlikely							Very unlikely
-------------	--	-------------------------------------	--	--	--	--	--	-----------------------------	--	--	--	--	--	--	---------------
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations				<input checked="" type="checkbox"/>				Met Expectations							Failed Expectations
-----------------------	--	--	--	-------------------------------------	--	--	--	------------------	--	--	--	--	--	--	---------------------

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? *Before you are signed up! 411 classes*  
*Training!!! There was such a rush on to get clients signed up that there was no explanation of how it runs. All of a sudden we were receiving account statements from providers, etc without a clue on what they were. I still haven't received any accounting classes on the account. It is better this year, but last year I didn't even use the account.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied                      | Neither satisfied nor dissatisfied  | Very dissatisfied        |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely                         | Neither likely nor unlikely         | Very unlikely            |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations               | Met Expectations                    | Failed Expectations      |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

CLARITY & CONSISTENCY OF POLICY & PROCEDURE

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ...  

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*I understand there is now a \$600 cap on homebased money for eating out - that is my primary social/community activity (4 x week) this will greatly limit my enjoyment of the community & puts added stress on my family - It is not just providing food for me - it is a social activity all my friends enjoy & I would miss and be limited in getting out in the community (7) -*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                    |                                     |                          | Disagree                            |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |  |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

A better understand on how to write your support plan.

Making sure staff are paid on time - 4 times my staff person did not get paid due to CDC's mistakes. These are not easy jobs to staff, you have to make sure they are paid.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                                     |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations		Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*I would have liked to have more information regarding the function of CDCS prior to meeting with the fiscal intermediary.*

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
More freedom on making choice of how to spend the money, such is Respite hours, toys ect.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                          | Neither                             | Disagree                 |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                 | Neither                             | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied						
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely						Very unlikely
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations						Failed Expectations
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Should be more educated assistance from case manager in regard to forms, forms, and more forms that need to be filled out. More assistance is needed than to be offered an information session for general public or to call a social worker who rarely is in office!*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The constant changes can be confusing at times. Also some way to track spending via the web and an account would be great help.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                             | Disagree                            |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

*child*

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

*More specific clarification about exactly what is & isn't covered*

*② Easier approval process for plan - from yearly paperwork to any changes to plan throughout the year*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                          | Disagree                            |                                     |                          |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                 | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- 1: Given all the considerations, how satisfied are you with your consumer directed support program? .....
- 2: How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- 3: Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
- 4: What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*I would like to get my son in more activities but I'm having problems finding them. I would like to connect with ~~other~~ another parent with a ~~disabled~~ child that has similar disabilities*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? MORE CLEAR POLICY STATEMENTS
- 
- 
- 
- 
- 

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*To let me know about the programs that I my need to know about the other things that are out there for more about consumer directed support programs. My case I really enjoy my programs and thank you so much!*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                          |                          | Disagree                            |                          |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                 | Neither                  | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Retain payment for music (guitar lessons). They are very therapeutic (physical - finger isolation & mental (calming, skill building). They get client away from T.V. They are a source of social interaction. At least warn us that music would be dropped so we could plan for it.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*I am very concerned about the changes they are making in reducing what they are willing to approve. It seems that they are swinging too far to the opposite extreme. If they stopped approving to pay for alternative medical treatments - so many of which significantly improve the abilities of children with autism - I will be extremely unsatisfied. ~~Other~~ Dollar caps and unwillingness to pay for anything "educational" are other examples of changes I am unsatisfied with.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? . . . . .
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? . . . . .
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? . . . . .

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Funding staff

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |   | Agree                    |                                     |                                     | Disagree                            |                          |
|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|   | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. . . . .   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. . . . .                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it . . . . .     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. . . . .                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money . . . . .  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. . . . .                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I am satisfied with my current level of independence . . . . .                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- |   |   |                                     |                          |                                     |                          |                                    |                          |                                    |                          |                          |                          |                          |  |                     |                                     |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |
|---|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|---------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <table border="0"> <tr> <td style="text-align: center;">Very satisfied</td> <td colspan="5"></td> <td style="text-align: center;">Neither satisfied nor dissatisfied</td> <td colspan="5"></td> <td style="text-align: center;">Very dissatisfied</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> | Very satisfied                      |                          |                                     |                          |                                    |                          | Neither satisfied nor dissatisfied |                          |                          |                          |                          |  | Very dissatisfied   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very satisfied  |   |                                     |                          |                                     |                          | Neither satisfied nor dissatisfied |                          |                                    |                          |                          |                          | Very dissatisfied        |  |                     |                                     |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                     |                                     |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <table border="0"> <tr> <td style="text-align: center;">Very likely</td> <td colspan="5"></td> <td style="text-align: center;">Neither likely nor unlikely</td> <td colspan="5"></td> <td style="text-align: center;">Very unlikely</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>               | Very likely                         |                          |                                     |                          |                                    |                          | Neither likely nor unlikely        |                          |                          |                          |                          |  | Very unlikely       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very likely   |   |                                     |                          |                                     |                          | Neither likely nor unlikely        |                          |                                    |                          |                          |                          | Very unlikely            |  |                     |                                     |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                     |                                     |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <table border="0"> <tr> <td style="text-align: center;">Exceeded Expectations</td> <td colspan="5"></td> <td style="text-align: center;">Met Expectations</td> <td colspan="5"></td> <td style="text-align: center;">Failed Expectations</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>          | Exceeded Expectations               |                          |                                     |                          |                                    |                          | Met Expectations                   |                          |                          |                          |                          |  | Failed Expectations | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Exceeded Expectations   |   |                                     |                          |                                     |                          | Met Expectations                   |                          |                                    |                          |                          |                          | Failed Expectations      |  |                     |                                     |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                     |                                     |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Ability to find/hire good staff and respite providers for autistic children with severe behavior issues. Also, more crisis beds for children with these special needs.
- 
- 
- 

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                 |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

# Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Resources advocator would be very helpful in ~~facilitating~~ facilitating resources but in ~~connecting~~ connecting community + internet for training/workshop + support groups + treatment tool + method + diagnosis-specific equipment + vendors*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ...
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

Put more trust in the parents. Have the County NOT micromanage, existing on approving every line item. This is a time consuming activity - forcing weekly communication w/ the county; waiting for approvals. Washington Co. is ultra-conservative & denies chore services, equipment recommended by therapists, replacement of damaged items, etc when there is plenty of money left in the budget.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                             | Disagree                            |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Better Public Transportation

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it ..... 2    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- |   |                                     |                                     |                          |                          |                          |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Very satisfied                      | Neither satisfied nor dissatisfied  |                          |                          |                          | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely                         | Neither likely nor unlikely         |                          |                          |                          | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Exceeded Expectations               | Met Expectations                    |                          |                          | Failed Expectations      |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
- Regular financial reviews

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |    |   | Agree                               |                          | Disagree                 |                          |                          |
|----|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|    |   | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                 |
| 1. | I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Only people who are supposed to know my personal information have access to it .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I can decide about how I spend my money .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | I am satisfied with my current level of independence .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Have money allocated for will/trust preparing.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

- |  |                                     |                                     |                                     |                          |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely			Very unlikely		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

*More contact with case manager + agency that handles the money for our child. They both are paid large amounts of money for doing very little - We have had NO visits from either in almost a year yet they get paid monthly.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                            |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? ideas on use of program

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*When Hennepin County Promotes an informational program on consumer directed supports and the parent or client RSVPs that they will attend - Hennepin Co. Should alert the parent when they cancel the class - it shows common decency and respect*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                            |                          |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations		Met Expectations		Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*More clear, accurate guidelines within the counties, so one family is not requesting & receiving "the moon", while other families' requests are reasonable, but not met.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree			Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly	

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

# Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The counties system needs to show a different attitude about families. Some people seem to operate under the philosophy that "parents" are broken & need the system. Just the fact that families who were not outcomes of the 37% rule - the program was kept by the county - shows there are abuses within the system. Ben and I - families want to do what will benefit their child - they want a system that is lean, simple (or to speak) and flexible. Parents don't want to have to play games to make things work. Consumer directed supports is not meant to be 1 size fits all yet that seems to be the direction they are taking.*

\* not by parents

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. *(I'm a kid!)* .....
- I have privacy to be alone or with people I choose. ....  
*except that I need help with everything I do*
- Only people who are supposed to know my personal information have access to it. *I doubt it!* .....
- I can set desired outcomes (goals) for myself. ....  
*only as well as my parents can guess what I'm thinking*
- I can decide about how I spend my money. *I'm a kid! ... what money!* .....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....  
*As long as I can do stuff with my family and friends, I'm happy.*

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*A list of what exactly is covered, or at least some idea - it seems to vary by county, as do the amounts allowed for each item. (Some counties have \$9,000.00 limits for fences, some have \$6,000.00 limits). A coordinator who could respond to calls about what <sup>approved</sup> might be <sup>would help!</sup>*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*B for what is very important are not allowed for example Medical Care & therapeutic care for social disabilities. The program was supposed to be flexible, but it is not*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Oakridge having more training on specifics and philosophy. Most other things have gone well and for the most part Oakridge has been satisfactory however there is a real need for information & training. Actually for all of us.

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

To train and educate County workers about Autistic children's needs. And professionally educate County workers on dealing with families who are new to the program and new to their child's diagnosis on what is acceptable for the consumer directed support program.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          | Disagree                 |                                     |                                     |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

# Overall Satisfaction

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied           | Neither satisfied nor dissatisfied  | Very dissatisfied        |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely              | Neither likely nor unlikely         | Very unlikely            |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations    | Met Expectations                    | Failed Expectations      |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Train social workers on dev. disabilities.  
Realize the differences.

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | Agree                    | Disagree                            |
|  | Strongly Somewhat        | Neither Somewhat Strongly           |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Everything done in timely fashion

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                          |                          | Disagree                 |                                     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                 | Neither                  | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money .....   | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence .....                                | <input type="checkbox"/>            |

## Consumer Satisfaction



1. Considering all considerations, how satisfied are you with your consumer directed support program?
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How likely are you to recommend a consumer directed support program in your county to a friend in a similar situation?
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How likely do you think the consumer directed support program met the expectations you by your case manager and county social worker?
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What change would have the greatest impact on your satisfaction with consumer directed supports?

Better communication & working relationship the people at MA. Sometimes - depending on the expense - there is a loop situation occurs. Neither will pay because "the other one should."

Think about how consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree: Strongly, Somewhat, Neither, Disagree: Somewhat, Strongly

1. I am able to go where I want to go.  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
2. I am able to control my daily schedule.  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
3. I am able to be alone or with people I choose.  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
4. I am able to have access to my personal information.  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
5. I am able to set outcomes (goals) for myself.  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
6. I am able to decide about how I spend my money.  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
7. I am able to make decisions that will affect my future.  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
8. I am satisfied with my current level of independence.  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied    Neither satisfied nor dissatisfied    Very dissatisfied
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely   Neither likely nor unlikely    Very unlikely
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations   Met Expectations   Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Knowledge. The county to understand the needs of my child & who's how to meet those. SLLS to understand CDCS so they could offer support & direction.*

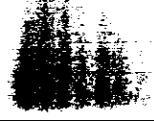
Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree: Strongly, Somewhat, Neither, Disagree: Somewhat, Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 2. I have control over my daily schedule. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 3. I have privacy to be alone or with people I choose. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 4. Only people who are supposed to know my personal information have access to it .....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 5. I can set desired outcomes (goals) for myself. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 6. I can decide about how I spend my money .....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 7. I can make decisions that will affect my future. ....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree
- 8. I am satisfied with my current level of independence .....  Strongly Agree  Somewhat Agree  Neither  Somewhat Disagree  Strongly Disagree



## Overall Satisfaction

- ✓
1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Very likely	Neither likely nor unlikely	Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exceeded Expectations	Met Expectations	Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Flexibility. A rural county is very difficult to have this service. It has been so much work for me as the parent. The county is not educated on the CDCS and offer little direction or support.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          | Disagree                 |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Making less paperwork + allowing use of cdc's money to be used for alternative interventions, such as Auditory Integration Training, Applied Behavior Analysis etc.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                            |                          |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

Even all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

How satisfied are you with the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*I want follow up calls and suggestions on things the CDSS (consumer directed support services) money can be used for - more concrete examples*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

In all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? .....

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely was the consumer directed support program met the expectations were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

② Less paperwork -  
① more help finding staff

Moving beyond consumer directed supports to your overall quality of life, on the following pages we indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Neither	Disagree	
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

I can have control over my daily schedule. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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I can have privacy to be alone or with people I choose. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

Only people who are supposed to know my personal information have access to it. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

I can set desired outcomes (goals) for myself. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------

I can decide about how I spend my money. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

I can make decisions that will affect my future. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....	Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..	Very likely	Neither likely nor unlikely	Very unlikely
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....	Exceeded Expectations	Met Expectations	Failed Expectations
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?			
	<u>More Training</u>		
	_____		
	_____		
	_____		

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*If the county social services department would trust the parents & that to plan a person's life as year ahead of time is absurd & that amendments should be encouraged when necessary.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. *How did this company get my name & know that I have a disability - I did not authorize it.*
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

✓

Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Very likely		Neither likely nor unlikely		Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations		Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

- More Parental input in the overall process  
 - More consistency from Case worker to case worker & County to County

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                             | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
- Parental fee to be waived. It is ridiculous to "pay" for this service - Deduct it off the amount we receive.*

	Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Very likely	Neither likely nor unlikely	Very unlikely
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Exceeded Expectations	Met Expectations	Failed Expectations
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? .....

1) GREATER ~~FREE~~ ACCESSIBILITY TO APPROVED FUNDS. I.E. MANY APPROVED "LARGERTICKET" ITEMS BECOME INACCESSIBLE BECAUSE IT IS DIFFICULT TO PAY FOR THINGS UP FRONT WHILE WAITING FOR A REIMBURSEMENT (IN THE CASE OF EQUIPMENTS, CONFERENCE/ EDUCATION/TRAINING REGISTRATIONS, ETC.) OFTEN, IT IS NECESSARY TO PUT THINGS ON CREDIT CARDS, WHILE WAITING FOR REIMBURSEMENTS, INTEREST IS ACCRUED. THERE MUST BE A BETTER SOLUTION.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied    Neither satisfied nor dissatisfied    Very dissatisfied
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely   Neither likely nor unlikely   Very unlikely
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations   Met Expectations   Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Follow through - LSS has promised in home services for our son. FROM Scott - Jim  
we can't person come 1 time. LSS does not  
do a good job with follow through - customer  
we are extremely disappointed with them and  
have been looking for another provider!

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          | Disagree                 |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Keeping paperwork, etc. as simple as possible. Just listening to - parents should give case managers a feel for how much help each family needs. Some need more, some less. Wasting time on reviews & paperwork isn't cost-effective for the system.*

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly      Somewhat      Neither      Somewhat      Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ... *He's 4... N/A* ....
- I have privacy to be alone or with people I choose. ... *N/A* ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. .... *N/A* ..
- I can decide about how I spend my money. .... *N/A* ..
- I can make decisions that will affect my future. .... *N/A* ..
- I am satisfied with my current level of independence. ... *N/A* ...



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Actually being able to make the best decisions based on my child's needs. It has been reduced to a menu of choices. Not enough ~~options~~ trust is being placed to the people who know their children the best.

Thinking beyond consumer directed supports to your overall quality of life, on the following page please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible

# Independence

## Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

How well did the consumer directed support program meet the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? .....

Someone else fill out all these forms-

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations				Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>				
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*If when transferred to a new worker the new worker showed an interest in the case called and a letter or card so I could reach her.*

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                                     |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied   Neither satisfied nor dissatisfied    Very dissatisfied
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely   Neither likely nor unlikely    Very unlikely
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations   Met Expectations   Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*We would prefer to have "seasonal" use of our CDCS program. There are ~~is~~ about 6 months out of the year when we really need the program. Why not keep us on the waiver but only have us active 6 months out of the year? Saves everybody money.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Strongly Disagree

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied		Very dissatisfied	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ...  

Very likely	Neither likely nor unlikely		Very unlikely	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*All the paperwork, planning, goal setting, is too much, this process needs to be simpler. More common sense should be used in decision making + less documentation justifying + explaining every single expense. Ask for too much detailed info up front, wait except estimates when research on @ item in a short period of time is not reasonable. Has created a lot more stress for the primary caregiver*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly    Somewhat    Neither    Somewhat    Disagree Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

**action**

ations, how satisfied are you with your  
port program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

be to recommend a consumer directed  
ur county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

ected support program met the expectations  
y your case manager and county social  
.....

Exceeded Expectations      Met Expectations      Failed Expectations

hat would have the greatest impact on your satisfaction with consumer directed

The program has changed this year not so flexible  
change things around life has it's up and down and  
easier for them to and need more support  
whole family for less stress also leave the  
use not to cook inside and don't touch  
important and creativity is also each person needs  
help the growth of us all, / what help one might not help the

umer directed supports to your **overall quality of life**, on the following pages  
uch you agree or disagree with each statement. Please complete these sections  
**of the person with a developmental disability**. The person who has the  
ty should be directly involved in completing this survey as much as possible.

**ce** Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

one helps me because of my disability) get  
go. ....

r my daily schedule. ....

be alone or with people I choose. ....

are supposed to know my personal  
access to it .....

outcomes (goals) for myself. ....

it how I spend my money .....

ions that will affect my future. ....

n my current level of independence .....



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? .....

Very likely      Neither likely nor unlikely      Very unlikely

Was the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? <sup>2 years ago</sup> the program was great ~~at one time~~ <sup>flexible</sup> now it seems to be hard on changing things we need to ~~and find things ways~~ use more ~~creative~~ <sup>creative</sup> and flexible things

And Deca can be closing now one

Another thing remember each person ~~not~~ ~~has~~ disability is different and how they use might be different toward for them. so it might on autistic kid but not another <sup>be flexible again</sup>

Linking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

I have control over my daily schedule. ....

I have privacy to be alone or with people I choose. ....

Only people who are supposed to know my personal information have access to it ....

I can set desired outcomes (goals) for myself. ....

I can decide about how I spend my money ....

I can make decisions that will affect my future. ....

I am satisfied with my current level of independence ....

## Overall Satisfaction

- ✓
- |   |  |                                     |                                     |                          |                          |
|---|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|   | Very satisfied   | Neither satisfied nor dissatisfied  |                                     |                          | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely  | Neither likely nor unlikely         |                                     |                          | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Exceeded Expectations  | Met Expectations                    |                                     | Failed Expectations      |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  | <p><u>Having better access to the specialists and information regarding diagnostic specific resources - equipment, camps, activities, recreation.</u></p> <p>_____</p> <p>_____</p> <p>_____</p> |                                     |                                     |                          |                          |

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                            |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

## Overall Satisfaction

When all the considerations, how satisfied are you with your consumer directed support program? .....	Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..	Very likely	Neither likely nor unlikely					Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you think the consumer directed support program met the expectations were set for you by your case manager and county social services department? .....	Exceeded Expectations	Met Expectations			Failed Expectations		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*I understand the need to be forward-thinking when developing your annual budget, however, often times things come up that were unknown at the time plan was submitted. It does seem somewhat reasonable to allow only one addendum per fiscal yr. Especially when you take into consideration at the nature of a person who is handicapped, there are ways new situations & conditions presenting themselves that one could never predict.*

Please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree		Neither	Disagree	
	Strongly	Somewhat		Somewhat	Strongly
can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
am satisfied with my current level of independence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations				Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Knowledgeable social workers  
and supervisors who work  
with family to meet needs

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
More help in finding adequate STAFF TO EMPLOY  
Like a CO-ORDINATOR in finding help!

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

1. Considering the considerations, how satisfied are you with your consumer directed support program?  Very satisfied  Neither satisfied nor dissatisfied  Very dissatisfied

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation?  Very likely  Neither likely nor unlikely  Very unlikely

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department?  Exceeded Expectations  Met Expectations  Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Returning phone calls sooner and  
picnics, Thank-you.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

		Agree		Disagree		
		Strongly	Somewhat	Neither	Somewhat	Strongly
1.	I can (even if someone helps me because of my disability) get where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied				Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely				Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ... *what goals were set? ... expectations*

Exceeded Expectations			Met Expectations		Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>				
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

*After a year of meetings, classes, etc, I still don't understand this system. When I order products thru the waiver, it takes months to receive.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Now, we are supposed to make requests for everything we will need in the next year and changes are strongly discouraged. Because our child just turned six, it is difficult to know what new skills she will gain and what those skills might require (e.g. equipment) to develop further. It's also frustrating that as a parent, I have to get a professional to "endorse" equipment that my child needs. It really seems to be at odds with the "self-determination" philosophy.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Maintaining the ability to hire out of state consultants. My son's needs are more complex and "unique" than average. Example: AROPOAGIA & RUMINATION behaviors. Both are life threatening. Not one MN specialist knew what AROPOAGIA WAS OR HOW TO TREAT IT. I finally found a "specialist" and will next year not be able to consult him. Parents should be able to use resources to fit the child's needs -- not just use a consultant/service because it's MN based.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                            |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

*Maintaining the ability for parents to control way money is spent with minimal restriction - I already feel it is less consumer directed w/ new guidelines*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

Mobility / Control / Privacy

*Hard to pull out from my perspective*

Strongly   Somewhat   Neither   Somewhat   Strongly

Agree   Disagree

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Making the system truly consumer directed.*  
*Our allotment amount does not meet our son's needs.*  
*Families need to be able to make adjustments and amendments to budget items as needs change or opportunities arise.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree: Strongly, Somewhat; Disagree: Somewhat, Strongly

	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program?
 

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation?
 

Very likely	Neither likely nor unlikely	Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department?
 

Exceeded Expectations	Met Expectations	Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

I believe that the monthly budget report should be easier to read. It's almost like a foreign language.  
ex. CAREGIVER (250 hrs x \$15/hr) instead of a lump sum.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree: Strongly, Somewhat, Neither, Disagree: Somewhat, Strongly

- I can (even if someone helps me because of my disability) get to where I want to go.  Strongly Agree
- I have control over my daily schedule.  Somewhat Disagree
- I have privacy to be alone or with people I choose.  Strongly Disagree
- Only people who are supposed to know my personal information have access to it.  Somewhat Agree
- I can set desired outcomes (goals) for myself.  Strongly Disagree
- I can decide about how I spend my money.  Strongly Disagree
- I can make decisions that will affect my future.  Strongly Disagree
- I am satisfied with my current level of independence.  Somewhat Disagree





## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? MORE control of how the funds are spent, more control of employee of Record, less "Red" Tape, Access is poor to purchase technical Asst. technology, sensory items, computers, I.S.P. ARE too technical & TAKE too much time to fill out. They tell us we can purchase items, But then change their minds & not reimburse family for needed items.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly   Somewhat   Neither   Somewhat   Disagree Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it .....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money .....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence .....



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied   Neither satisfied nor dissatisfied   Very dissatisfied
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely   Neither likely nor unlikely   Very unlikely
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations   Met Expectations   Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*If you didn't allow the parents/guardians more say in how they use the program. Too many restrictions with even more coming next year.*  
*I can't believe you waste my time having to justify every \$5.00 expense or other small expenses, what a waste of time for all involved.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree: Strongly, Somewhat, Neither, Disagree: Somewhat, Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely		Neither likely nor unlikely		Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations		Met Expectations		Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Fewer restrictions - less paperwork

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
 Strongly Somewhat Neither Somewhat Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
A larger waiver to provide more PCA hours  
+ respite care, Money left over for equipment  
and daycare

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections on the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      N/A      Disagree  
 Strongly      Somewhat      Neither      Somewhat      Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
I would like a better understanding of how per diem is figured. There seems to be a great difference in amounts and individual social workers ability to advocate for their clients

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Originally, I was told this money is disbursed on a case-by-case basis, that it is the family's choice how to spend the money to keep the child in the home. One year later there are many more restrictions and caps. I don't think the county understands the flexibility we need with our funds. Also I was first told changes could be made, now they cannot. It would be nice to set aside an amt. for unforeseen expense

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program?
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation?
 

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department?
 

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
More Flexibility in looking at each specific situation  
With regard to what is authorized for payment - rather than setting strict overall guidelines. Ramsey county has recently set even more limited guidelines across the board - This just makes things more difficult

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                          |                                     | Disagree                            |                          |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                 | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied                      | Neither satisfied nor dissatisfied  | Very dissatisfied        |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely                         | Neither likely nor unlikely         | Very unlikely            |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations               | Met Expectations                    | Failed Expectations      |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  |                                     |                                     |                          |

*Parent to parent help with support groups to get to know all the possibilities to make the waiver work more effective  
 \* Help with the paper work or at least getting a file and beginning forms sent in -*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                  | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            |                          | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



- |   |                                     |                                     |                          |                          |                          |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Very satisfied                      | Neither satisfied nor dissatisfied  |                          |                          |                          | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely                         | Neither likely nor unlikely         |                          |                          |                          | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Exceeded Expectations               | Met Expectations                    |                          |                          | Failed Expectations      |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

The availability of training for family & staff in a convenient location

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  |                                     |                                     |                          |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Agree                               |                                     | Disagree                 |                          |                          |
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

None individualized allocations

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Simplify & routinize the ISP changes & purchase requests. There seems to be confusion abouts what is covered. I think people are approaching the CDCS through the usual MR/RC guidelines which tends to make consumer control minimized. But - compared to what we encountered 4 1/2 years ago this is a gift from God. We are working hard at help the cost and placement and doing the right thing. Work with me and not against me, trust me.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

Agree Disagree  
Strongly Somewhat Neither Somewhat Strongly

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... Very satisfied         Neither satisfied nor dissatisfied  Very dissatisfied
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? .. Very likely         Neither likely nor unlikely  Very unlikely
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... Exceeded Expectations         Met Expectations  Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*More help with planning for future needs - to include in future plan. and ideas*

*\* Social worker has been wonderful, but is our only source of ideas for next year's plan.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... Very satisfied         Neither satisfied nor dissatisfied         Very dissatisfied
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? .. Very likely         Neither likely nor unlikely         Very unlikely
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... Exceeded Expectations         Met Expectations         Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
When trying to purchase an item through a medical catalogue or any place that expects up front payment trying to work out getting them to understand I need to order and get exact amounts and then have a check issued and then send it off to the dealer (store) I would just like the Fiscal Intermediary to handle the payment of the PCAs and not my account. would need training around Accounting practices but I think cost is the

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                            |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
- How would you know?*

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied  Neither satisfied nor dissatisfied  Very dissatisfied
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely  Neither likely nor unlikely  Very unlikely
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations  Met Expectations  Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?   
~~Being in charge of our own program and not having QMRP who know nothing visit us all the time~~ ✓   
~~- Being reimbursed in a timely and straight forward method.~~   
~~- This program is so much better than when we received services from a waiver provider.~~

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          |                          | Disagree                 |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....        

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..        

Very likely      Neither likely nor unlikely      Very unlikely
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....        

Exceeded Expectations      Met Expectations      Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*The fee that is paid monthly is very large & stressful. It is worth every penny of services we receive but is also hard to handle. The program has been absolutely wonderful to have available - how fortunate we are to have such great services.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |    |   | Agree                    |                                     | Disagree                            |                                     |                          |
|----|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|    |   | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. | I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. | I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. | I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. | Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. | I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. | I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
|   | Very satisfied                      | Neither satisfied nor dissatisfied  | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely                         | Neither likely nor unlikely         | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|   | Exceeded Expectations               | Met Expectations                    | Failed Expectations      |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*collaborating*

*Flexibility in the budget + ability to make decisions throughout the year not just once.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

financial help

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          |                          |                          | Disagree                 |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*A greater understanding by the county of the needs and impact of autism on high functioning individuals. Many of their needs look on the surface as needs or things anyone would have and are therefore often rejected as things anyone would need. But in reality they are often very important and essential in the lives of the high functioning individual with autism i.e. buying videos. Everyone buys videos and can live without buying them but an individual with autism "needs" the video and literally "can't" live without the video*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied	Dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely	Unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations	Exceeded Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

*C.D.S is currently being run as if it were operating out of some garage. Rules seem to change mid-stream, fiscal limits are applied with little documented rationale, fiscal intermediary policies are often not worked down. It is again becoming a list of available services that someone fit into. While everyone seems willing to be helpful - there seems to be no plan or direction. The paperwork piece is beginning to become too complex for an average person to fill it out without help. How much is someone supposed to pay in March 2002 what an item will cost in March 2003, much less whether to*

Thinking beyond consumer directed supports to your overall quality of life, on the following page please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Strongly Agree                      | Somewhat Agree                      | Neither                  | Disagree                 |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely	Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations	Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*I would change the appeal process and make it easier to update your name for children with special need also make it easier when appealing for things done in the program. Use house also getting the equipment I need for my son, and a WIC program different from the one you use now most kids with special needs see a doctor often so I find it a waste of my time.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

*To go see the nurses at the WIC program!*

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

## Overall Satisfaction

- ✓
- |   |                                     |                                    |                          |                          |                          |                          |
|---|-------------------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Very satisfied                      | Neither satisfied nor dissatisfied |                          |                          |                          | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely                         | Neither likely nor unlikely        |                          |                          |                          | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Exceeded Expectations               | Met Expectations                   |                          |                          | Failed Expectations      |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

ADDITIONAL TRAINING ON THE PROGRAM IT FEELS  
LIKE THE RULES CHANGE FROM COUNTY TO COUNTY &  
EVEN CASE WORKER TO CASE WORKER

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          |                          | Disagree                 |                                     |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                 | Neither                  | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

The one thing that would make me happy is the money allocated for the individual's should be used on things needed and not for the companies.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....



# Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
When we were on the consumer directed grant we loved the flexibility. What would keep the most is if more staff at Soc. Services were well informed about the grant. We were advised to switch to DD services to get more \$, but we lost more control.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree	Disagree		
Strongly    Somewhat	Neither	Somewhat	Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*care to How can a person become a case manager when they don't even know, meet or work w/ my son. He said he is not an advocate for my son. He just work at the DD unit and if he does or said anything in my son's behalf it may not look good on him. He said it is parental responsibility when I ask for services his help with accessing services He is a living nightmare for my son. He has no heart, no soul. CDCS won't work if county supervisors and case manager play god and control every decision making.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                          |                                     | Disagree                 |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                 | Neither                             | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## Overall Satisfaction



- |   |   |                          |                                    |                          |                          |                          |  |                          |                                     |                                     |                          |                          |                          |                          |                          |
|---|---|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <table border="0"> <tr> <td style="text-align: center;">Very satisfied</td> <td colspan="5" style="text-align: center;">Neither satisfied nor dissatisfied</td> <td style="text-align: center;">Very dissatisfied</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Very satisfied           | Neither satisfied nor dissatisfied |                          |                          |                          |  | Very dissatisfied        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Very satisfied  | Neither satisfied nor dissatisfied  |                          |                                    |                          |                          | Very dissatisfied        |  |                          |                                     |                                     |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                                     |                                     |                          |                          |                          |                          |                          |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <table border="0"> <tr> <td style="text-align: center;">Very likely</td> <td colspan="5" style="text-align: center;">Neither likely nor unlikely</td> <td style="text-align: center;">Very unlikely</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>               | Very likely              | Neither likely nor unlikely        |                          |                          |                          |  | Very unlikely            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very likely   | Neither likely nor unlikely   |                          |                                    |                          |                          | Very unlikely            |  |                          |                                     |                                     |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                                     |                                     |                          |                          |                          |                          |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <table border="0"> <tr> <td style="text-align: center;">Exceeded Expectations</td> <td colspan="3" style="text-align: center;">Met Expectations</td> <td colspan="2" style="text-align: center;">Failed Expectations</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>  | Exceeded Expectations    | Met Expectations                   |                          |                          | Failed Expectations      |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| Exceeded Expectations   | Met Expectations  |                          |                                    | Failed Expectations      |                          |                          |  |                          |                                     |                                     |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |                          |                                     |                                     |                          |                          |                          |                          |                          |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  | <p><i>Knowing and understanding more about how much money is allocated to each program, how much is actually spent and being informed more often about how much is left and how to use it up.</i></p>   |                          |                                    |                          |                          |                          |  |                          |                                     |                                     |                          |                          |                          |                          |                          |

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                            |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely		Neither likely nor unlikely		Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations		Met Expectations		Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
a return to the tenant that unconventionally  
and sometimes more costly than the "norm", solutions  
are appropriate even though others may not  
understand why

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                            |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Flexibility - sometimes I do not know where funds are going to be needed until 4 or 5 months into the year and would even like the opportunity to reappropriate or restructure the expenditure plan to accommodate unforeseen or needed expenses.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                          | Disagree                            |                          |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ...
 

Very likely	Neither likely nor unlikely	Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations	Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The decision whether or not to allow waiver money to be spent on Conductive Education.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program?
 

Very satisfied						Neither satisfied nor dissatisfied						Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation?
 

Very likely						Neither likely nor unlikely						Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department?
 

Exceeded Expectations						Met Expectations						Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*If I could, still have respite care from a Home Health Org. so that the necessary caregivers could be able to have a vacation w/ pay*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

	Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

	Very likely	Neither likely nor unlikely	Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

	Exceeded Expectations	Met Expectations	Failed Expectations
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
More understanding of how to use them independently of my parents

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                 |                          |                          |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

The flexibility of adding services which they told me initially I would be able to do, and when we tried for add services it took many months exceeding (Six months) for them to add or reimburse for services I have paid for on my own.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
improve the supports  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                          | Disagree                            |                                     |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations				Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*If the program were actually consumer driven. Currently there is no trust that parents are able to make decisions regarding their children's needs - a cornerstone of the program. Local agencies micromanage every minor purchase, creating an unreasonable burden for the Counties, who create narrow restrictions to menus of service so that no judgement is required. The COCS service option does not resemble to its stated purpose.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The state & county should stop changing the rules from month to month. The program is set up to provide flexibility for individuals, we know what our children need so don't our requests down.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

## Overall Satisfaction

- ✓
1. Given all the considerations, how satisfied are you with your consumer directed support program? . . . . .
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? . . . . .
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? . . . . .

Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Very likely		Neither likely nor unlikely		Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations		Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Move professional management.

We are very stressed trying to obtain & keep this "consumer" directed program - which is our only option for getting help

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |   | Agree                    |                                     | Disagree                 |                                     |                                     |
|---|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|   | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. . . . .                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it . . . . .     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. . . . .                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money <i>limited options</i> . . . . .                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. . . . .                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence . . . . .                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Set specific rules and don't change them.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied  Neither satisfied nor dissatisfied  Very dissatisfied
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely  Neither likely nor unlikely  Very unlikely
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations  Met Expectations  Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Flexibility - being able to add things during the year as they come up if there is money left. Being able to make changes once in a while if prices change or an item becomes unavailable. The system is too rigid - with all the detail required in the plan, it's hard to leave room for change.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
What to do with son, if I would find a job. No  
community place where child could go for  
a couple of hours and be safe.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree		Neither	Disagree	
	Strongly	Somewhat		Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

- |   |  |                                     |                          |                          |                          |                          |
|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Very satisfied   | Neither satisfied nor dissatisfied  |                          |                          |                          | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely  | Neither likely nor unlikely         |                          |                          |                          | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Exceeded Expectations  | Met Expectations                    |                          | Failed Expectations      |                          |                          |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  |  |                                     |                          |                          |                          |                          |
|   | <i>More specific details on what can and cannot be purchased with the waived services.</i> |                                     |                          |                          |                          |                          |
|   |  |                                     |                          |                          |                          |                          |
|   |  |                                     |                          |                          |                          |                          |

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                             | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

	Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

	Very likely		Neither likely nor unlikely		Very unlikely
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

	Exceeded Expectations		Met Expectations		Failed Expectations
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

County seems to want to work for itself. Little communication with County workers, but get charged through lawyer services.  
 I also didn't like the cost books on what the consumer support system pays for!

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied                      | Neither satisfied nor dissatisfied  | Very dissatisfied        |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely                         | Neither likely nor unlikely         | Very unlikely            |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations               | Met Expectations                    | Failed Expectations      |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? <u>The dollar amount allocated.</u>    |                                     |                                     |                          |

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  |                          |                                     |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | Agree                    |                                     |                          | Disagree                            |                          |
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money .....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence .....                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

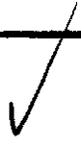
As the parent of Service Coordinator, I would benefit from more (maybe even repeated) teaching sessions on budget, finding contractors for bathroom improvements what other services are "out there" that I am not aware of. I need to be bombarded with the info, over and over.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

	Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very likely	Neither likely nor unlikely					Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exceeded Expectations	Met Expectations			Failed Expectations		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

*finding qualified and available PCA's*  
*finding more & different community activities*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Streamline the paperwork. This aspect is very time-consuming and causes stress to the caregivers.*  
*Also, the standards and guidelines for CDCS continually change. This is extremely frustrating and stressful. They need to be decided and remain constant.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                            |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

more dollars - Not to be greedy but we use almost all of our funds for an exceptional caregiver. IF we have more funding we could have him do more in the community which is very important.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? . . . . .
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? . . .
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? . . . . .
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Special Training for County Staff, Fiscal Intermediary Staff and Parents or Legal guardian of the person with disability.

	Very satisfied		Neither satisfied nor dissatisfied			Very dissatisfied	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very likely		Neither likely nor unlikely			Very unlikely	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exceeded Expectations		Met Expectations			Failed Expectations	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |   | Agree                               |                                     | Neither                  | Disagree                 |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Strongly                            | Somewhat                            |                          | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. . . . . | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. . . . .                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. . . . .      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. . . . .                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. . . . .                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. . . . .                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations		Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
The help finding what ever it is my child needs. Getting new / more Ideas to better my child.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Neither                             | Disagree                 |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? . . . . .
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? . . .
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? . . . . .
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

	Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very likely	Neither likely nor unlikely					Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exceeded Expectations	Met Expectations			Failed Expectations		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*more help in finding services - would like services to be satid & for parents to be able to provide feedback. For example, it would be nice to have a list of good music therapists, summer programs / staff, etc*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |   | Agree                               |                          | Neither                  | Disagree                 |                          |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Strongly                            | Somewhat                 |                          | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. . . . .                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it . . . . .     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. . . . .                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. . . . .                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence . . . . .                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? That you keep it going! We think this new program is a wonderful system that enriched our son's life immeasurably. It gives him more opportunities to get out into community; a deeper, stronger relationship with his brother and sister-in-law (because they are now 2 of our "stuff" who take him out for recreation); a much more active life, physically, because he has more people taking him biking, working out at the Y etc. and more excitement and vitality because he's gotten to do some incredibly fun and rewarding things like go to a real Dog Show, attend a country music festival and go to the Boat Sports + more w/ (all passions of his!) We love seeing him "thrive on life" with this new system - and he's in heaven.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations				Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*I have been able to staff my home with qualified, skilled caring RN's + CPN's. I think they are very happy with their pay rate US what an agency was paying them. I have maintained a staff of 4 nurses for over 3 years now. I never could have done this without the CDS program.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
Strongly Somewhat Neither Somewhat Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have control over my daily schedule. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have privacy to be alone or with people I choose. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Only people who are supposed to know my personal information have access to it. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can set desired outcomes (goals) for myself. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can decide about how I spend my money. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I can make decisions that will affect my future. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# Overall Satisfaction



Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Bring more in control of who is caring for my child. Bring able to pay the staff a salary that keeps staff.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*decrease family stress & daughter self esteem  
sense of worth improved her behavior/health - keep her out of placement in group home*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*that I am able to find, train and use qualified people and that I am allowed to pay them a fair wage for the level of difficulty in caring for my son, and am able to do this and my staff feels supported and financially rewarded for the hard work they do.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

I can (even if someone helps me because of my disability) get to where I want to go. ....

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have control over my daily schedule. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

I have privacy to be alone or with people I choose. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Only people who are supposed to know my personal information have access to it. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I can set desired outcomes (goals) for myself. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can decide about how I spend my money. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can make decisions that will affect my future. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The fact that I was finally able to hire a P.C.A. and keep her.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Overall Satisfaction



Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Flexibility with various categories of funds not having to be restricted to a specific dollar amount based on some arbitrary cap but on the actual needs of the consumer at any given time. For example, a large expenditure in one category may only be necessary every few years.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? The CDS has allowed my child to have some independence. His type of Cerebral Palsy has effected his motor skills, but not his cognitive skills. At four years old he wants to do things by himself. The CDS has allowed me to purchase and maintain specialized equipment and supplies that make his every day life less of a challenge.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? .....

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Scott County's CCRS plan has been a god send for us - Being able to purchase necessary supports (Goods) and also pay our employees an appropriate wage, ensuring that they will (more than likely) stay on with us - has improved our life greatly and we are starting to look into Bio-medical issues surrounding autism and hope CCRS continues to support that area as well.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Our daughter is ~~not able~~ has to interact with people outside of our family. She is going places and doing things that are age-appropriate; and of interest to her. She wouldn't have these experiences without the C.D services, since A (her mother) are chronically ill. The stress on our family is decreased as a result as well.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. .... <i>dependant... (age wise)</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. . <i>has some choices but school makes most of them</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. <i>not interested in this</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. <i>no interest</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am satisfied with my current level of independence .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Most teens are not!*

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... ✓
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
I + is wonderful. The most important is  
I know I will not end up in a group home. And  
I will hold a job and be able to live in a supportive  
living environment.

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

	Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

	Very likely		Neither likely nor unlikely		Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

	Exceeded Expectations		Met Expectations		Failed Expectations
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*We are very satisfied with CDS, Having extra staff to take me out to movies, dinner bowling etc. has made all the difference.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                            |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

*I need help or I will only buy movies, no food*

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drivers License

USE more informal supports

LIVE BY MYSELF!!

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                                     |                                     |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it .....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence .....                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Getting on full time job with benefits

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree	Disagree		
Strongly    Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? .. 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

I am very happy that I have a Home + community worker (PCA) to enjoy many activities together three days a week. I use the services from West Hennepin community services. I am thankful for the worker - paying for my Y.M.C.A membership.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree: Strongly, Somewhat, Neither, Somewhat, Disagree: Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....  Strongly Agree
- 2. I have control over my daily schedule. ....  Strongly Agree
- 3. I have privacy to be alone or with people I choose. ....  Strongly Agree
- 4. Only people who are supposed to know my personal information have access to it. ....  Strongly Agree
- 5. I can set desired outcomes (goals) for myself. ....  Strongly Agree
- 6. I can decide about how I spend my money. ....  Strongly Agree,  Somewhat Agree
- 7. I can make decisions that will affect my future. ....  Strongly Agree,  Somewhat Agree
- 8. I am satisfied with my current level of independence. ....  Strongly Agree

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*He talk to me, and answer all my question.  
 He is a very nice person.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                  | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

My improved quality of life.

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....	Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..	Very likely	Neither likely nor unlikely	Very unlikely
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....	Exceeded Expectations	Met Expectations	Failed Expectations
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?			
	<u>Being able to use funding for environmental modifications to increase self-sufficiency + independence</u>		

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

	Agree	Disagree			
	Strongly	Strongly			
	Somewhat	Somewhat			
	Neither	Neither			
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*being able to select the best services available to me that meet my needs*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? a brother who can be both a staff and

a brother who understand and tries to help with the things that are difficulty for me. Also that knowing it can be a relationship that will last a long time compare to a ~~one~~ outside staff who ~~might~~ I might not even see anymore because they usually end when the program ends

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

I have control over my daily schedule. ....

I have privacy to be alone or with people I choose. ....

Only people who are supposed to know my personal information have access to it. ....

I can set desired outcomes (goals) for myself. ....

I can decide about how I spend my money. ....

I can make decisions that will affect my future. ....

I am satisfied with my current level of independence. ....

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

the opportunity to live at home + choose my own supports.

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
Strongly Somewhat Neither Somewhat Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it <i>as far as I know (?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*ABLE to staff to support my needs*

*Staff is much more reliable*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree			Disagree	
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
House keeping and home help have resulted in my parents having more time to work with my difficulties.

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

I can (even if someone helps me because of my disability) get to where I want to go. ....

Agree Disagree  
 Strongly Somewhat Neither Somewhat Strongly

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I have control over my daily schedule. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I have privacy to be alone or with people I choose. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Only people who are supposed to know my personal information have access to it. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I can set desired outcomes (goals) for myself. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I can decide about how I spend my money. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I can make decisions that will affect my future. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I am satisfied with my current level of independence. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
the availability of funds for PCA and respite care

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied		Neither satisfied nor dissatisfied			Very dissatisfied	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely		Neither likely nor unlikely			Very unlikely	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations		Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Ability to employ good quality staff

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Our case manager is the key to making the program work for us. We would like to see small case loads so the case managers have time to work with us.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Overall Satisfaction



Given all the considerations, how satisfied are you with your consumer directed support program? . . . . .

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? . . .

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? . . . . .

	Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very likely	Neither likely nor unlikely					Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exceeded Expectations	Met Expectations			Failed Expectations		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*More funding - larger budget - specifically for wheelchair accessible bathroom including adding square footage as necessary.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

1.	I can (even if someone helps me because of my disability) get to where I want to go. <i>adaptation to van &amp; waiver</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I have control over my daily schedule. <i>mom does</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I have privacy to be alone or with people I choose. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Only people who are supposed to know my personal information have access to it . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I can set desired outcomes (goals) for myself. <i>NA</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I can decide about how I spend my money . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I can make decisions that will affect my future. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I am satisfied with my current level of independence . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
The greatest i think would be getting my son more independent and getting into the right routines of every day life, for him

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree			Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly	

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence ....



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
I can live where I like & I can have the people around me I enjoy.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                  | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            |                          | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*I am completely satisfied with the positive impact that the CDS has had already.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am satisfied with my current level of independence .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Control on how money is spent, most important the wage to PCA VS administrative cost for an agency*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

ability to apply funds to my specific needs & ability to be flexible if needs change ability to pursue alternative therapies when there is little or no benefits derived from traditional therapies

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree		Disagree		
	Strongly	Somewhat	Neither	Somewhat	Strongly
I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The flexibility - I can make the choices for the services, etc that will be most helpful + beneficial for my son. I can choose all the things specific to his needs + challenges.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*more flexibility to change plan during a period of a year when changes are needed.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Neither	Disagree	
Strongly	Somewhat		Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

getting respite care

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree			Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly	

- I can (even if someone helps me because of my disability) get to where I want to go: .....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it .....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money .....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence .....

## Overall Satisfaction



- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
|   | Very satisfied           | Neither satisfied nor dissatisfied  | Very dissatisfied        |
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | Very likely              | Neither likely nor unlikely         | Very unlikely            |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | Exceeded Expectations    | Met Expectations                    | Failed Expectations      |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

\_\_\_\_\_

*The ability to fund/hire my own staff*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  |                                     |                          |                                     |                          |                          |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly Agree                      | Somewhat Agree           | Neither                             | Somewhat Disagree        | Strongly Disagree        |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
THE ABILITY TO CONTROL THE DOLLARS. WE HAVE BEEN ABLE TO PAY A DECENT RATE TO OUR EXCELLENT STAFF. WE ARE LOST CONTINUS + CAN FIND MORE RESOURCES TO USE BY HAVING CONTROL OF THE DOLLARS

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
A list of approved HEMS - what the waiver could be used for. A list of cost limits, and for all of the counties to be the same in terms of those limits. a web site so that questions could be answered in a more timely manner. Help with making the Budget to begin with.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Our case manager really helped me in writing up my plan. This was my first one and never having done this I had no idea where to begin.*

*Also Ligworks has helped direct me to formal support people.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I have control over my daily schedule. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

I have privacy to be alone or with people I choose. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Only people who are supposed to know my personal

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... ✓
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Positive Impact would be a miracle -  
 Negative would be cancellation of the system  
 I, the Mom, am most happy and grateful for the help. Most of all the added happiness for my daughter. Thanks to all.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

	Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

	Very likely		Neither likely nor unlikely		Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

	Exceeded Expectations		Met Expectations		Failed Expectations
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
Having the flexibility to hire non-licensed staff (family members)

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                            |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*flexibility of hiring staff that are committed in long term employment and caring of my daughter's needs.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Because Angela has a conservator some of this area or choices may not always be only Angela's Decision.*

## Overall Satisfaction

- ✓
- |   |   |                                    |                     |
|---|---|------------------------------------|---------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied  | Neither satisfied nor dissatisfied | Very dissatisfied   |
|   | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                    |                     |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely   | Neither likely nor unlikely        | Very unlikely       |
|   | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                    |                     |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations   | Met Expectations                   | Failed Expectations |
|   | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                    |                     |
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? .....

*Can pay people more money to do their easier to get help*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                            |                          |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Overall Satisfaction

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....   | Very satisfied                      | Neither satisfied nor dissatisfied  | Very dissatisfied        |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..                         | Very likely                         | Neither likely nor unlikely         | Very unlikely            |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... | Exceeded Expectations               | Met Expectations                    | Failed Expectations      |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*That we are able to pay people to watch my son a decent wage so that they are able to stay with us longer.*

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Neither                  | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            |                          | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

- ✓
- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  - Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
  - What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

*It's wonderful! Everything is just really great. I cannot thank you enough. It's made my son and our lives so much better. Thank you!*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                            |                          |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied		Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely		Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations		Met Expectations				Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Keeping my freedom by using the Checkbook system.

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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

	Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

	Very likely		Neither likely nor unlikely		Very unlikely
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

	Exceeded Expectations		Met Expectations		Failed Expectations
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Primarily I get handwriting stuff with in approval page.*

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Neither                             | Disagree                            |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            |                                     | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... Very satisfied         Neither satisfied nor dissatisfied        Very dissatisfied
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? .. Very likely         Neither likely nor unlikely        Very unlikely
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... Exceeded Expectations         Met Expectations        Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*The aspect of the program that made the biggest difference was being able to hire our own staff and being able to use family members as staff for our child. We were able to keep her at home and share the responsibilities of care for her and she is able to stay where she is most comfortable and where she knows the routine + where everything is kept. Without that flexibility, it is very doubtful she could have remained living at home.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

*inaccessible because of cognitive level*



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*It has given me asset to programs and treatments that I could not reach otherwise. I was able to make my home a treatment area. The house keeping service has freed up my time to teach my kids skills I never seemed to get to before. The financial strain has disappeared*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

was able to use music therapy as a tool to help my daughter (autistic) socialize, communicate - Help her develop better behavior.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree	Disagree		
Strongly    Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
The ability to manage my own employees and pay them a competitive salary. This helps to assure me of quality employees that are happy!

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely	Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations	Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? The ability to plan for our daughter's needs and obtain them throughout the fiscal year

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible

# Independence

## Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*I feel like my son is getting so much more out of life because now he can go out more often with my staff person. I also have 3 other kids I take care of so this is making his life & my life more enjoyable. Thank you!!*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction



Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*the money is available to integrate my child into the community to help with care so that I can keep my child home is the greatest impact*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*The relief of stress on my son and the whole family because of the help we get from people we live.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

I WOULD HAVE FAR LESS ANXIETY IF MINNESOTA HEALTH CARE PROGRAMS (MEDICAL ASSISTANCE) WOULD STOP SENDING ERRONEOUS LETTERS TO ME REGARDING MY SON'S ELIGIBILITY. I RECOMMEND THAT THOSE COMPUTER-GENERATED MAILINGS BE REEVALUATED.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
Strongly Somewhat Neither Somewhat Strongly

I can (even if someone helps me because of my disability) get to where I want to go. <sup>HIS SPEECH IMPAIRMENT IS A PROBLEM HERE,</sup> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. <sup>SPEECH PROBLEMS</sup> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money <sup>MENTAL IMPAIRMENT</sup> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*They should routinely (monthly) send out records of what has been spent — balance of order.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly   Somewhat   Neither   Somewhat   Disagree Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The Respite Care has helped tremendously.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*THE ABILITY TO TRANSFER FUNDS MORE EASILY WITHOUT HAVING TO GO THRU 5-6 STEPS + APPROVAL.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
Strongly Somewhat Neither Somewhat Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Amount of time that someone takes care of my child, so I do not worry  
The quality of care - translating into a feeling of safety, knowing that your child gets good care*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

I have control over my daily schedule. ....

I have privacy to be alone or with people I choose. ....

Only people who are supposed to know my personal information have access to it. ....

I can set desired outcomes (goals) for myself. ....

I can decide about how I spend my money. ....

I can make decisions that will affect my future. ....

I am satisfied with my current level of independence. ....



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? To do the things I want to do + with who I want to

do things- Flexibility - No big Hassle.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Ability to "unbundle" services for those in service provider care

\* This program does not effectively address anyone who is over 30 - and specifically those without a Guardian → in the system

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly    Somewhat    Neither    Somewhat    Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

*The retaining of the staff I have.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

I can (even if someone helps me because of my disability) get to where I want to go. ....

Agree		Neither	Disagree	
Strongly	Somewhat		Somewhat	Strongly

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have control over my daily schedule. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have privacy to be alone or with people I choose. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Only people who are supposed to know my personal information have access to it. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can set desired outcomes (goals) for myself. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can decide about how I spend my money. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can make decisions that will affect my future. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? To continue flexibility & budgeting process

*To continue flexibility & budgeting process*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Ability to personalize the recruiting  
timings, job expectations/roles/payrate  
etc for staff working with our son.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly    Somewhat    Neither    Somewhat    Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Less Paperwork*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
Strongly Somewhat Neither Somewhat Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have control over my daily schedule. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have privacy to be alone or with people I choose. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Only people who are supposed to know my personal information have access to it. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can set desired outcomes (goals) for myself. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can decide about how I spend my money. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can make decisions that will affect my future. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I am satisfied with my current level of independence. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Restrictions on Case Managers to approve needed items without having to get approvals & fight red tape from over regulation.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Education about what services are available. I have no experience dealing with social workers, or services before this year. My daughter turned 18 during this fiscal year I have found all of these new things to be rather overwhelming.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

Better Communication at parental level  
to get you through all the paperwork.  
Have forms available for download so we can  
type and resend.  
Simplify the process. Allow for more equipment

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have control over my daily schedule. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have privacy to be alone or with people I choose. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Only people who are supposed to know my personal information have access to it. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can set desired outcomes (goals) for myself. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can decide about how I spend my money. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can make decisions that will affect my future. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*It allows our child (adult) greater access to the community without having to depend solely on his family*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly    Somewhat    Neither    Somewhat    Disagree Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*better monthly tracking reports.  
Easier to find categories, dollars, etc.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have control over my daily schedule. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

I have privacy to be alone or with people I choose. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

Only people who are supposed to know my personal information have access to it .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

I can set desired outcomes (goals) for myself. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

I can decide about how I spend my money .....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

I can make decisions that will affect my future. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

I am satisfied with my current level of independence .....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Ability to find & hire in-home support staff*  
*finding respite care (appropriate)*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction



Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*The flexibility to use funds as I see fit & appropriate in treating my son's illness*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Overall Satisfaction



Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations				Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*It's fabulous - less stress on our family!*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*needed. The ability to use the money where it is*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have control over my daily schedule. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have privacy to be alone or with people I choose. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Only people who are supposed to know my personal information have access to it. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I can set desired outcomes (goals) for myself. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

I can decide about how I spend my money. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

I can make decisions that will affect my future. ....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \_\_\_\_\_

*Overall level of working environment - everybody's great.  
Am very satisfied with county social workers - works hard to help me.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly    Somewhat    Neither    Somewhat    Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

I have control over my daily schedule. ....

I have privacy to be alone or with people I choose. ....

Only people who are supposed to know my personal information have access to it. ....

I can set desired outcomes (goals) for myself. ....

I can decide about how I spend my money. ....

I can make decisions that will affect my future. ....

I am satisfied with my current level of independence. ....

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*More flexibility w/ guidelines on allowable expenses based on each individual's needs. Something considered as unnecessary "extra" for one individual could very legitimately be essential to another's quality of life and clearly defensible to the taxpayer.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
I am pretty satisfied, I think it has been overwhelming for counties & they are trying to coordinate & be more consistent

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree			Disagree	
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*We would be less satisfied if there were more restrictions on how the funds can be spent. "Consumer directed" should mean just that as much as possible.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree		Neither	Disagree	
Strongly	Somewhat		Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Excellent program! Has help our family in a huge way! Improved quality of life for client (son) & whole family*

*Thank you! 😊*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. *N/A* ....
3. I have privacy to be alone or with people I choose. *N/A* ...
4. Only people who are supposed to know my personal information have access to it ....
5. I can set desired outcomes (goals) for myself. *N/A* .....
6. I can decide about how I spend my money ..... *N/A* ...
7. I can make decisions that will affect my future. .... *N/A* ...
8. I am satisfied with my current level of independence. *N/A* ...



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Being able to purchase necessary items to help with sensory issues (common items, not necessarily medical equipment, have been disallowed)*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Strongly Disagree

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence ....

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? Very satisfied   Neither satisfied nor dissatisfied     Very dissatisfied
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? Very likely   Neither likely nor unlikely     Very unlikely
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? Exceeded Expectations   Met Expectations   Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*The one thing that would improve our satisfaction with this program would be the elimination of the annual fee. During the state nearly \$10,000 a year is overruled. During our Medicaid transition is this fee is for MA. However, both parents carry private med insurance which covers 100%. We have no need for MA and get cannot separate from it if we choose to be involved in the*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go.
2. I have control over my daily schedule.
3. I have privacy to be alone or with people I choose.
4. Only people who are supposed to know my personal information have access to it.
5. I can set desired outcomes (goals) for myself. ~~N.A.~~
6. I can decide about how I spend my money.
7. I can make decisions that will affect my future.
8. I am satisfied with my current level of independence.



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

They return phone calls within the 24 hr. original call from me.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

I have control over my daily schedule. ....

I have privacy to be alone or with people I choose. ....

Only people who are supposed to know my personal information have access to it .....

I can set desired outcomes (goals) for myself. ....

I can decide about how I spend my money .....

I can make decisions that will affect my future. ....

I am satisfied with my current level of independence .....



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? working to become individual with client

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations				Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Understanding the philosophy, the underlying goals + aims of the program state wide. Having a clear vision of the future + knowing how what we do today guides us toward a better tomorrow.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                          | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

The freedom the CDS program has afforded us to train and teach ~~our~~ our son. The flexibility has been wonderful.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Disagree Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. .... N/A now	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. .... N/A now	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions that will affect my future. .... N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current level of independence .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*It gave me, the <sup>single</sup> parent, my life back + everyone I talk to is very helpful at the County + MDCI*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections on the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Strongly    Somewhat    Neither    Somewhat    Disagree Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy to be alone or with people I choose. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Make one meeting held in the North  
mghs held.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

I can (even if someone helps me because of my disability) get to where I want to go. ....

I have control over my daily schedule. ....

I have privacy to be alone or with people I choose. ....

Only people who are supposed to know my personal information have access to it. ....

I can set desired outcomes (goals) for myself. ....

I can decide about how I spend my money. ....

I can make decisions that will affect my future. ....

I am satisfied with my current level of independence. ....

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

more community activities

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- |  |                          |                                     |                                     |                          |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... 

Very satisfied							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? .. 

Very likely							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... 

Exceeded Expectations							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? MORE FUNDS SHOULD BE MADE AVAILABLE

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     | Disagree                 |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                  | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction



1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely	Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations	Failed Expectations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*if would be much more satisfied and be able to better utilize these services if there were more consistent support for parents of different cultures and languages (Russian)*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
 Strongly Somewhat Neither Somewhat Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
2. I have control over my daily schedule. ....
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
3. I have privacy to be alone or with people I choose. ....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------
4. Only people who are supposed to know my personal information have access to it. ....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------
5. I can set desired outcomes (goals) for myself. ....
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
6. I can decide about how I spend my money. ....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------
7. I can make decisions that will affect my future. ....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------
8. I am satisfied with my current level of independence. ....
 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------



## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

~~I want to see the money from the contract go to the person who is supposed to make the decisions~~  
 I think we should have more control over how the money is spent, to many rules and restrictions, with in reason.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
 Strongly    Somewhat    Neither    Somewhat    Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it. ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money. ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence. ....

## Overall Satisfaction



Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations				Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Communications are widespread*  
*Decision in services and supports*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
 Strongly Somewhat Neither Somewhat Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ...  

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
PCA Hours allowed  


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Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

*He is not that functional yet*  
**Mobility / Control / Privacy**  

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeded Expectations	Met Expectations			Failed Expectations		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Less record keeping - but I know that is not practical at this time. Rules have increased this year - from previous years.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

	Agree			Disagree	
	Strongly	Somewhat	Neither	Somewhat	Strongly
1. I can (even if someone helps me because of my disability) get to where I want to go. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have control over my daily schedule. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. I have privacy to be alone or with people I choose. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Only people who are supposed to know my personal information have access to it. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can set desired outcomes (goals) for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. I can decide about how I spend my money. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. I can make decisions that will affect my future. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. I am satisfied with my current level of independence. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied  Neither satisfied nor dissatisfied  Very dissatisfied
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely  Neither likely nor unlikely  Very unlikely
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations  Met Expectations  Failed Expectations

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*With regards to the monthly reports we receive, have a thorough explanation of the purpose of the report (what it is tracking). I do not have a clear understanding of how to relate the information on the report to any other information I have.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree Strongly Somewhat Neither Somewhat Strongly Disagree

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it .....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money .....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence .....





# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? ..... 

Very satisfied								Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ... 

Very likely								Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? ..... 

Exceeded Expectations								Failed Expectations
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
 \_\_\_\_\_  
*If the county was the employer of*  
*record*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree: Strongly, Somewhat; Disagree: Somewhat, Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. .... 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
- 2. I have control over my daily schedule. .... 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------
- 3. I have privacy to be alone or with people I choose. .... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
- 4. Only people who are supposed to know my personal information have access to it. .... 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
- 5. I can set desired outcomes (goals) for myself. .... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
- 6. I can decide about how I spend my money. .... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
- 7. I can make decisions that will affect my future. .... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
- 8. I am satisfied with my current level of independence. .... 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------





## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Communication

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |    |   | Agree                               |                                     | Disagree                            |                          |                          |
|----|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|    |   | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. | I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*Were very satisfied, but our social worker changed and we've tried to contact and she won't return our calls. I know they're busy but...*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                               |                                     |                                     | Disagree                 |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Strongly                            | Somewhat                            | Neither                             | Somewhat                 | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
*Ramsey County will not allow the person to get what they need they have caps on everything we need. Everything is parent responsibility & we don't have enough family money to do parent responsible things.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     |                                     | Disagree                            |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | Strongly                 | Somewhat                            | Neither                             | Somewhat                            | Strongly                 |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied      Neither satisfied nor dissatisfied      Very dissatisfied

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely      Neither likely nor unlikely      Very unlikely

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations      Met Expectations      Failed Expectations

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

The dollar amount enabled help  
in all areas of living

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree      Disagree  
Strongly   Somewhat   Neither   Somewhat   Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....
2. I have control over my daily schedule. ....
3. I have privacy to be alone or with people I choose. ....
4. Only people who are supposed to know my personal information have access to it ....
5. I can set desired outcomes (goals) for myself. ....
6. I can decide about how I spend my money ....
7. I can make decisions that will affect my future. ....
8. I am satisfied with my current level of independence ....

## Overall Satisfaction



- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

*As time goes on, the program seems to have become more restrictive. It appears & feels like the way too much of the program appears to be going back to a "one size fits all" program. It would be out of luck. The program was meant to make life easier.*

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree: Strongly, Somewhat, Neither, Disagree: Somewhat, Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- I have control over my daily schedule. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- I have privacy to be alone or with people I choose. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- Only people who are supposed to know my personal information have access to it. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- I can set desired outcomes (goals) for myself. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- I can decide about how I spend my money. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- I can make decisions that will affect my future. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- I am satisfied with my current level of independence. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree



# Overall Satisfaction

Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied			Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely			Very unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
THE COUNTY IS NOT TRUSTING PARENTS TO KNOW WHAT THEIR CHILD WITH A DISABILITY NEEDS

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....



# Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  Very satisfied  Neither satisfied nor dissatisfied  Very dissatisfied
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  Very likely  Neither likely nor unlikely  Very unlikely
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  Exceeded Expectations  Met Expectations  Failed Expectations
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? Allow parents to choose their own caregiver and work time for the need of parents.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |   | Agree                               |                                     |                                     | Disagree                            |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   | Strongly                            | Somewhat                            | Neither                             | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go..... | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. I have control over my daily schedule.....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. I have privacy to be alone or with people I choose.....                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it.....      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself.....                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. I can decide about how I spend my money.....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. I can make decisions that will affect my future.....                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. I am satisfied with my current level of independence.....                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  

	Very satisfied		Neither satisfied nor dissatisfied		Very dissatisfied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

	Very likely		Neither likely nor unlikely		Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

	Exceeded Expectations		Met Expectations		Failed Expectations
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
The caps on certain categories without regard to needs or type of disability sometimes keeps the person with disability ~~from~~<sup>from</sup> using the money in the most appropriate way.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree: Strongly, Somewhat, Neither, Disagree: Somewhat, Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- 2. I have control over my daily schedule. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- 3. I have privacy to be alone or with people I choose. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- 4. Only people who are supposed to know my personal information have access to it. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- 5. I can set desired outcomes (goals) for myself. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- 6. I can decide about how I spend my money. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- 7. I can make decisions that will affect my future. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree
- 8. I am satisfied with my current level of independence. ....  Strongly Agree,  Somewhat Agree,  Neither,  Somewhat Disagree,  Strongly Disagree



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations	Met Expectations				Failed Expectations
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
I would like to see some sort of "hot line" to answer questions or a website where you could submit questions.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  |  |          |          |         |          |          |
|--|--|----------|----------|---------|----------|----------|
|  |  | Agree    |          |         | Disagree |          |
|  |  | Strongly | Somewhat | Neither | Somewhat | Strongly |
- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....  

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
  - 2. I have control over my daily schedule. ....  

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  - 3. I have privacy to be alone or with people I choose. ....  

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  - 4. Only people who are supposed to know my personal information have access to it .....  

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
  - 5. I can set desired outcomes (goals) for myself. ....  

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  - 6. I can decide about how I spend my money .....  

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  - 7. I can make decisions that will affect my future. ....  

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
  - 8. I am satisfied with my current level of independence .....  

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------



# Overall Satisfaction

- 1. Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely					Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations			Failed Expectations	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?

It is difficult to understand what is acceptable & what is not. Because of that, a great deal of time can be spent gathering information & bids on goods & services that will be difficult, if not impossible, to cover with waiver dollars.

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
 Strongly   Somewhat   Neither   Somewhat   Strongly

- 1. I can (even if someone helps me because of my disability) get to where I want to go. ....
- 2. I have control over my daily schedule. ....
- 3. I have privacy to be alone or with people I choose. ....
- 4. Only people who are supposed to know my personal information have access to it. ....
- 5. I can set desired outcomes (goals) for myself. ....
- 6. I can decide about how I spend my money. ....
- 7. I can make decisions that will affect my future. ....
- 8. I am satisfied with my current level of independence. ....



# Overall Satisfaction

1. Given all the considerations, how satisfied are you with your consumer directed support program? .....

Very satisfied	Neither satisfied nor dissatisfied				Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..

Very likely	Neither likely nor unlikely				Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....

Exceeded Expectations	Met Expectations			Failed Expectations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports? \* Makes my family and members are more

happier than before

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

# Independence

## Mobility / Control / Privacy

Agree		Disagree		
Strongly	Somewhat	Neither	Somewhat	Strongly

1. I can (even if someone helps me because of my disability) get to where I want to go. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. I have control over my daily schedule. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

3. I have privacy to be alone or with people I choose. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

4. Only people who are supposed to know my personal information have access to it. ....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

5. I can set desired outcomes (goals) for myself. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------

6. I can decide about how I spend my money. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

7. I can make decisions that will affect my future. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

8. I am satisfied with my current level of independence. ....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------





## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....  

Very satisfied				<input checked="" type="checkbox"/>						Very dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..  

Very likely										Very unlikely
	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....  

Exceeded Expectations										Failed Expectations
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

4. What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?  
To make the program more consumer focused. This year Ramsey County seems to be putting spending caps and limits in place to help prevent "misuse" of the program, but by doing this, they have instead just increased the amount of work the caregiver needs to do to write the budget and justify the needs. Families & clients are being excluded from the processes by which the rules are written. And there is an overall feeling of mistrust and us-vs-them. The program is excellent and needs to be continued, but the increasing rules & limits seem to make this family directed support program.

Thinking beyond consumer directed supports to your overall quality of life, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the perspective of the person with a developmental disability. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

Agree Disagree  
 Strongly Somewhat Neither Somewhat Strongly

- I can (even if someone helps me because of my disability) get to where I want to go. ....
- I have control over my daily schedule. ....
- I have privacy to be alone or with people I choose. ....
- Only people who are supposed to know my personal information have access to it. ....
- I can set desired outcomes (goals) for myself. ....
- I can decide about how I spend my money. ....
- I can make decisions that will affect my future. ....
- I am satisfied with my current level of independence. ....

## Overall Satisfaction

- Given all the considerations, how satisfied are you with your consumer directed support program? .....
 

Very satisfied	Neither satisfied nor dissatisfied					Very dissatisfied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely would you be to recommend a consumer directed support program in your county to a friend in a similar situation? ..
 

Very likely	Neither likely nor unlikely			Very unlikely
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the consumer directed support program met the expectations that were set for you by your case manager and county social services department? .....
 

Exceeded Expectations	Met Expectations		Failed Expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- What is the one thing that would have the greatest impact on your satisfaction with consumer directed supports?
 

*The person at PCS wouldn't know how to direct me & support me - this is invaluable*

Thinking beyond consumer directed supports to your **overall quality of life**, on the following pages please indicate how much you agree or disagree with each statement. Please complete these sections from the **perspective of the person with a developmental disability**. The person who has the developmental disability should be directly involved in completing this survey as much as possible.

## Independence

### Mobility / Control / Privacy

- |  | Agree                    |                                     | Disagree                 |                                     |                                     |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | Strongly                 | Somewhat                            | Neither                  | Somewhat                            | Strongly                            |
| 1. I can (even if someone helps me because of my disability) get to where I want to go. .... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. I have control over my daily schedule. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. I have privacy to be alone or with people I choose. ....                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Only people who are supposed to know my personal information have access to it. ....      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. I can set desired outcomes (goals) for myself. ....                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. I can decide about how I spend my money. ....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. I can make decisions that will affect my future. ....                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. I am satisfied with my current level of independence. ....                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |