

Arizona Statewide Independent Living Council (SILC) 2011 Needs Assessment

1. INTRODUCTION

SILC is conducting a survey to collect information about disability related programs and services that provide opportunities for people with disabilities to live independently in their community. The information collected will assess how those programs and services are meeting the needs of people with disabilities living Arizona. The results of the survey will provide SILC with statistical and other information data necessary to work with advocates and policy makers to create new programs, enhance, and revise current programs assisting Arizonans with disabilities.

Your participation in the process, therefore, is important. Please complete the attached survey. SILC wants to hear directly from people with disabilities, their family members, friends, care attendants, or other stakeholders. Don't hesitate to express your thoughts and ideas about what is needed and how to improve living in Arizona with a disability.

Please feel free to answer the questions as you like and skip any you feel uncomfortable about. The information you share in the survey will remain confidential. SILC will not use or attach any names to any information in the report. And remember, there are no wrong answers.

Thank you for taking the time to share your thoughts and ideas.

This material is available in alternate formats. If you would like to request an alternate format or for any questions please contact Tony DiRienzi, at 602-262-2900 or via email at tony@azsilc.org.

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2. IDENTIFY SURVEY TAKER

Please identify yourself:

- _____ Person with a disability
- _____ Parent of a minor or guardian of an adult with a disability*
- _____ Family member/partner of an adult with a disability*
- _____ Friend/ personal assistant of an adult with a disability*
- _____ Community advocate/service provider (skip to SECTION 8)
- _____ Other (please specify) _____

3. GENERAL FEELINGS

Below is a list of statements dealing with your general feelings about yourself as a person with a disability. Please check the answer that best describes how you feel about yourself.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. In general I am satisfied with my life.	_____	_____	_____	_____
b. In general my physical health is good.	_____	_____	_____	_____
c. I am able to live independently.	_____	_____	_____	_____
d. I am able to maintain and stay within my budget.	_____	_____	_____	_____
e. I can get the medical attention I need.	_____	_____	_____	_____
f. I am happy in my current living situation.	_____	_____	_____	_____
g. I receive the social and emotional support I need.	_____	_____	_____	_____

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- h. I participate in and feel connected to my community. _____
- i. I am able to access the services I need. _____
- j. I have adequate opportunity to be involved in the community. _____
- k. I feel people have a good understanding of disability. _____
- l. I feel discriminated against because of my disability. _____

4. DEMOGRAPHICS

PLEASE RESPOND TO THE DEMOGRAPHIC AS A DESCRIPTION OF THE PERSON WITH A DISABILITY.

What is your gender?

_____ Male _____ Female

What is your disability? (You may check more than one)

- _____ Cognitive
- _____ Mental
- _____ Physical
- _____ Sensory – Hearing
- _____ Sensory – Vision

What is your age?

- _____ Under 5 _____ 5 to 15
- _____ 16 to 24 _____ 25 to 44
- _____ 45 to 64 _____ 65 years and over

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How would describe your ethnicity? (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black/African American
- Caucasian
- Hispanic/Latino
- Native Hawaiian
- Other (please specify) _____

What is your annual household income?

- Prefer not to answer
- \$0-\$9,999
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$59,999
- \$60,000-\$69,999
- \$70,000 or more

How would you describe your living arrangement?

- Live alone
- With spouse/partner
- With parents
- With Children
- With relative(s) or friend(s)
- With unrelated person(s) such as an attendant or housekeeper
- Group home
- Mental Health Facility
- Nursing home/skilled care facility
- Assisted Living Facility

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No fixed address – homeless

Other (please specify) _____

What is the highest educational level or years in school you completed?

No formal schooling

Elementary education (1-8)

Secondary education, no diploma (9-12)

Special education certificate/diploma

High school diploma or GED

Associate degree or vocation certificate

Bachelors degree

Masters degree or higher

What is your current employment status?

Never employed Self employed

Employed part-time (31 hours per week or less)

Employed full-time (32 hours per week or more)

Out of work for more than 1 year

Out of work for less than 1 year

A student

Retired

Are you a veteran?

Yes No

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5. SERVICES

Please answer 'Yes' or 'No' to indicate whether you have needed any of the following services in the past 6 months.

(Check all that apply)	Yes	No
a. Advocacy / Legal Services	_____	_____
b. Assistive Technology	_____	_____
c. Behavioral Health Services	_____	_____
d. Benefits Assistance	_____	_____
e. Communications Assistance	_____	_____
f. Emergency/Safety Services	_____	_____
g. Employment/Vocational Services	_____	_____
h. Health Care	_____	_____
i. Home Modifications	_____	_____
j. Housing	_____	_____
k. Independent Living Skills Training	_____	_____
l. Information and Referral	_____	_____
m. Interpreter Services	_____	_____
n. Mobility Training	_____	_____
o. Nursing Home Transition Assistance	_____	_____
p. Peer Support	_____	_____
q. Personal Assistance Services	_____	_____
r. Personal Transportation	_____	_____
s. Temporary Emergency Shelter	_____	_____

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t. Transportation Services _____

u. Other (please specify) _____

Please answer 'Yes' or 'No' to indicate whether you have received any of the following services in the past 6 months.

(Check all that apply)	Yes	No
a. Advocacy / Legal Services	_____	_____
b. Assistive Technology	_____	_____
c. Behavioral Health Services	_____	_____
d. Benefits Assistance	_____	_____
e. Communications Assistance	_____	_____
f. Emergency/Safety Services	_____	_____
g. Employment/Vocational Services	_____	_____
h. Health Care	_____	_____
i. Home Modifications	_____	_____
j. Housing	_____	_____
k. Independent Living Skills Training	_____	_____
l. Information and Referral	_____	_____
m. Interpreter Services	_____	_____
n. Mobility Training	_____	_____
o. Nursing Home Transition Assistance	_____	_____
p. Peer Support	_____	_____
q. Personal Assistance Services	_____	_____
r. Personal Transportation	_____	_____

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- s. Temporary Emergency Shelter _____
- t. Transportation Services _____
- u. Other (please specify) _____

6. UTILIZING SERVICES AND PROGRAMS

Have you ever used services from any of the following? (Check all that apply)

- _____ American Association of Retired Persons (AARP)
- _____ Area Agency on Aging
- _____ Arizona Bridge to Independent Living (ABIL) in Phoenix
- _____ Arizona Center for Disability Law (ACDL)
- _____ Arizona Commission for the Deaf and Hard of Hearing (ACDHH)
- _____ Arizona Department of Education
- _____ Arizona Department of Health Services (ADHS)
- _____ Arizona Disability Advocacy Coalition
- _____ Arizona Health Care Cost Containment System (AHCCCS)
- _____ Arizona Spinal Cord Injury Association (AZSCI)
- _____ Arizona Multiple Sclerosis Association
- _____ ASSIST! To Independence in Tuba City
- _____ CyberCIL on the Internet
- _____ DIRECT in Tucson
- _____ Independent Living Rehabilitation Services
- _____ Native American Tribal Communities
- _____ New Horizons in Flagstaff and Prescott

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- SMILE in Yuma
- Veterans Administration
- Vocational Rehabilitation
- Other (please specify) _____

7. VOTE

Did you vote in the last election?

- Yes
- Not registered to vote
- Not eligible to vote
- No

8. GREATEST NEEDS OF ARIZONAN WITH DISABILITIES

What do you believe are the greatest needs of Arizonans with disabilities? Please check the answer that best reflects what you believe.

	Not a Need at All	A Little Need	A Moderate Need	A Significant Need
a. Advocacy/Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Behavioral Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Benefits Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Communications Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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i. Home Modifications	_____	_____	_____	_____
j. Housing	_____	_____	_____	_____
k. Independent Living Skills Training	_____	_____	_____	_____
l. Information and Referral	_____	_____	_____	_____
m. Interpreter Services	_____	_____	_____	_____
n. Mobility Training	_____	_____	_____	_____
o. Nursing Home Transition Assistance	_____	_____	_____	_____
p. Peer Support	_____	_____	_____	_____
q. Personal Assistance Services	_____	_____	_____	_____
r. Personal Transportation	_____	_____	_____	_____
s. Temporary Emergency Shelter	_____	_____	_____	_____
t. Transportation Services	_____	_____	_____	_____
u. Other (please specify)	_____	_____	_____	_____

Where is your home (person with a disability) or office (professional)?

Zip Code _____

Tribal Community Name _____

Other _____

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OPTIONAL:

In the future the Arizona Statewide Independent Living Council may conduct more comprehensive and detailed assessments related to specific areas of the data from this survey instrument. We are collecting contact information of people who would like to participate in our future assessments; this information is for internal use only and will not be otherwise distributed.

Name:

Address

City/State/Zip

Email

Comments: