

Quarter 1 Annual 2019 DD Employment and Day Activities Outcome Survey – Answer Sheet

Name: _____

DOB: _____

Survey ID: _____

Received Services in QTR: Yes No - Eligible. NOT YET Receiving Services, No - Eligible, NOT AVAILABLE for services;
 If No Reason: (see instructions) Comment: Optional

Demographics

Living Arrangement:

- Own Home/Apt
- Family Home/Apt
- Agency Owned/ Operated
- Shared Living
- Institution/Nursing Home/Hospital
- Homeless / Shelter

Residential Provider: () NA _____
 (Select provider from Appendix D)

Employment/Day Providers: () NA _____
 (Select provider from Appendix D; list all that apply)

1. Service Categories Enrolled and/or Participated QTR.

- Supported Employment (Complete sections 1&2)
- Individual Employment (Complete sections 1&3)
- Self-Employed (Complete sections 1&4)
- Provider Paid Individual Employment (Complete sections 1&5)
- Provider Paid Group Employment (Complete sections 1&6)
- Facility-based Work (Complete sections 1&7)
- Community-based Non-work (Complete sections 1&8)
- DDD Facility-based Non-work (Complete sections 1&9)
- Non-DDD Facility-based Non-work (Complete sections 1&10)
- Home-based Non-work (Complete sections 1&11)
- Program for Elderly Persons Non-work (If no other service category is selected stop here.)

SECTION 1: GENERAL QUESTIONS (Complete ALL applicable questions in this section.)

Unless otherwise indicated, each of the following general questions pertains to activities/services between Jan 1 – Mar 31, 2019.

- 2. Direct instruction in Self-determination within past 12 mos:** Yes No
- 3. Referred /started SE Services(check one):** Yes No
 3a. **IF YES, Referral Source (check one):** Self/Family School Adult provider ORS BHDDH Other
- 4. Career Plan On File:** Yes No
 4a. **IF YES, Career Plan Updated in past 12 mos.:** Yes. No
- 5. Work Incentive Information (check all that apply):** None written materials group/public session SSA website
 Ticket to Work Helpline Spoke w/SSA Rep Individual Counseling Session Written benefits plan in process
- 6. Benefits Plan by a CWIC Received in Quarter:** Yes No
- 7. STARTED Individual Job (on employer payroll):** Yes No
 7a. **IF YES, How was Job Obtained:** Existing job Customized Job Started own Business/Self Employed
- 8. ENDED Individual Job (on employer payroll):** Yes No
 8a. **IF YES, Reason Job Ended (check one):** new job Chose to leave / not a match Laid off / Let go from job
 Empl. Closed/Reloc. Lack of job supports Lack of transportation benefits –financial
 benefits – medical Moved Health Other _____
- 9b. IF YES, Job Length:** < 1 month 1 month > < 3 months 3 month > < 6 mos. 6 months > < 12 mos.
 1 yr > < 2 yrs f) 2 yrs > < 5 yrs 5 yrs > < 9 yrs 10 yrs >
- 9. ORS Status:** Applied/Pending Open Case Closed /Success w/in qtr. Closed / Other w/in qtr None
- 10. Moved from a Sheltered Workshop to New Sheltered Setting** Yes No
 10a. **IF YES, New Setting: (check all that apply):** another workshop FBNW Group job Time ltd work exp
 Other
 10b. **IF YES, Reason for Move (check one):** Indiv/ Fam. Req. Assess/time ltd wk Group job Moved Variance

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SECTION 2: SUPPORTED EMPLOYMENT SERVICES (SES) (If you did not check "Supported Employment Services in Q1, SKIP to Section 3)

11. SES Hours March 17 - 30: (round to nearest whole hour)		
<input type="checkbox"/> Career planning	<input type="checkbox"/> Post-secondary ed./voc. Training	<input type="checkbox"/> Job search on my behalf
<input type="checkbox"/> Short-term vocational experience	<input type="checkbox"/> Job search with me	<input type="checkbox"/> Job Coaching/Retention
<input type="checkbox"/> Long-term vocational experience		
12. SES Settings: (for activities reported above)		
<input type="checkbox"/> netWorkRI	<input type="checkbox"/> Business/Employer	<input type="checkbox"/> School/Training
<input type="checkbox"/> Public Venue		<input type="checkbox"/> DD Provider Organization
		<input type="checkbox"/> Home/Residence
13. SES Stipend: <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT DATA

SECTION 3: INDIVIDUAL EMPLOYMENT (IE) (If you did not check "Individual Employment" in Q1, SKIP to Section 4.)

<p>14a. Title IE (Appendix B): _____</p> <p>14b. If Other (write in) _____ If other, contact Vicki, vferrara@ric.edu, 401-456-8092</p> <p>15. Employer Type (check one): <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> DD Agen <input type="checkbox"/> Gov <input type="checkbox"/> Self-Employed</p> <p>16. Industry IE (Select from Appendix C): _____</p> <p>17. Onsite Support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100%) <input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p>18. Offsite Support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100%) <input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p>19. Employer Consultation (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone or E-mail</p> <p>20. Transportation: <input type="checkbox"/> On Own <input type="checkbox"/> Public Bus (RIPTA) <input type="checkbox"/> RIDE Bus <input type="checkbox"/> Taxi/Uber <input type="checkbox"/> Priv Amb <input type="checkbox"/> Agency/Staff <input type="checkbox"/> Family <input type="checkbox"/> Co-worker/Carpool <input type="checkbox"/> NA (works at home)</p>	<p>21. Length of Employment: <input type="checkbox"/> < 1 mo <input type="checkbox"/> 1 mo > < than 3 mos <input type="checkbox"/> 3 mo > < than 6 mos <input type="checkbox"/> 6 mo > < than 12 mos <input type="checkbox"/> 1 yr > < 2 yrs <input type="checkbox"/> 2 yrs > < 5 yrs <input type="checkbox"/> 5 yrs > < 10 yrs <input type="checkbox"/> 10 yrs ></p> <p>22a. Benefits Offered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>22b. Benefits Received: <input type="checkbox"/> Employer-Offered Health Ins <input type="checkbox"/> Sick <input type="checkbox"/> Per Days <input type="checkbox"/> Vac Days <input type="checkbox"/> Retirement Cont <input type="checkbox"/> None/Declined</p> <p>23. Hourly Wage: _____ (dollars & cents, i.e. 11.15)</p> <p>24. Work Hours Mar 17-30: _____ (round to nearest QRT hour)</p>
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SECTION 4: SELF-EMPLOYED (SE) (If you did not check "Self Employed" in Q1, SKIP to Section 5.)

<p>25a. Title (Appendix B): _____</p> <p>25b. If Other (write in) _____ If other, contact Vicki, vferrara@ric.edu, 401-456-8092</p> <p>26. Length of Employment: <input type="checkbox"/> < 1 mo <input type="checkbox"/> 1 mo > < than 3 mos <input type="checkbox"/> 3 mo > < than 6 mos <input type="checkbox"/> 6 mo > < than 12 mos <input type="checkbox"/> 1 yr > < 2 yrs <input type="checkbox"/> 2 yrs > < 5 yrs <input type="checkbox"/> 5 yrs > < 10 yrs <input type="checkbox"/> 10 yrs ></p>	<p>27. Onsite Support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100%) <input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p>28. Estimated 2-Week Gross Income: _____ (dollars & cents, i.e. 11.15)</p> <p>29. Work Hours: _____ (round to nearest QRT hour)</p>
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WORK HOURS KEY: Round to nearest quarter hour.
15 min = .25; 30 min = .50; 45 min = .75

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SECTION 5: PROVIDER PAID INDIVIDUAL EMPLOYMENT (PPI)
(If you did not check "Provider Paid Individual Employment" in Q1 SKIP to Section 6.)

<p>30a. Title (Appendix B): _____</p> <p>30b. If Other (write in) _____ <i>If other, contact Vicki, vferrara@ric.edu, 401-456-8092</i></p> <p>31. Industry: (Appendix C): _____</p> <p>32. Business Type (check one): <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> DD Agency <input type="checkbox"/> Gov <input type="checkbox"/> Bus. w/Miss to hire</p> <p>33. Transportation: <input type="checkbox"/> On Own <input type="checkbox"/> Public Bus (RIPTA) <input type="checkbox"/> RIDE Bus <input type="checkbox"/> Taxi/Uber <input type="checkbox"/> Priv Amb <input type="checkbox"/> Agency/Staff <input type="checkbox"/> Family <input type="checkbox"/> Co-worker/Carpool <input type="checkbox"/> NA (works at home)</p> <p>34. Length of Employment: <input type="checkbox"/> < 1 mo <input type="checkbox"/> 1 mo > < than 3 mos <input type="checkbox"/> 3 mo > < than 6 mos <input type="checkbox"/> 6 mo > < than 12 mos <input type="checkbox"/> 1 yr > < 2 yrs <input type="checkbox"/> 2 yrs > < 5 yrs <input type="checkbox"/> 5 yrs > < 10 yrs <input type="checkbox"/> 10 yrs ></p>	<p>35. Onsite Support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100%) <input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p>36. Offsite Support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100%) <input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p>37. Employer Consultation (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone or E-mail</p> <p>38. Benefits Offered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>38a. Benefits Received: <input type="checkbox"/> Employer-Offered Health Ins <input type="checkbox"/> Sick <input type="checkbox"/> Per Days <input type="checkbox"/> Vac Days <input type="checkbox"/> Retirement Cont <input type="checkbox"/> None/Declined</p> <p>39. Hourly Wage: _____ (dollars & cents, i.e. 11.15)</p> <p>40. Work Hours Mar 17-30: _____ (round to nearest QTR hour)</p>
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SECTION 6: PROVIDER PAID GROUP EMPLOYMENT (PPG)
(If you did not check "Provider Paid Group Employment" in Q1 SKIP to Section 7.)

<p>41a. Title (Appendix B): _____</p> <p>41b. If Other (write in) _____ <i>If other, contact Vicki, vferrara@ric.edu, 401-456-8092</i></p> <p>42. Industry: (Appendix C): _____</p> <p>43. Business Type (check one): <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> DD Agen <input type="checkbox"/> Gov <input type="checkbox"/> Bus. w/Miss to hire</p> <p>44. Number of Workers: <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> more than 10</p> <p>45. Transportation: <input type="checkbox"/> On Own <input type="checkbox"/> Public Bus (RIPTA) <input type="checkbox"/> RIDE Bus <input type="checkbox"/> Taxi/Uber <input type="checkbox"/> Priv Amb <input type="checkbox"/> Agency/Staff <input type="checkbox"/> Family <input type="checkbox"/> Co-worker/Carpool <input type="checkbox"/> NA (works at home)</p> <p>46. Length of Employment: <input type="checkbox"/> < 1 mo <input type="checkbox"/> 1 mo > < than 3 mos <input type="checkbox"/> 3 mo > < than 6 mos <input type="checkbox"/> 6 mo > < than 12 mos <input type="checkbox"/> 1 yr > < 2 yrs <input type="checkbox"/> 2 yrs > < 5 yrs <input type="checkbox"/> 5 yrs > < 10 yrs <input type="checkbox"/> 10 yrs ></p>	<p>47. Onsite Support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100%) <input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p>48. Offsite Support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100%) <input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p>49. Benefits Offered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>49a. Benefits Received: <input type="checkbox"/> Employer-Offered Health Ins <input type="checkbox"/> Sick <input type="checkbox"/> Per Days <input type="checkbox"/> Vac Days <input type="checkbox"/> Retirement Cont <input type="checkbox"/> None/Declined</p> <p>50. Hourly Wage: _____ (dollars & cents, i.e. 11.15)</p> <p>51. Work Hours Mar 17-30: _____ (round to nearest QTR hour)</p>
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SECTION 7: FACILITY-BASED WORK (FBW) (If you did not check "Facility-based Work" in Q1 SKIP to Section 8.)

<p>52. FBW Length (if exited/left FBW and returned within the past year, indicate the length of time since returning.): <input type="checkbox"/> < 3 mos. <input type="checkbox"/> 3 mos. or > < than 6 mos. <input type="checkbox"/> 6 mos. or > < than 12 mos. <input type="checkbox"/> 1 yr or > < than 3 yrs <input type="checkbox"/> 3 yrs or > < than 5 yr <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10yrs or > < than 15 yrs <input type="checkbox"/> 15 yrs ></p> <p>52a. FBW Status (if FBW length is less than 3 mos): <input type="checkbox"/> New to FBW <input type="checkbox"/> Returning to FBW services</p> <p>52b. If Returning to FBW, Reason: <input type="checkbox"/> Indiv. chose to terminate a cbj <input type="checkbox"/> Indiv.'s cbj no longer exists <input type="checkbox"/> Indiv. terminated from cbj – behavior <input type="checkbox"/> Indiv. terminated from cbj – health <input type="checkbox"/> Indiv. terminated from cbj – safety <input type="checkbox"/> Agency unable to provide cbj supports – fiscal <input type="checkbox"/> Agency unable to provide cbj supports – staff <input type="checkbox"/> Lack of transportation to cbj <input type="checkbox"/> CDP Variance <input type="checkbox"/> Other: _____</p>	<p>53. FBW Gross Wages Mar 17-30: _____ (pre-tax, round to nearest whole dollar)</p> <p>54. FBW Work Hours Mar 17-30: _____ (round to nearest QTR hour)</p>
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HOURS KEY: Round to nearest quarter hour.
 15 min = .25; 30 min = .50; 45 min = .75

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NON-WORK ACTIVITY DATA

Section 8: Community-based Non-work Activity (CBNW) (If you did not check "CBNW" in Q1, skip to Section 9

55. CBNW Hours Mar 17-30: <i>round to the nearest hour</i> _____ Arts, Leisure & Recreation _____ Health & Fitness (not medical)	_____ Adult Education or Training (personal enrichment) _____ Soft Skills/Employment related	_____ Activities of Daily Living _____ Volunteering _____ All Other
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56. CBNW Settings: Public Venue Member-based Organization School / Training Facility Business/Employer

57. CBNW Length:
 < 3 mos. 3 mos. > < 6 mos. 6 mos. > < 12 mos. 1 yr > < 3 yrs 3 yrs > < 5 yrs
 5 yrs > < 10 yrs 10 yrs > < 15 yrs 15 yrs >

57a. CBNW Referral Source: Self Family School Adult service provider ORS BHDDH Other

58 a, b, c. CBNW Outcomes from January 1 to March 31, 2019, as a result of CBNW activity:
 (a) I obtained employment. Yes No
 (b) I joined a community organization. Yes No
 (c) More people know me by name, recognize me, and/or talk to me where I spend time Yes No

Section 9: DDD Facility-based Non-work Activity (FBNW) (If you did not check "FBNW" in Q1, skip to Section 10.)

59. FBNW Hours Mar 17-30: _____ (*round to nearest hour*)

60a. FBNW Length: (*if exited/left FBNW and returned within the past 3 months indicate the length of time since returning.*):
 < 3 mos. 3 mos. > < 6 mos. 6 mos. > < 12 mos. 1 yr > < 3 yrs 3 yrs > < 5 yrs
 5 yrs > < 10 yrs 10 yrs > < 15 yrs 15 yrs >

60b. FBNW Status: (*if FBNW length is less than 3mos.*): New to FBNW Returning to FBNW

60c. If Returning to FBNW, Reason: (check one) <input type="checkbox"/> Loss/Change to community-based job <input type="checkbox"/> Change in health <input type="checkbox"/> Change in behaviors <input type="checkbox"/> Agency unable to provide community supports - work	<input type="checkbox"/> Agency unable to provide community supports –non-work <input type="checkbox"/> Lack of transportation <input type="checkbox"/> CDP Variance <input type="checkbox"/> Other: _____
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Section 10: Non-DDD Facility-based Non-work Activity (If you did not check "NDFBNW" in Q1, skip to Section 11.)

61. Non-DDD FBNW Hours Mar 17-30: _____ (*round to nearest hour*)

62. Non-DDD FBNW Length: (*if exited/left FBNW and returned within the past 3 months indicate the length of time since returning.*):
 < 3 mos. 3 mos. > < 6 mos. 6 mos. > < 12 mos. 1 yr > < 3 yrs 3 yrs > < 5 yrs 5 yrs > < 10 yrs
 10 yrs > < 15 yrs 15 yrs >

63. Non DDD FBNW Provider Name: _____

Section 11: Home-based Non-work Activity (HBNW)

64. HBNW Hours Mar 17-30: _____ (*round to nearest hour*)

65. HBNW Length: (*if exited/left FBNW and returned within the past 3 months indicate the length of time since returning.*):
 < 3 mos. 3 mos. > < 6 mos. 6 mos. > < 12 mos. 1 yr > < 3 yrs 3 yrs > < 5 yrs 5 yrs > < 10 yrs
 10 yrs > < 15 yrs 15 yrs >

Person providing survey data: _____

Person entering survey: _____