received services in QTR: yes  no - eligible. NOT yet receiving services,  no - eligible, NOT AVAILABLE for services;  If No Reason: (see instructions)  
Comment: Optional

<table>
<thead>
<tr>
<th>Living Arrangement:</th>
<th>Supported Employment (Complete sections 1&amp;2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Own Home/Apt</td>
<td>__ Individual Employment (Complete sections 1&amp;3)</td>
</tr>
<tr>
<td>__ Family Home/Apt</td>
<td>__ Self-Employed (Complete sections 1&amp;4)</td>
</tr>
<tr>
<td>__ Agency Owned/ Operated</td>
<td>__ Provider Paid Individual Employment (Complete sections 1&amp;5)</td>
</tr>
<tr>
<td>__ Shared Living</td>
<td>__ Provider Paid Group Employment (Complete sections 1&amp;6)</td>
</tr>
<tr>
<td>__ Institution/Nursing Home/Hospital</td>
<td>__ Facility-based Work (Complete sections 1&amp;7)</td>
</tr>
<tr>
<td>__ Homeless / Shelter</td>
<td>__ Community-based Non-work (Complete sections 1&amp;8)</td>
</tr>
</tbody>
</table>

Residential Provider: ( ) NA  (select provider from Appendix D)

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

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, 2018.

1. Direct instruction in self-determination within past 12 mos:  __Yes __ No
2. Referred / started SE Services (check one):  __Yes __ No
   3a. IF YES, Referral Source (check one):  __ Self/Family __School __ Adult provider __ ORS __ BHDDH __Other
3. Career Plan On File:  __Yes __ No
   4a. IF YES, Career Plan Updated in past 12 mos.:  __Yes __ No
4. 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
5. Benefits Plan by a CWIC Received in Quarter:  __Yes __ No
6. STARTED Individual Job (on employer payroll):  __Yes __ No
   7a. IF YES, How was Job Obtained:  __Existing job __Customized Job __Started own Business/Self Employed
7. 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 _____________
   9. 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 >
9b. IF YES, Job 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
SECTION 2: SUPPORTED EMPLOYMENT SERVICES (SES)  
(If you did not check “Supported Employment Services in Q1, SKIP to Section 3)

11. SES Hours March 18 - 31: (round to nearest whole hour)
   _____ Career planning
   _____ Short-term vocational experience
   _____ Long-term vocational experience
   _____ Post-secondary ed./voc. Training
   _____ Job search on my behalf
   _____ Job search with me
   _____ Job Coaching/Retention

12. SES Settings: (for activities reported above)
   __ netWorkRI
   __ Business/Employer
   __ Public Venue
   __ School/Training
   __ DD Provider Organization
   __ Home/Residence

13. SES Stipend: __ Yes __ No

EMPLOYMENT DATA

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

14a. Title IE (Appendix B):

14b. If Other (write in) ________________________________
   If other, contact Vicki, vferrara@ric.edu, 401-456-8092

15. Employer Type (check one):
   __ For-Profit  __ Non-Profit  __ DD Agency
   __ Gov  __ Self-Employed

16. Industry IE (Select from Appendix C):

17. Onsite Support:
   __ None __ Daily (100%) __ Daily (some) __ Weekly __ Monthly

18. Offsite Support:
   __ None __ Daily (100%) __ Daily (some) __ Weekly __ Monthly

19. Employer Consultation (check all that apply):
   __ None __ Face to Face
   __ Phone or E-mail

20. Transportation:
   __ On Own __ Public Bus (RIPTA) __ RIDE Bus __ Taxi/Uber __ Priv Amb __ Agency/Staff __ Family __ Co-worker/Carpool __ NA (works at home)

21. Length of Employment:
   __ < 1 mo __ 1 mo < than 3 mos __ 3 mo < than 6 mos
   __ 6 mo < than 12 mos __ 1 yr < 2 yrs __ 2 yrs < 5 yrs __ 5 yrs < 10 yrs __ 10 yrs >

22a. Benefits Offered:
   __ Yes __ No __ Not sure

22b. Benefits Received:
   __ Employer-Offered Health Ins __ Sick __ Per Days __ Vac Days __ Retirement Cont __ None/Declined

23. Hourly Wage:  ________ (dollars & cents, i.e. 11.15)

24. Work Hours Mar 18-31:  ________
   (round to nearest QRT hour)

SECTION 4: SELF-EMPLOYED (SE)  
(If you did not check “Self Employed” in Q1, SKIP to Section 5.)

25a. Title (Appendix B):

25b. If Other (write in) ________________________________
   If other, contact Vicki, vferrara@ric.edu, 401-456-8092

26. Length of Employment:
   __ < 1 mo __ 1 mo < than 3 mos
   __ 3 mo < than 6 mos __ 6 mo < than 12 mos __ 1 yr < 2 yrs __ 2 yrs < 5 yrs __ 5 yrs < 10 yrs __ 10 yrs >

27. Onsite Support:
   __ None __ Daily (100%) __ Daily (some) __ Weekly __ Monthly

28. Estimated 2-Week Gross Income:
   ________ (dollars & cents, i.e. 11.15)

29. Work Hours:  ________ (round to nearest QRT hour)

WORK HOURS KEY: Round to nearest quarter hour.
   15 min = .25;  30 min = .50;  45 min = .75
### SECTION 5: PROVIDER PAID INDIVIDUAL EMPLOYMENT (PPI)
*If you did not check “Provider Paid Individual Employment” in Q1 SKIP to Section 6.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>30a. Title</td>
<td>____________________________</td>
</tr>
<tr>
<td>30b. If Other (write in)</td>
<td>____________________________</td>
</tr>
<tr>
<td>31. Industry</td>
<td>____________________________</td>
</tr>
<tr>
<td>32. Business Type</td>
<td>For-Profit__ Non-Profit__ DD Agency__ Gov__ Bus. w/Miss to hire</td>
</tr>
<tr>
<td>33. Transportation</td>
<td>On Own__ Public Bus (RIPTA)__ RIDE Bus__ Taxi/Uber__ Priv Amb__ Agency/Staff__ Family__ Co-worker/Carpool__ NA (works at home)</td>
</tr>
<tr>
<td>34. Length of Employment</td>
<td>&lt; 1 mo__ 1 mo &gt; &lt; than 3 mos__ 3 mo &gt; &lt; than 6 mos__ 6 mo &gt; &lt; than 12 mos__ 1 yr &gt; &lt; 2 yrs__ 2 yrs &gt; &lt; 5 yrs__ 5 yrs &gt; &lt; 10 yrs__ 10 yrs &gt;</td>
</tr>
<tr>
<td>35. Onsite Support</td>
<td>None__ Daily (100%)__ Daily (some)__ Weekly__ Monthly</td>
</tr>
<tr>
<td>36. Offsite Support</td>
<td>None__ Daily (100%)__ Daily (some)__ Weekly__ Monthly</td>
</tr>
<tr>
<td>37. Employer Consultation</td>
<td>None__ Face to Face__ Phone or E-mail</td>
</tr>
<tr>
<td>38. Benefits Offered</td>
<td>Yes__ No__ Not sure</td>
</tr>
<tr>
<td>38a. Benefits Received</td>
<td>Employer-Offered Health Ins__ Sick__ Per Days__ Vac Days__ Retirement Cont__ None/Declined</td>
</tr>
<tr>
<td>39. Hourly Wage</td>
<td>_____ (dollars &amp; cents, i.e. 11.15)</td>
</tr>
<tr>
<td>40. Work Hours Mar 18-31</td>
<td>_____ (round to nearest QTR hour)</td>
</tr>
</tbody>
</table>

### SECTION 6: PROVIDER PAID GROUP EMPLOYMENT (PPG)
*If you did not check “Provider Paid Group Employment” in Q1 SKIP to Section 7.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>41a. Title</td>
<td>____________________________</td>
</tr>
<tr>
<td>41b. If Other (write in)</td>
<td>____________________________</td>
</tr>
<tr>
<td>42. Industry</td>
<td>____________________________</td>
</tr>
<tr>
<td>43. Business Type</td>
<td>For-Profit__ Non-Profit__ DD Agency__ Gov__ Bus. w/Miss to hire</td>
</tr>
<tr>
<td>44. Number of Workers</td>
<td>2-3__ 4-6__ 7-10__ more than 10</td>
</tr>
<tr>
<td>45. Transportation</td>
<td>On Own__ Public Bus (RIPTA)__ RIDE Bus__ Taxi/Uber__ Priv Amb__ Agency/Staff__ Family__ Co-worker/Carpool__ NA (works at home)</td>
</tr>
<tr>
<td>46. Length of Employment</td>
<td>&lt; 1 mo__ 1 mo &gt; &lt; than 3 mos__ 3 mo &gt; &lt; than 6 mos__ 6 mo &gt; &lt; than 12 mos__ 1 yr &gt; &lt; 2 yrs__ 2 yrs &gt; &lt; 5 yrs__ 5 yrs &gt; &lt; 10 yrs__ 10 yrs &gt;</td>
</tr>
<tr>
<td>47. Onsite Support</td>
<td>None__ Daily (100%)__ Daily (some)__ Weekly__ Monthly</td>
</tr>
<tr>
<td>48. Offsite Support</td>
<td>None__ Daily (100%)__ Daily (some)__ Weekly__ Monthly</td>
</tr>
<tr>
<td>49. Benefits Offered</td>
<td>Yes__ No__ Not sure</td>
</tr>
<tr>
<td>49a. Benefits Received</td>
<td>Employer-Offered Health Ins__ Sick__ Per Days__ Vac Days__ Retirement Cont__ None/Declined</td>
</tr>
<tr>
<td>50. Hourly Wage</td>
<td>_____ (dollars &amp; cents, i.e. 11.15)</td>
</tr>
<tr>
<td>51. Work Hours Mar 18-31</td>
<td>_____ (round to nearest QTR hour)</td>
</tr>
</tbody>
</table>

### SECTION 7: FACILITY-BASED WORK (FBW) *(If you did not check “Facility-based Work” in Q1 SKIP to Section 8.)*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>52. FBW Length</td>
<td>&lt; 3 mos__ 3 mos. or &gt; &lt; than 6 mos__ 6 mos. or &gt; &lt; than 12 mos__ 1 yr or &gt; &lt; than 3 yrs__ 3 yrs or &gt; &lt; than 5 yr__ 5 yrs or &gt; &lt; than 10 yrs__ 10 yrs or &gt; &lt; than 15 yrs__ 15 yrs &gt;</td>
</tr>
<tr>
<td>52a. FBW Status</td>
<td>New to FBW__ Returning to FBW services</td>
</tr>
<tr>
<td>52b. If Returning to FBW, Reason</td>
<td>Indiv. chose to terminate a cbj__ Indiv.'s cbj no longer exists__ Indiv. terminated from cbj – behavior__ Indiv. terminated from cbj – health__ Indiv. terminated from cbj – safety__ Agency unable to provide cbj supports – fiscal__ Agency unable to provide cbj supports – staff__ Lack of transportation to cbj__ CDP Variance__ Other: ____________________________</td>
</tr>
<tr>
<td>53. FBW Gross Wages Mar 18-31:</td>
<td>_____ (pre-tax, round to nearest whole dollar)</td>
</tr>
<tr>
<td>54. FBW Work Hours Mar 18-31:</td>
<td>_____ (round to nearest QTR hour)</td>
</tr>
</tbody>
</table>

**HOURS KEY:** Round to nearest quarter hour.  
15 min = .25; 30 min = .50; 45 min = .75
**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 18-31: round to the nearest hour**
   - Arts, Leisure & Recreation
   - Health & Fitness (not medical)
   - Adult Education or Training  (personal enrichment)
   - Soft Skills/Employment related
   - Activities of Daily Living
   - Volunteering
   - All Other

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, 2018, *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 18-31 :** _______ (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 3 mos.):* __New to FBNW__ __Returning to FBNW__

60c. **If Returning to FBNW, Reason:** *(check one)*
   - Loss/Change to community-based job
   - Change in health
   - Change in behaviors
   - Agency unable to provide community supports - work
   - Agency unable to provide community supports –non-work
   - Lack of transportation
   - CDP Variance
   - Other: ____________________

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 18-31 :** _______ (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 18-31 :** _______ (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: ____________________