

**DD Employment & Day Activity Outcomes Survey  
2019 Quarter 1 Annual Survey**

**DIRECTIONS**

- **Survey Quarter** is January 1 to March 31, 2019.
- **The employment and non-work data collection period (hours, wages, etc.) is March 17 to 30, 2019.**
- Complete **1 survey per individual assigned**. Each individual has a unique Survey ID which is also the password to access the online data entry form. Contact your agency liaison if you do not have a Survey ID for an assigned individual.
- Review the survey and directions in their entirety **BEFORE** completing with the individual. There are several Appendices referenced within the directions that include definitions and lists to complete the survey with accuracy.
- The data requested provides a “snap shot” of the individual’s activities over a 2-week period. Data provided will not account for all activity. The data requested **is not** related to billing or to the level of support provided.
  - Answer the employment data questions based on the individual’s typical work schedule, including evening and weekend work hours.
  - Answer the non-work data questions based on the individual’s typical day of service (Monday – Friday). For some that may mean reporting activities occurring in the late afternoon/evening.
- It is recommended that you **record your answers on the Survey Answer Sheet** provided. The Survey Answer Sheet corresponds closely to the online data entry screens. [www.rioutcomesurveys.info](http://www.rioutcomesurveys.info)

**DEMOGRAPHICS**

Survey ID: \_\_\_\_\_ Initials: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Did individual participate in employment/day activities between January 1 and March 31, 2019?**

YES; No - Eligible. but NOT YET RECEIVING services; No - Eligible, but NOT AVAILABLE for services

**If No - Reasons:** High School/Under 22, Funding Issue/Awaiting Waiver Determination, Denied Waiver, New/Pending Services, Systems Capacity Issue, Transferring Agency, Extended Vacation/Absence, Declined/ Refused/Suspended Services, Closed/Discharged/terminated services, Lack of Follow-thru by Family or Participant, Health Issues, Hospitalized/Nursing Home/Hospice/Assisted Living, Services Provided Out of State, Solely Community Support funding - Respite/Home Health Aid/RN services, Deceased

**Living Arrangement: (check one)**

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

**Residential Provider:**

**Employment / Day Provider: (list all that apply):**

*Answer only if Living Arrangement = “Agency Owned/  
Operated” OR “Shared Living”*  
**SELECT A PROVIDER FROM APPENDIX D.**

**SELECT PROVIDER/S FROM APPENDIX D.**

1. **Service Categories:** Select **ALL** the service categories in which you were **enrolled** [whether or not you had any hours] and/or **participated** during the data collection period of **March 17 to 30, 2019** **SEE APPENDIX A – SERVICE CATEGORY DEFINITIONS**

**Service Categories:** *Check all that apply.*

- Supported Employment Services *(Complete Sections 1 & 2)*
- Individual Employment (Employer Payroll) *(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 Activity *(Complete Sections 1 & 8)*
- DDD Facility-based Non-Work Activity *(Complete Sections 1 & 9)*
- Non-DDD Facility-based Non-Work Activity *(Complete Sections 1 & 10)*
- Home-based Non-Work Activity *(Complete Sections 1 & 11)*
- Elder Program Non-Work Activity *(If no other service category is selected, stop here)*

## Section 1: General Questions

General questions (Q2 – Q10) must be completed by all. Unless otherwise indicated, each of the general questions pertains to activities/services within the past 3 months (January 1 – March 31, 2019).

Question	Answer		
2. Within the past year, Have you received direct instruction in Self-Determination? <i>Instruction in the form of a structured curriculum, class, etc.</i>	<b>2. Direct Instruction in Self-Determination:</b> <input type="checkbox"/> Yes, participated in direct instruction in self-determination <input type="checkbox"/> No, did not participate in direct instruction in self-determination		
3. Were you referred to or did you start receiving supported employment services? <i>Individual receiving supports to help choose, find, keep or change a job.</i>	<b>3. Referred /Started SE Services:</b> <input type="checkbox"/> Yes, I was referred to/started SE Services <input type="checkbox"/> No, I was not referred to/started SE Services		
3a. <i>If yes</i> , who referred you to Supported Employment Services? <i>Answer only if Q3 is "Yes"</i> .	<b>3a. SE Referral Source:</b> <i>Check one.</i> <input type="checkbox"/> Self/Family <input type="checkbox"/> School <input type="checkbox"/> Adult Service Provider <input type="checkbox"/> Office of Rehabilitation Services (ORS) <input type="checkbox"/> BHDDH <input type="checkbox"/> Other: _____		
4. Do you have a written Career Development Plan on file? <i>Plan must be the "Official" Career Development Plan specific to BHDDH, ORS, or RIDE.</i>	<b>4. Career Development Plan Status:</b> <input type="checkbox"/> Yes, I have a written Career Development Plan on file <input type="checkbox"/> No, I do not have a written Career Development Plan on file		
4a. <i>If yes</i> , has your plan been updated within the past 12 months? <i>Answer only if Q4 is "Yes"</i> .	<b>4a. Career Development Plan Updated within the past 12 months:</b> <input type="checkbox"/> Yes, my career plan was updated within the past 12 months <input type="checkbox"/> No, it has been more than 12 months since my career plan was last updated		
5. Have you received information on Social Security Work Incentives? <i>See Appendix E CWIC List</i>  <i>Obtained information to learn how earnings impact, SSI, SSDI, health insurance.</i>	<b>5. Work Incentive Information received: <i>Check all that apply.</i></b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> No information received  <input type="checkbox"/> Provided written materials  <input type="checkbox"/> Attended a group or public information session  <input type="checkbox"/> Attended an individual counseling session w/CWIC  <input type="checkbox"/> Accessed Social Security Administration website               </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Spoke with a SSA representative  <input type="checkbox"/> Called Ticket to Work Helpline  <input type="checkbox"/> Written benefits plan in process by CWIC               </td> </tr> </table>	<input type="checkbox"/> No information received <input type="checkbox"/> Provided written materials <input type="checkbox"/> Attended a group or public information session <input type="checkbox"/> Attended an individual counseling session w/CWIC <input type="checkbox"/> Accessed Social Security Administration website	<input type="checkbox"/> Spoke with a SSA representative <input type="checkbox"/> Called Ticket to Work Helpline <input type="checkbox"/> Written benefits plan in process by CWIC
<input type="checkbox"/> No information received <input type="checkbox"/> Provided written materials <input type="checkbox"/> Attended a group or public information session <input type="checkbox"/> Attended an individual counseling session w/CWIC <input type="checkbox"/> Accessed Social Security Administration website	<input type="checkbox"/> Spoke with a SSA representative <input type="checkbox"/> Called Ticket to Work Helpline <input type="checkbox"/> Written benefits plan in process by CWIC		
6. Did you receive an Individual Work Incentives Benefits Plan written by a Certified Work Incentives Counselor (CWIC) ( <b>with in the quarter</b> )? <i>See Appendix E CWIC List</i>	<b>6. Benefits Plan Status:</b> <input type="checkbox"/> Yes, I have received a benefits plan written by a CWIC <input type="checkbox"/> No, I have not received a benefits plan written by a CWIC		
7. Did you <u>START</u> a new individual job? <i>Hired onto the employer's payroll.</i>	<b>7. Started Individual Job:</b> <input type="checkbox"/> Yes, started a new individual job <input type="checkbox"/> No, did not start a new individual job		
7a. <i>If yes</i> , how was this new job obtained? <i>Answer only if Q7 is "Yes"</i> .	<b>7a. Job Obtained:</b> <input type="checkbox"/> hired into existing job <input type="checkbox"/> hired into customized job (i.e., carved, created) <input type="checkbox"/> started own business/self-employed		

8. Did you <u>END</u> an individual job? <i>Hired onto the employer's payroll.</i>	<b>8. Ended Individual Job:</b> <input type="checkbox"/> Yes, I ended an individual job <input type="checkbox"/> No, I did not end an individual job	
8a. <i>If yes</i> , primary reason for the individual job ending? <i>Answer only if Q8 is "Yes".</i>	<b>8a. Reason Job Ended:</b> <i>Check one.</i> <input type="checkbox"/> Hired into a new job <input type="checkbox"/> Chose to leave job / not a match <input type="checkbox"/> Laid off / Let go from job <input type="checkbox"/> Employer Closed/Relocated <input type="checkbox"/> Lack of available job supports <input type="checkbox"/> Lack of transportation to job	<input type="checkbox"/> Change or loss of benefits - financial <input type="checkbox"/> Change or loss of benefits - medical <input type="checkbox"/> Individual moved/changed address <input type="checkbox"/> Health issues <input type="checkbox"/> Other
8b. <i>If yes</i> , how long were you employed at the individual job that ended? <i>Answer only if Q8 is "Yes".</i>	<b>8b. Job Length:</b> <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or > < than 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 2 yrs <input type="checkbox"/> 2 yrs or > < than 5 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or >
9. What is your current status with the Office of Rehabilitation Services (ORS)?	<b>9. ORS Status:</b> <i>Check one.</i> <input type="checkbox"/> Applied/Application pending <input type="checkbox"/> Closed-Other w/in qtr <input type="checkbox"/> Open Case (new or ongoing) <input type="checkbox"/> None <input type="checkbox"/> Closed-Success w/in qtr	
10. Did you move from a sheltered workshop (facility-based work) to another segregated setting within <u>the past year</u> (January 1 – March 31, 2019)? <i>Answer only if Q1 is "Community –based Non-work", "Facility-based Work" or "Facility-based Non-work".</i>	<b>10. Moved from Sheltered Workshop to new setting/s:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
10a. <i>If yes</i> , what setting/s did you move to? <i>Answer only if Q10 is "yes".</i>	<b>10a. New setting/s:</b> <i>Check all that apply.</i> <input type="checkbox"/> Another sheltered workshop <input type="checkbox"/> Another facility-based day program (non-work) <input type="checkbox"/> Group employment (enclave or mobile work crew) <input type="checkbox"/> Time-limited work experience <input type="checkbox"/> Other segregated setting	
10b. <i>If yes</i> , primary reason for move: <i>Answer only if Q10 is "yes".</i>	<b>10b. Reason for Move:</b> <i>Check one.</i> <input type="checkbox"/> Individual / Family Request <input type="checkbox"/> Assessment / Time-limited Work Opportunity <input type="checkbox"/> Hired into Group Employment <input type="checkbox"/> Individual Moved/Change of Address <input type="checkbox"/> Variance	

**Please continue to Sections 2 – 10.** The questions you will answer going forward will be based on the service categories selected in Q1 (page one). Some sections may not apply. Skip those sections and move to the next applicable section.

## Section 2: Supported Employment Services (SES)

*If you did not check "Supported Employment Services" in Q1, SKIP to Section 3.*

Survey Questions	Response	
<p>11. How many HOURS (<i>if any</i>) did you participate in each of the following supported employment activities from <b>March 17 to 30, 2019</b>?</p> <p><i>Note: This question is not designed to capture all supported employment services that an individual may receive. Provide hours only for the activities listed that took place during the two-week period specified.</i></p>	<p>11. <b>SES Hours:</b> <i>Round to the nearest whole hour.</i></p> <p><input type="checkbox"/> Career planning (support to choose, get, keep, or change job)</p> <p><input type="checkbox"/> Short-term vocational experience (&lt;30 days)</p> <p><input type="checkbox"/> Long-term vocational experience (&gt;30 days)</p>	<p><input type="checkbox"/> Post-secondary education or vocational training</p> <p><input type="checkbox"/> Job search by or with me</p> <p><input type="checkbox"/> Job search on my behalf</p> <p><input type="checkbox"/> Job Coaching / Retention</p>
<p>12. Indicate the SETTINGS where you participated in the supported employment activities <u>reported above</u>.</p>	<p>12. <b>SES Settings:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> network RI</p> <p><input type="checkbox"/> Business / Employer</p> <p><input type="checkbox"/> Public Venue</p>	<p><input type="checkbox"/> School / Training Facility</p> <p><input type="checkbox"/> DD Provider Organization</p> <p><input type="checkbox"/> Home / Residence</p>
<p>13. Did you receive a stipend for participating in any of the supported employment activities <u>reported above</u>?</p>	<p>13. <b>SES Stipend:</b></p> <p><input type="checkbox"/> Yes, I received a stipend</p> <p><input type="checkbox"/> No, I did not receive a stipend</p>	

## Section 3: Individual Employment (IE) on Employer Payroll

*If you did not check "Individual Employment" in Q1, SKIP to Section 4.*

If you worked more than one individual job from **March 17 to 30, 2019**, **pick one** to answer all questions.

Survey Question	Response	
<p>14. What is the title of your individual job? <b>ENTER A JOB TITLE FROM APPENDIX B.</b> <i>If you need help, look up an occupation on-line by keyword through O*Net website - <a href="http://online.onetcenter.org/">http://online.onetcenter.org/</a></i></p>	<p>14a. <b>Title IE:</b></p> <p>_____</p> <p><b>Q14b. Write in title if you chose "OTHER":</b> <b>Contact Vicki Before entering "Other" – 456-8092, <a href="mailto:vferrara@ric.edu">vferrara@ric.edu</a></b></p> <p>_____</p>	
<p>15. What is the employer type for your individual job?</p>	<p>15. <b>Employer Type IE:</b> <i>Check one.</i></p> <p><input type="checkbox"/> For-Profit Business</p> <p><input type="checkbox"/> Non-Profit Business</p>	<p><input type="checkbox"/> Community DD Agency (hired as staff)</p> <p><input type="checkbox"/> Government Agency – Federal/State/City/Town</p>
<p>16. What industry represents the company where you work?</p> <p><b>ENTER AN INDUSTRY FROM APPENDIX C.</b></p>	<p>16. <b>Industry IE:</b></p> <p>_____</p>	
<p>17. What level of <u>onsite support</u> do you receive at your individual job?</p>	<p>17. <b>Onsite Support IE:</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Daily (100% of the time)</p>	<p><input type="checkbox"/> Daily (some)</p> <p><input type="checkbox"/> Weekly (at least 1x/wk)</p> <p><input type="checkbox"/> Monthly (at least 1x/mo)</p>

18. What level of <u>offsite support</u> do you receive at your individual job?	18. <b>Offsite Support IE:</b> <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time) <input type="checkbox"/> Daily (some)	<input type="checkbox"/> Weekly (at least 1x/wk) <input type="checkbox"/> Monthly (at least 1x/mo)
19. What type of <u>employer consultation</u> is provided by agency staff?	19. <b>Employer Consultation:</b> <i>Check all that apply.</i> <input type="checkbox"/> None <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone or E-mail	
20. How do you typically get to your individual job?	20. <b>Transportation IE:</b> <i>Check one.</i> <input type="checkbox"/> On own (drives car, walk, bike, etc.) <input type="checkbox"/> Public bus (RIPTA) <input type="checkbox"/> RIDE bus (ADA PARA Transit) <input type="checkbox"/> Taxi or Uber	<input type="checkbox"/> Private ambulance <input type="checkbox"/> Agency/Staff provided <input type="checkbox"/> Family member, relative, friend, neighbor, etc. <input type="checkbox"/> Co-worker/Carpool <input type="checkbox"/> NA (works at home)
21. How long have you worked at your individual job?	21. <b>Length of Employment IE:</b> <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or > < than 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 2 yrs <input type="checkbox"/> 2 yrs or > < than 5 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or >
22. Are you offered employer-sponsored benefits at your individual job?	22. <b>Benefits Offered IE:</b> <input type="checkbox"/> Yes, I am offered employer sponsored benefits <input type="checkbox"/> No, I am not offered employer sponsored benefits <input type="checkbox"/> Not sure	
22a. <i>If yes</i> , which of the following benefits are you receiving? <i>Answer only if Q22 is "Yes".</i>	22a. <b>Benefits Received IE:</b> <i>Check all that apply.</i> <input type="checkbox"/> Employer-Offered Health Insurance <input type="checkbox"/> Sick Leave	<input type="checkbox"/> Personal Days <input type="checkbox"/> Vacation Days <input type="checkbox"/> Retirement Contribution <input type="checkbox"/> None/Declined
23. What is your hourly WAGE for your individual job? <i>Min. wage is \$10.50</i>	23. <b>Hourly Wage IE:</b> _____ <i>Enter dollars and cents, no symbols (i.e., 11.15).</i>	
24. How many HOURS did you work at your individual job from <b>March 17 to 30, 2019?</b>	24. <b>Work Hours IE:</b> _____ <i>Actual Hours Worked (i.e. 24.25) (15 min=.25; 30 min=.50; 45 min=.75)</i>	

### Section 4: Self-Employed (SE)

*If you did not check "Self Employed" in Q1, SKIP to Section 5.*

Survey Question	Response
25. What is the title of your self-employed job? <b>ENTER A JOB TITLE FROM APPENDIX B.</b> <i>If you need help, look up an occupation on-line by keyword through O*Net website - <a href="http://online.onetcenter.org/">http://online.onetcenter.org/</a></i>	25a. <b>Title SE:</b> _____  <b>Q25b. Write in title if you chose "OTHER":</b> _____ <b>Contact Vicki Before entering "Other" – 456-8092, <a href="mailto:vferrara@ric.edu">vferrara@ric.edu</a></b>
26. How long have you been self-employed?	26. <b>Length of Employment SE:</b> <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or > < than 3 mos. <input type="checkbox"/> 3 mos. or > < than 6 mos. <input type="checkbox"/> 6 mos. or > < than 12 mos.

27. What level of <u>onsite support</u> do you receive at your self-employed job?	27. <b>Onsite Support SE:</b> <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time) <input type="checkbox"/> Daily (some)	<input type="checkbox"/> Weekly (at least 1x/wk) <input type="checkbox"/> Monthly (at least 1x/mo)
28. What is your estimated income for a two-week period? (use 2-week actual income OR 2-week average for the quarter)	28. <b>Estimated Two-Week Gross Income SE:</b> <hr/> <i>Round to nearest whole dollar.</i>	
29. How many HOURS did you work at your self-employed job from <b>March 17 to 30, 2019?</b> (use 2-week actual hours OR 2-week average for the quarter)	29. <b>Work Hours SE:</b> <hr/> <i>Actual Hours Worked (i.e. 24.25) (15 min=.25; 30 min=.50; 45 min=.75)</i>	

### Section 5: Provider Paid Individual Employment (PPI)

*If you did not check "Provider Paid Individual Employment" in Q1, SKIP to Section 6.*

If you worked more than one provider paid individual job from **March 17 to 30, 2019**, pick one to answer all questions.

30. What is the title of your provider paid individual job? <i>ENTER A JOB TITLE FROM APPENDIX B. If you need help, look up an occupation on-line by keyword through O*Net website <a href="http://online.onetcenter.org/">http://online.onetcenter.org/</a></i>	30a. <b>Title PPI:</b> <hr/> <b>Q30b. Write in title if you chose "OTHER":</b> <hr/> <b>Contact Vicki Before entering "Other" – 456-8092, <a href="mailto:vferrara@ric.edu">vferrara@ric.edu</a></b>	
31. What industry represents the company where you work in your provider paid individual job? <i>ENTER AN INDUSTRY FROM APPENDIX C.</i>	31. <b>Industry PPI:</b> <hr/>	
32. What best describes the type of business where you do your provide paid individual job?	32. <b>Business Type PPI:</b> <i>Check one.</i> <input type="checkbox"/> For-Profit Business <input type="checkbox"/> Non-Profit Business <input type="checkbox"/> Community DD Agency <input type="checkbox"/> Government Agency – Federal/State/City/Town	<input type="checkbox"/> Business w/ mission to hire workers with disabilities (i.e., NISH/ Ability One, Cookie Place)
33. How do you typically get to your provider paid individual job?	33. <b>Transportation PPI:</b> <i>Check one.</i> <input type="checkbox"/> On own (drives car, walks, bike, etc.) <input type="checkbox"/> Public bus (RIPTA) <input type="checkbox"/> RIDE bus (ADA PARA Transit) <input type="checkbox"/> Taxi or Uber	<input type="checkbox"/> Private ambulance <input type="checkbox"/> Agency/Staff-Provided <input type="checkbox"/> Family member, relative, friend, neighbor, etc. <input type="checkbox"/> Co-worker/Carpool <input type="checkbox"/> NA (works at home)
34. How long have you worked at your provider paid individual job?	34. <b>Length of Employment PPI:</b> <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or > < than 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 2 yrs <input type="checkbox"/> 2 yrs or > < than 5 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or >
35. What level of <u>onsite support</u> do you receive at your provider paid individual job?	35. <b>Onsite Support PPI:</b> <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time) <input type="checkbox"/> Daily (some)	<input type="checkbox"/> Weekly (at least 1x/ wk) <input type="checkbox"/> Monthly (at least 1x/mo)

36. What level of <u>offsite support</u> do you receive at your provider paid individual job?	36. <b>Offsite Support PPI:</b> <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time) <input type="checkbox"/> Daily (some)	<input type="checkbox"/> Weekly (at least 1x/wk) <input type="checkbox"/> Monthly (at least 1x/mo)
37. What type of <u>employer consultation</u> is provided by agency staff?	37. <b>Employer Consultation:</b> <i>Check all that apply.</i> <input type="checkbox"/> None <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone or E-mail	
38. Are you offered employer-sponsored benefits at your provider paid individual job?	38. <b>Benefits Offered:</b> <input type="checkbox"/> Yes, I am offered employer-sponsored benefits <input type="checkbox"/> No, I am not offered employer-sponsored benefits <input type="checkbox"/> Not sure	
38a. <i>If yes</i> , which of the following benefits are you receiving? <i>Answer only if Q39 is "Yes".</i>	38a. <b>Benefits Received:</b> <i>Check all that apply.</i> <input type="checkbox"/> Employer-Offered Health Insurance <input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal Days	<input type="checkbox"/> Vacation Days <input type="checkbox"/> Retirement Contribution <input type="checkbox"/> None/Declined
39. What is your hourly WAGE for your provider paid individual job? (Min. Wage is \$10.50)	39. <b>Hourly Wage PPI:</b> _____ <i>Enter dollars and cents, no symbols (i.e., 11.15)</i>	
40. How many HOURS did you work at your provider paid individual job from <b>March 17 to 30, 2019</b> ?	40. <b>Work Hours PPI:</b> _____ <i>Actual Hours Worked (i.e. 24.25) (15 min=.25; 30 min=.50; 45 min=.75)</i>	

### Section 6: Provider Paid Group Job (PPG)

*If you did not check "Provider Paid Group Employment" in Q1, SKIP to Section 7.*

If you worked more than one agency paid group job from **March 17 to 30, 2019**, pick one to answer all questions.

Survey Question	Answer	
41. What is the title of your provider paid group job? <i>ENTER A JOB TITLE FROM APPENDIX B. If you need help, look up an occupation on-line by keyword through O*Net website - <a href="http://online.onetcenter.org/">http://online.onetcenter.org/</a></i>	41a. <b>Title PPG:</b> _____  <b>Q41b. Write in title if you chose "OTHER":</b> _____ <b>Contact Vicki Before entering "Other" – 456-8092, <a href="mailto:vferrara@ric.edu">vferrara@ric.edu</a></b>	
42. What industry represents the company where you work for your provider paid group job? <i>ENTER AN INDUSTRY FROM APPENDIX C.</i>	42. <b>Industry PPG:</b> _____	
43. What best describes the type of business where you do your provider paid group job?	43. <b>Business Type PPG:</b> <i>Check one.</i> <input type="checkbox"/> For-Profit Business <input type="checkbox"/> Non-Profit Business <input type="checkbox"/> Community DD Agency (hired as staff)	<input type="checkbox"/> Government Agency – Federal/State/City/Town <input type="checkbox"/> Business with mission to hire workers with disabilities (i.e., NISH/Ability One, Cookie Place)
44. How many workers with a disability work at the site or on the crew on a typical day?	44. <b>Number of Workers PPG:</b> <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> more than 10	
45. How do you typically get to your provider paid group job?	45. <b>Transportation PPG:</b> <i>Check one.</i> <input type="checkbox"/> On own (drives car, walks, bike, etc.) <input type="checkbox"/> Public bus (RIPTA) <input type="checkbox"/> RIDE bus (ADA PARA Transit) <input type="checkbox"/> Taxi or Uber	<input type="checkbox"/> Private ambulance <input type="checkbox"/> Agency/Staff provided <input type="checkbox"/> Family member, relative, friend, neighbor, etc. <input type="checkbox"/> Co-worker/Carpool <input type="checkbox"/> NA (works at home)

46. How long have you worked at your provider paid group job?	46. <b>Length of Employment PPG:</b> <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or > < than 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 2 yrs <input type="checkbox"/> 2 yrs or > < than 5 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or >
47. What level of <u>onsite support</u> do you receive at your provider paid group?	47. <b>Onsite Support PPG:</b> <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time)	<input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly (at least 1x/wk) <input type="checkbox"/> Monthly (at least 1x/mo)
48. What level of <u>offsite support</u> do you receive at your provider paid group?	48. <b>Offsite Support PPG:</b> <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time)	<input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly (at least 1x/wk) <input type="checkbox"/> Monthly (at least 1x/mo)
49. Are you offered employer-sponsored benefits at your provider paid group job?	49. <b>Benefits Offered:</b> <input type="checkbox"/> Yes, I am offered employer-sponsored benefits <input type="checkbox"/> No, I am not offered employer-sponsored benefits <input type="checkbox"/> Not sure	
49a. <i>If yes</i> , which of the following benefits are you receiving? <i>Answer only if Q52 is "Yes"</i> .	49a. <b>Benefits Received:</b> <i>Check all that apply.</i> <input type="checkbox"/> Employer-Offered Health Insurance <input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal Days	<input type="checkbox"/> Vacation Days <input type="checkbox"/> Retirement Contribution <input type="checkbox"/> None/Declined
50. What is your hourly WAGE for your provider paid group job? (min wage is \$10.50)	50. <b>Hourly Wage PPG:</b> <hr/> <i>Enter dollars and cents, no symbols (i.e., 11.15)</i>	
51. How many HOURS did you work at your provider paid group job from <b>March 17 to 30, 2019?</b>	51. <b>Work Hours PPG:</b> <hr/> <i>Actual Hours Worked (i.e. 24.25) (15 min=.25; 30 min=.50; 45 min=.75)</i>	

### Section 7: Facility-Based Work (FBW)

*If you did not check "Facility-based Work" in Q1, SKIP to Section 8.*

52. How long have you worked for the agency at which you are doing Facility-based Work? <i>If you exited/left FBW and returned to services within the past year, indicate the length of time since returning.</i>	52. <b>Length FBW:</b> <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 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or > < than 15 yrs <input type="checkbox"/> 15 yrs or >
52a. <i>If your length of time in FBW is less than 3 months</i> , what is your status with Facility-based Work?	52a. <b>Status FBW:</b> <input type="checkbox"/> New to FBW (skip to 54) <input type="checkbox"/> Returning to FBW services (answer 53b)	

Section 7 Continued on Next page.



<p>52b. <b>If status is Returning</b>, what is the primary reason for returning to Facility-based Work (sheltered workshop)?</p> <p><i>Answer only if Q53a is "Returning to FBW services"</i></p>	<p>52b. <b>Reason for Returning FBW:</b> <i>Check one.</i></p> <p><input type="checkbox"/> Individual chose to terminate a community-based job</p> <p><input type="checkbox"/> Individual's community-based job no longer exists</p> <p><input type="checkbox"/> Individual terminated from community-based job – behavior</p> <p><input type="checkbox"/> Individual terminated from community-based job – health</p> <p><input type="checkbox"/> Individual terminated from community-based job – safety</p>	<p><input type="checkbox"/> Agency unable to provide community-based job supports – fiscal</p> <p><input type="checkbox"/> Agency unable to provide community-based job supports – staff</p> <p><input type="checkbox"/> Lack of transportation to community-based job</p> <p><input type="checkbox"/> Career Development Plan (CDP) Variance</p> <p><input type="checkbox"/> Other (write-in): _____</p>
<p>53. What were your <u>total gross (pre-tax) WAGES</u> for your facility-based job from <b>March 17 to 30, 2019?</b></p>	<p>53. <b>Gross Wages FBW:</b></p> <p>_____</p> <p><i>Pre-tax dollars; round to the nearest whole dollar.</i></p>	
<p>54. How many HOURS did you work at your facility-based paid job from <b>March 17 to 30, 2019?</b></p>	<p>54. <b>Work Hours FBW:</b></p> <p>_____</p> <p><i>Actual Hours Worked (i.e. 24.25) (15 min=.25; 30 min=.50; 45 min=.75)</i></p>	

### Section 8: Community-Based Non-Work Activity (CBNW)

*If you did not check "Community-based Non-Work" in Q1, SKIP to Section 9.*

Survey Question	Answer	
<p>55. How many HOURS did you participate in each of the following community-based non-work activities from <b>March 17 to 30, 2019?</b></p> <p><i>Account for as many CBNW hours as possible. Use "other" to record hours not captured in one of the 6 categories listed. Base hours reported on a typical day service schedule.</i></p>	<p>55. <b>Hours CBNW:</b></p> <p><input type="checkbox"/> Arts, Leisure, Recreation</p> <p><input type="checkbox"/> Health &amp; Fitness (other than medical care)</p> <p><input type="checkbox"/> Adult Education or Training (for personal enrichment)</p>	<p><input type="checkbox"/> Soft Skills / Employment Related</p> <p><input type="checkbox"/> Activities of Daily Living</p> <p><input type="checkbox"/> Volunteering</p> <p><input type="checkbox"/> All Other</p> <p><i>Round to the nearest hour.</i></p>
<p>56. Indicate the SETTINGS where you participated in the community-based non-work activity reported above.</p> <p><i>Skip if the hours in Q56 are "0" for all listed activities.</i></p>	<p>56. <b>Settings CBNW:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Public Venue</p> <p><input type="checkbox"/> School / Training Facility</p> <p><input type="checkbox"/> Senior Center / Facility</p> <p><input type="checkbox"/> Member-based Organization</p> <p><input type="checkbox"/> Business / Employer</p>	
<p>57. How long have you participated in community-based non-work activity with your current provider?</p>	<p>57. <b>Length CBNW:</b></p> <p><input type="checkbox"/> &lt; 3 mos.</p> <p><input type="checkbox"/> 3 mos. or &gt; &lt; than 6 mos.</p> <p><input type="checkbox"/> 6 mos. or &gt; &lt; than 12 mos.</p> <p><input type="checkbox"/> 1 yr or &gt; &lt; than 3 yrs</p>	<p><input type="checkbox"/> 3 yrs or &gt; &lt; than 5 yrs</p> <p><input type="checkbox"/> 5 yrs or &gt; &lt; than 10 yrs</p> <p><input type="checkbox"/> 10 yrs or &gt; &lt; than 15 yrs</p> <p><input type="checkbox"/> 15 yrs or &gt;</p>
<p>57a. <b>If your length of time in CBNW is less than one year</b>, who referred you to Community-based non-work activity?</p>	<p>57a. <b>CBNW Referral Source:</b> <i>Check one.</i></p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Family</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Adult Service Provider</p>	<p><input type="checkbox"/> Office of Rehabilitation Services (ORS)</p> <p><input type="checkbox"/> BHDDH</p> <p><input type="checkbox"/> Other</p>

58a. I obtained individual employment. <i>During the Quarter – January 1 to March 31, 2019 as a result of CBNW activity.</i> <i>Note: If yes, then Q7 (started a new job) should also be “yes”.</i>	58a. <b>CBNW Outcome –Employment:</b> ___ Yes ___ No
58b. I joined a community organization (defined by a selection, sign-up, or enrollment process in order to become a member, may or may not require a fee). <i>During the Quarter – January 1 to March 31, 2019</i>	58b. <b>CBNW Outcome – Membership:</b> ___ Yes ___ No
58c. More people (other than staff and peers) know me by name, recognize me, and/or participate in conversations with me where I spend time. <i>During the Quarter – January 1 to March 31, 2019</i>	58c. <b>CBNW Outcome – Increased Contact:</b> ___ Yes ___ No

### Section 9: DDD Facility-Based Non-Work Activity (FBNW)

*If you did not check “DDD Page 10 of 16 Facility-based Non-Work” in Q1, SKIP to Section 10.*

Survey Question	Answer
59. How many HOURS did you spend doing facility-based non-work services or activities from <b>March 17 to 30, 2019</b> ?	59. <b>Hours FBNW:</b> _____ <i>Round to the nearest hour.</i>
60. How long have you participated in facility-based non-work services or activities with your current provider? <i>If you exited/left DDFBNW and returned to services within the past year, indicate the <u>length of time since returning.</u></i>	60. <b>Length FBNW:</b> ___ < 3 mos. ( <i>answer Q60a.</i> ) ___ 3 mos. Or > < than 6 mos. ___ 6 mos. Or > < than 12 mos. ___ 1 yr or > < than 3 yrs ___ 3 yrs or > < than 5 yrs ___ 5 yrs or > < than 10 yrs ___ 10 yrs or > < than 15 yrs ___ 15 yrs or >
60a. <i>If your length of time in FBNW is less than 3 months</i> , what is your status with Facility-based non-work services this quarter?	60a. <b>Status FBNW:</b> ___ New to FBNW services ___ Returning to FBNW services
60b. <i>If Returning to FBNW services</i> , what is the primary reason for returning to a facility-based non-work program? <i>Answer only if Q 63a is “returning to FBNW services”</i>	60b. <b>Reason for Returning to FBNW: Check one.</b> ___ 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 ___ Career Development Plan (CDP) Variance ___ Other (write-in): _____

## Section 10: NON-DDD Facility-Based Non-Work Activity (NDFBNW)

*If you did not check "Non DDD Facility-based Non-Work" in Q1, SKIP to Section 11.*

Survey Question	Answer		
61. How many HOURS did you spend doing Non DDD facility-based non-work services or activities from <b>March 17 to 30, 2019?</b>	61. <b>Hours FBNW:</b> _____ <i>Round to the nearest hour.</i>		
62. How long have you participated in Non DDD facility-based non-work services or activities with your current provider?	62. <b>Length FBNW:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> &lt; 3 mos.  <input type="checkbox"/> 3 mos. Or &gt; &lt; than 6 mos.  <input type="checkbox"/> 6 mos. Or &gt; &lt; than 12 mos.  <input type="checkbox"/> 1 yr or &gt; &lt; than 3 yrs                 </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> 3 yrs or &gt; &lt; than 5 yrs  <input type="checkbox"/> 5 yrs or &gt; &lt; than 10 yrs  <input type="checkbox"/> 10 yrs or &gt; &lt; than 15 yrs  <input type="checkbox"/> 15 yrs or &gt;                 </td> </tr> </table>	<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 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or > < than 15 yrs <input type="checkbox"/> 15 yrs or >
<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 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or > < than 15 yrs <input type="checkbox"/> 15 yrs or >		
63. Name of Non DDD Facility based non work provider? (Appendix F)	63. Non DDD FBNW Provider _____		

## Section 11: Home-based Non-Work Activities (HBNW)

*If you did not check "Home-based Non-Work" in Q1, SKIP to end of survey.*

64. How many HOURS did you spend doing home-based non-work services or activities from <b>March 17 to 30, 2019?</b>	64. <b>Hours HBNW</b> _____ <i>Round to the nearest hour.</i>		
65. How long have you participated in home-based services or activities?	65. <b>Length HBNW:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> &lt; 3 mos.  <input type="checkbox"/> 3 mos. or &gt; &lt; than 6 mos.  <input type="checkbox"/> 6 mos. or &gt; &lt; than 12 mos.  <input type="checkbox"/> 1 yr or &gt; &lt; than 3 yrs                 </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> 3 yrs or &gt; &lt; than 5 yrs  <input type="checkbox"/> 5 yrs or &gt; &lt; than 10 yrs  <input type="checkbox"/> 10 yrs or &gt; &lt; than 15 yrs  <input type="checkbox"/> 15 yrs or &gt;                 </td> </tr> </table>	<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 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or > < than 15 yrs <input type="checkbox"/> 15 yrs or >
<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 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or > < than 15 yrs <input type="checkbox"/> 15 yrs or >		

**END OF SURVEY, THANK YOU!**

Date entered online: \_\_\_\_\_

Agency responsible for completing the survey: \_\_\_\_\_

Contact Person for this survey (if different from Agency Liaison):

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**2019 DD Employment and Day Activity Outcomes Survey  
Data Collection**

**APPENDIX A: CATEGORY DEFINITIONS**

**Supported Employment Services** - Participated/enrolled in services or activities to OBTAIN and/or MAINTAIN individual, integrated employment. Includes activities such as assessment, discovery, skills training, job search/interviewing, as well, as short-term and long-term on- or off-site job supports.

**Individual Employment** - Employed at a community-based, individual job, hired onto the employer's payroll with or without job supports. If a consumer works for a DD agency and is considered Staff (is eligible for same benefits and privileges as other agency employees) this is considered Individual Employment. *(Not IE-Service if an employer receives wage reimbursement or a subsidy from a provider agency or Provider paid individual or group/enclave)*

**Self Employed** - Refers to small business ownership that is controlled or owned by the individual or in which the individual is considered to be a private contractor AND guided by a business plan;. 100% of the business income goes to the individual/co-owners and \$400 in annual earnings expected. The individual reports earnings to SSA and file taxes if income guidelines met. Self-employment would not include a business that is owned or operated by an organization or provider; or an individual's hobby, a chore, or a favor that results in receipt of payment.

**Provider Paid Individual Employment** - The individual works at a community-based, individual job. Individual is paid by a provider agency or provider subcontractor. Provider is defined broadly to include DD provider agencies, as well as businesses with a mission to employ workers with disabilities (i.e. NISH, Ability One, Cookie Place, agency owned-business, affirmative business, etc.). *And/or Employer receives wage reimbursement or a subsidy from the provider Agency.*

**Provider Paid Group Employment** - The individual works at a community-based job with 2 or more individuals with disabilities (enclave, work crew, etc.). Individual is paid by a provider agency or provider subcontractor. Provider is defined broadly to include DD provider agencies, as well as businesses with a mission to employ workers with disabilities (i.e. NISH, Ability One, Cookie Place, agency owned-business, affirmative business). Employer receives wage reimbursement or a subsidy from the provider Agency

**Facility-based Work** - Working at a provider facility or sheltered workshop, paid by the provider agency, provider subcontractor, or temporary/employment agency with a mission to hire people with disabilities.

**Community-based Non-Work Activity** - Participating/enrolled in non-work services or activities that take place in a community setting; may include activities such as arts, leisure and recreation, fitness, education, training, soft skills related to employment and/or vocational awareness, ADL skills, and volunteering.

**DDD Facility-based Non-work Activity** - Participating/enrolled in non-work services or activities that take place in a licensed DDD provider facility/setting. This category is often occurs in facilities referred to as Day Activity or Day Habilitation.

**Non DDD Facility-based Non-work Activity** - Enrolled and/or Participating in Non Work Services or Activities that take place in a Non DD-provider facility based program. **Majority of participants have a disability** or medical condition. Continuous supports and supervision are provided to all participants with disabilities. This category may also be called Adult Day Services or Medical Day Care programs. **SELECT Provider from list.** (Generations, Living Well, Etc.)

**Home-based Non-work Activity** - Participating in non-work services or activities that takes place in the person's home/residential setting.

**Program for Elderly Persons Non-work Activity** - Participating in non-work services or activities within a program specifically for elderly persons (i.e., provider operated senior program, senior center, Adult Daycare)

## APPENDIX B: JOB TITLE LIST

<p><b>Accommodation and Food Services</b></p> <ul style="list-style-type: none"> <li>• Baggage Porter and Bellhop</li> <li>• Cooks/Chef/Baker</li> <li>• Dining Room and Cafeteria Attendant</li> <li>• Dishwasher</li> <li>• Food Preparation and/or Serving Worker/ Including Fast Food</li> <li>• Host/Hostess</li> <li>• Waiter and Waitress/ non-food prep</li> </ul> <p><b>Administrative &amp; Support</b></p> <ul style="list-style-type: none"> <li>• Data Entry Keyer</li> <li>• Library Assistant Clerical</li> <li>• Office and Administrative Support-All types /clerk/ receptionist/ etc.</li> <li>• Social Media Specialist</li> </ul> <p><b>Agriculture, Forestry, Fishing and Hunting</b></p> <ul style="list-style-type: none"> <li>• Floral designer/Assistant</li> <li>• Landscaping and Grounds keeping Worker</li> <li>• Nursery Worker (greenhouse/ retail)</li> <li>• Laborer/Farm</li> </ul> <p><b>Arts, Entertainment, and Recreation</b></p> <ul style="list-style-type: none"> <li>• Amusement and Recreation Attendant</li> <li>• Artist – Crafts</li> <li>• Artist – fine arts, multimedia, graphic design</li> <li>• Assistant Coach Athletics</li> <li>• Fitness Instructor or Assistant</li> <li>• Model - All types</li> <li>• Musician/Entertainer/DJ - All types</li> <li>• Tour Guide</li> <li>• Usher, Lobby Attendant &amp; Ticket Taker</li> </ul>	<p><b>Construction/Trade</b></p> <ul style="list-style-type: none"> <li>• Construction Carpentry</li> <li>• Construction Worker and Laborer</li> <li>• Painters/Assistants and Helpers</li> </ul> <p><b>Educational Services</b></p> <ul style="list-style-type: none"> <li>• Teacher Assistant</li> <li>• Teacher Education - all types</li> <li>• Teacher/ Instructor/ self-improvement</li> </ul> <p><b>Health Care and Social Assistance</b></p> <ul style="list-style-type: none"> <li>• Home Health Aide</li> <li>• Peer Support Professional</li> <li>• Personal Care Attendant</li> </ul> <p><b>Manufacturing</b></p> <ul style="list-style-type: none"> <li>• Order filler/ wholesale retail</li> <li>• Production/ Packager Hand assembly</li> <li>• Vending Machine/ Box Servicer</li> <li>• Furniture Finishing/Assembly/Caning</li> <li>• Polisher of Metal</li> </ul> <p><b>Management of Companies and Enterprises</b></p> <ul style="list-style-type: none"> <li>• Supervisor, Director, Management</li> </ul> <p><b>Retail Trade</b></p> <ul style="list-style-type: none"> <li>• Antique dealer</li> <li>• Automotive Technician-repair, oil change, exhaust, tire repairer</li> <li>• Bagger and/or Carriage Retrieval</li> <li>• Cashier - All industries</li> <li>• Counter &amp; Rental Clerk-non food</li> <li>• Sales Person All types /and Door to Door</li> <li>• Stock Clerks Sales Floor/ Stockroom</li> <li>• Greeter - All types</li> </ul>	<p><b>Professional, Technical, Science</b></p> <ul style="list-style-type: none"> <li>• Writer/Author</li> <li>• Billing Cost and Rate Clerks</li> </ul> <p><b>Transportation and Warehousing</b></p> <ul style="list-style-type: none"> <li>• Bus Monitor Aide</li> <li>• Couriers &amp; Messenger</li> <li>• Driver Delivery Service</li> <li>• Engine&amp; Other Machine Assembly</li> <li>• Laborer, freight/ stock and material mover</li> </ul> <p><b>Waste Management and Remediation Services</b></p> <ul style="list-style-type: none"> <li>• Janitor/ Cleaner/Housekeeping</li> <li>• Maintenance / Repair Worker</li> <li>• Trash/Refuse and Recyclable Material Collector</li> </ul> <p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>• Activity Aide - Recreation Worker</li> <li>• Animal Caretaker</li> <li>• Animal Groomer</li> <li>• Automotive Cleaner of Vehicles &amp; Equipment</li> <li>• Child Care Worker-non-school</li> <li>• Cosmetology/Hairstylist Assistant</li> <li>• Delivery - All Types/ coffee/ newspaper/etc.</li> <li>• Laundry and/or Dry Cleaning Worker</li> <li>• Online Merchant</li> <li>• Tailors, Dressmakers, and Custom Sewer</li> <li>• Parking Lot Attendant/Valet</li> <li>• Attendant- Coat or locker room</li> </ul>
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## APPENDIX C: INDUSTRY DEFINITION

### **NAISC Codes (North American Industry Classification System)**

The North America Industry Classification System (NAISC) is an industry classification system that groups establishments into industries based on the activities in which they are primarily engaged.

Resource RI DLT LMI Publication <http://www.dlt.ri.gov/lmi/pdf/naics.pdf>

**Accommodation and Food Services** – This sector is composed of establishments providing customers with lodging and/or preparing meals, snacks, and beverages for immediate consumption. Included are hotels, RV parks and recreational camps, and restaurants.

**Administrative and Support and Waste Management and Remediation Services** – Comprises businesses that perform routine support activities for the day-to-day operations of other organizations. These support services, **performed on a contract or fee basis**, include: office administration, hiring and placing of personnel, document preparation and similar clerical services, solicitation, telemarketing, collection, security and surveillance services, cleaning, and waste disposal services.

**Agriculture, Forestry, Fishing and Hunting** – Establishments in this sector are described as farms, ranches, dairies, greenhouses, nurseries, orchards, or hatcheries. The sector distinguishes two basic activities: agricultural production and agricultural support activities.

**Arts, Entertainment, and Recreation** – Consists of businesses that operate facilities or provide services to meet various cultural, entertainment, and recreational interests of their patrons. Included are establishments involved in producing, promoting, or participating in live performances, events, or exhibits intended for public viewing; establishments that preserve and exhibit objects and sites of historical, cultural, or educational interest; and establishments that operate facilities or provide services that enable patrons to participate in recreational activities, amusements, hobbies, and leisure time activities. Services NOT included in this sector are resort and casino hotels and restaurants with nightclubs.

**Construction** – Includes establishments primarily engaged in the construction of residential, commercial, and industrial buildings or engineering projects (e.g., highways and utility systems). Construction work done includes new work, additions, alterations, or maintenance and repairs. Also included are establishments engaged in the demolition or wrecking of buildings and other structures, the clearing of building sites, and the sale of materials from demolished structures. Blasting, test drilling, land filling, leveling, earthmoving, excavating, land drainage, and other land preparation are also included.

**Educational Services** – Includes establishments that provide instruction and training in a wide variety of subjects by teachers who explain, tell, demonstrate, supervise, and direct learning. Schools, colleges, universities, training centers, fine arts schools, and sports and recreation instruction are included in Educational Services.

**Finance and Insurance** – The three principal types of activities are: raising funds by taking deposits or issuing securities - thereby incurring liabilities; pooling risks by underwriting insurance and annuities; providing specialized services facilitating and supporting financial intermediation, insurance, and employee benefit programs.

**Information** – Newspapers, book and software publishers, motion picture and sound recording industries, telecommunications, data processing services, and libraries.

**Health Care and Social Assistance** – Offices of physicians, dentists, and other health practitioners, hospitals, medical and diagnostic laboratories, nursing homes, assisted living facilities, mental health and substance abuse facilities, individual and family services, and child care centers are included.

## Appendix C continued

**Management of Companies and Enterprises** – Examples of establishments that administer, oversee, and manage other establishments of the company or enterprise **include centralized administrative offices (human resources), corporate offices, district and regional offices, and head offices.**

**Manufacturing** – Establishments in this sector are often described as **plants, factories, or mills.** These establishments **generally use power-driven machines and material-handling equipment.** This sector may also include establishments that **transform materials or substances into new products by hand or in the worker’s home, and those engaged in selling products made on the premises to the general public.** This includes **bakeries, candy stores, and custom tailors.**

**Mining** – Includes establishments that **extract naturally occurring mineral solids, such as coal and ores; liquid minerals, such as crude petroleum; and gases, such as natural gas.** The term mining includes **quarrying, well operations, and beneficiating, or other preparation customarily performed at the mine site or as part of the mining activity.**

**Other Services (except Public Administration)** – Comprises establishments engaged in providing services not provided for elsewhere in the NAICS classification system. Included are establishments engaged in **equipment and machinery repairing, promoting or administering religious activities, grant-making, advocacy, providing dry-cleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, temporary parking services, dating services, and domestic help, such as maids, butlers, and nannies.**

**Public Administration** – Consists of **federal, state, and local government agencies** that administer, oversee, and manage public programs and have executive, legislative, or judicial authority over other institutions within a given area.

**Professional, Scientific, and Technical Services** – **Legal advice and representation; accounting, bookkeeping, and payroll services; architectural, engineering, and specialized design services; computer services, consulting services, research services, advertising services, photographic services, payroll processing services, translation and interpretation services; veterinary services, and other professional, scientific, and technical services.**

**Real Estate and Rental and Leasing** – Includes establishments **primarily engaged in renting, leasing, or otherwise allowing the use of tangible or intangible assets.** Tangible assets include real estate and equipment (without operator); intangible assets include patents and trademarks. Also included are establishments involved in **managing, selling, buying, appraising real estate for others, automobile rental and leasing, and video tape, and disc rental.**

**Retail Trade** – **Sell merchandise in small quantities to the general public. Office supply stores, building materials dealers, plumbing and electrical supply stores, gasoline service stations, automotive dealers, and mobile home dealers** are all classified as store retailers. Stores that provide **after-sales services such as repair and installation are generally considered retail.** Non-store retailers also serve the general public through **“infomercials,” mail-order, and electronic catalogs, door-to-door solicitation, in-home demonstration, portable carts, and vending machines.**

**Transportation and Warehousing** – Comprises industries that provide **transportation of passengers and cargo, scenic and sightseeing transportation, transportation support activities, and warehousing and storage for goods.** Transportation may be provided by **air, rail, road, water, or pipeline.**

**Utilities** – Comprises establishments engaged in the provision of **electric power, natural gas, steam supply, water supply and sewage removal.**

**Wholesale Trade** – **Wholesalers are organized to sell or arrange the purchase or sale of (a) goods for resale (i.e., goods sold to other wholesalers or retailers), (b) capital or durable non-consumer goods, and (c) raw and intermediate materials and supplies used in production.** This sector comprises two main types of wholesalers: **merchant wholesalers that sell goods on their own account and business to business electronic markets, agents, and brokers that arrange sales and purchases for others generally for a commission or fee.**

**APPENDIX D: PROVIDER LIST**

<b>PROVIDER LIST</b>	
<b>SELF-DIRECTED SUPPORTS</b> (FI: Options, My Choice, Perspective, proPartnerships, or Works for Me) ACCESSPOINT RI ACTION BASED ENTERPRISES INC BLACKSTONE VALLEY ARC AVATAR BHDDH COVE CENTER INC COMMUNITY LIVING OF RI COMMUNITY RESIDENCES OF RI CORLISS INSTITUTE INC COVENTRY TOWN OF PROJECT FRIENDS EASTER SEALS FOGARTY CENTER FRANK OLEAN CENTER INC GATEWAYS TO CHANGE INC GOODWILL INDUSTRIES OF RI J ARTHUR TRUDEAU MEMORIAL CTR JAMES L MAHER CENTER JUSTICE RESOURCE INSTITUTE	KALEIDOSCOPE INC LIFESHARE MANAGEMENT GROUP LIVING IN FULFILLING ENVIRONMENT LIVING INNOVATIONS LOOKING UPWARDS INC OPPORTUNITIES UNLIMITED PERSPECTIVES CORPORATION PROABILITY ARCNBC RE FOCUS INC RESOURCES FOR HUMAN DEVELOPMENT RICLAS ROCKY KNOLL SEVEN HILLS RI SPURWINK RI UCP OF RHODE ISLAND WEST BAY RESIDENTIAL SERVICES WHITMARSH CORPORATION WORK INC WORK OPPORTUNITIES UNLIMITED

**APPENDIX E: CWIC**

<b>CERTIFIED WORK INCENTIVE COUNSELORS (CWIC)</b>		
Jeanne Fay	Laura Elderkin	Michael Powers
Kim Bouchard	Michael Braet	Tristan Pennell

**APPENDIX F: NON DDD Provider**

<b>NON DDD Provider</b>		
Anchor Compass Cornerstone Adult Day Care Cranston Dept. Adult Day Services Elmwood Senior Ctr	Horizons at Gateway MH Generations Fruit Hill Day Care (Salvatore Mancini Sr. Ctr) Living Well	Sargent Rehabilitation Sevenhills Adult Day Services St Elizabeth's Appanoag Center Tavares Pediatric Center Westerly Adult Day Care (PACE) OTHER: (Write In)