Q1 **Introduction:** The Door2Dreams Planning Committee are committed to assisting adults with disabilities and their families to plan, design and support new ways of living independently within our communities. Please take 10 minutes to share your hopes and current realities you are facing regarding services for you or your relative with disabilities.

If you need assistance when completing this survey please contact Shannon McKinley at 715-204-1865.

Our goal is to collect data via online survey. If you would like to complete the survey online please go to the link below:

[Hopes & Dreams Community Survey](https://inclusa.az1.qualtrics.com/jfe/form/SV_9vlt7kEq6xULNYx)

If you have a paper copy it can be dropped off at either of the following Stevens Point locations:

* Inclusa front desk - Attn: Shannon, 3349 Church Street, Stevens Point, WI 54481
* YMCA front desk - Attn: Kristy (Adapted Director)

Q2 **Statement of Confidentiality:** When completing this survey, we assure your full confidentiality; we will not sell this information or use it for any purpose other than this project. All reasonable measures will be used to protect any data collected and only summarized group data will be reported. Please select the response below indicating your understanding of this statement.

* I understand the Statement of Confidentiality

Q3 **Your Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4 **Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q5 **Your Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6 **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7 **State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q8 **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q9 **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q10 **Your relationship to a person with disabilities:**

* mother
* father
* guardian
* sibling
* caretaker
* self
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q11 **Your age:**

* less than 35 years old
* 35-39 years old
* 60 or older

Q12 **The individual with disabilities**

Please provide some information on the individual with disabilities in your life.

Q13 **The individual with disabilities you are involved with is:**

* Male
* Female

Q14 **The individual with disabilities you are involved with is:**

* Less than 18 years old
* 18-21 years old
* 22-35 years old
* 36-50 years old
* 51-65 years old
* Over 65

Q15 **The individual with disabilities you are involved with is diagnosed with a:**
(Check all that apply)

* developmental disability
* traumatic brain injury
* physical disability

Q16 **The individual with disabilities you are involved with is employed:**

* full-time
* part-time
* not employed
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17 **The individual with disabilities you are involved with is in school:**

* grade school
* high school
* transition program
* post-high school education option
* not currently in school

Q18 **The individual with disabilities you are involved with is currently living:**

* at home with family
* alone in their own apartment/home
* in an apartment/home with roommate(s)
* adult family home/group home
* in a nursing home
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19 **The individual with disabilities you are involved with needs support:**
(check all that best describes the current level of support provided)

* 24 hours a day - with awake support
* 24 hours a day - with sleep-in support
* continuously during waking hours only
* intermittently during waking hours only
* to provide physical assistance for activities of daily living
* to manage complex behaviors
* to support complex medical needs
* for problem solving purposes
* to check-in daily only (in person)
* to check-in daily by phone only
* to check-in on occasion weekly (in person)
* to check-in on occasion weekly by phone only
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q20 **The individual with disabilities you are involved with is receiving functional supports for:**(Check all that apply)

* meal planning/preparation
* transportation
* personal care and grooming
* social and recreational activities
* money management and banking
* housekeeping chores
* time management
* shopping
* medication management
* medical and health care needs
* connections to community resources
* paperwork (insurance, social security, taxes)
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q21 **Services and Funding**

Q22 **What Public Funds is the Individual Currently Using?**

* None
* Family Care
* IRIS
* Home and Community Based Waiver Funds (HCBS) - Children's Support Waiver
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q23 **What service is the Individual Currently Using?**
(Check all that apply)

* None
* In-Home Respite
* Supportive Home Care (SHC)
* Community Supported Living (CSL)
* Natural Supports (unpaid support by Family/Friends/Neighbor)
* Home Health Care
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q24 **What Transportation Services is the Individual Currently Using?**
(Check all that apply)

* Public Transportation (Bus)
* Cabs
* Uber or Lift
* Point Plus Para-transit
* Van transportation provided by an agency
* Drives own car
* Driven in car by others
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q25 **What Recreational Services is the Individual Currently Using?**
(Check all that apply)

* Special Olympics
* YMCA
* Agency Program
* Community Based Activities
* None
* Other Health Club (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q26 **Hopes & Dreams - Housing**

Q27 **Do you want your relative with disabilities to live away from home, with appropriate supports, within your community?**

* Yes
* No
* Unsure at this time

Q28 **If yes, how soon would you like this to be able to happen?**

* Ready now
* 1-2 Years
* 3-4 Years
* 5 Years or more
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q29 **Housing Type Preferred:** (Check all that the individual would consider)

* Rental - House
* Rental - Apartment
* Ownership - House
* Ownership - Condo
* Ownership - Townhouse
* Ownership - Cooperative
* Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q30 **Living situations preferred:** (Check all that the individual would consider)

* Live alone
* Live with roommates (own bedroom and bath; common living spaces)
* Live with roommates (own bedroom, shared bath; common living spaces)
* Live with roommates (shared bedroom and bath; common living spaces)
* Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q31 **How important are each of the following features?** Mark only one box per row.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Very important | Somewhat important | Not important |
| Wheelchair Access  |  |  |  |
| No stairs  |  |  |  |
| Minimal stairs  |  |  |  |
| Lowered counter tops and/or cabinets  |  |  |  |
| Accessible shower  |  |  |  |
| Wheelchair accessible sink  |  |  |  |
| Customized appliances or fixtures  |  |  |  |
| Community gathering space  |  |  |  |
| In unit or in building laundry  |  |  |  |
| Outside yard space  |  |  |  |
| Indoor parking  |  |  |  |
| Shared meal preparation and dining  |  |  |  |
| Walk to public transportation  |  |  |  |
| Walk to grocery store/pharmacy  |  |  |  |
| Same sex residents only  |  |  |  |
| Smoke free space  |  |  |  |
| Pet friendly space  |  |  |  |
| Pet free Space  |  |  |  |

Q32 **Any other required features?**

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Q33 **Are you willing/able to provide some of the financial support for the individual to live independently?**

* Yes
* No

Q34 **Would you be willing to invest with others to create a housing option for more than just your individual?**

* Yes
* Maybe
* No

Q35 **What do you think are the biggest barriers to creating a housing solution for your loved one?**

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Q36 **What are your biggest fears about creating a housing solution for your loved one?**

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Q37 **Housing Location**

Q38 **In what community or area does the individual wish to live?**

(Check **All** the locations that the individual would consider)

* Stevens Point - Downtown Area
* Stevens Point - UWSP Area
* Stevens Point - North Side/SPASH area
* Stevens Point - East Side/Fleet Farm Area
* Stevens Point - South Side/Ben Franklin Junior High Area
* Stevens Point - West Side/Linwood Area
* Park Ridge
* Plover
* Whiting
* Rosholt
* Amherst
* Other (Please Specify)

Q39 **Hopes & Dreams - Other Information**

Q40 **What Living Situation hopes, and plans do you and your relative with disabilities hope to achieve within the next two years?** (Check all that apply)

* Continue current situation
* Develop skills to live away from home within our community
* Seek new living arrangement (Explain)
* Assistance for daily living activities (Explain)
* Acquire funding for housing options
* Connect and Identify potential roommate(s)
* Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q41 **Explain any of the answers about independent living.**

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Q42 **What Recreation and/or Social hopes and plans do you and your relative with disabilities hope to achieve within the next two years?** (Check all that apply)

* Continue with same activities
* Learn new activities
* Locate new opportunities (Explain)
* Acquire funding to pay for activities
* Increase social activity
* Expand social network
* Try at least one new social activity
* Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q43 **Explain any of the answers about Recreation and/or Social hopes.**

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Q44 **Please use this section to add any additional comments related to your hopes and the current realities you are facing regarding services for your relative with disabilities. Also include any comments you would like to share about this survey with us.**

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Q45 **Community Living Options** If you know of someone who would be interested in creating a new option, please have them contact us directly for more information by emailing Innovation@inclusa.org.

Q46 **Thank you for participating in this survey.** **The information you provided is confidential. If survey participants are interested in the same type of housing solution that your responses indicate, we may contact you to ask if you would like to participate in future conversations to create alternative solutions with other like-minded families.**