

Section A: General Information - A response to each question is required unless otherwise indicated.

1. Person’s First and Last Name:		Date of Survey:
2. Does the person have a legal guardian? If no, skip to question 4. If yes, answer 3a – 3c A guardian is a qualified person appointed by a court to act for an incapacitated person only to the extent necessitated by the incapacitated person's mental and adaptive limitations or other conditions warranting the court-appointment of a guardian.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If yes, is the guardian a paid/corporate guardian (i.e., the guardian is an attorney or works for an agency), or an unpaid family/friend?		<input type="checkbox"/> Paid Guardian <input type="checkbox"/> Unpaid Guardian
a. If Unpaid Guardian, enter the name of the Guardian		
b. If Paid Guardian, Enter the name of the Guardian/Agency		
c. Does the person live with the legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. In which Waiver is person enrolled (select one): <input type="checkbox"/> CWP Waiver <input type="checkbox"/> ID Waiver <input type="checkbox"/> LAH Waiver		
5. Name of Support Coordinator Conducting IEA:		
Support Coordinator employed by:		
Number of months SC has supported person:		6. Region (circle one): 1 2 3 4 5
7. If the person is not able to answer one or more of the questions independently, is someone other than the person responding? If NO skip to Section B If YES , answer 7a – 7b		<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. If yes, what is the First and Last name of the person assisting with responses?		
7b. What is his/her relationship to the person?		<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> (Other)Family <input type="checkbox"/> Friend <input type="checkbox"/> DSP <input type="checkbox"/> Guardian

****IMPORTANT: The person should always be asked first and the person’s responses should always be used first.****

Section B: HCBS Setting Experience Overall All participants are required to complete this section

Question:	Response:	HCBS Setting Requirement:
1. Do you have your own bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Allows person to control personal resources.</i>
2. Do you have access to your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Can you buy the things you need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did someone tell you about the services and supports that you are eligible for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Facilitates personal choice regarding services and supports and who provides them.</i>
5. Did you choose the services and supports you are receiving from the list of services you are eligible for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If you have services in your person-centered plan that can be self-directed, were you given the option to choose between using self-direction and using a provider agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7. If you chose an agency provider for some of your services, were you given a choice of provider agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7. Did you choose the specific person/people who provide your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you know how to request a change in your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you know how to request a change in who provides your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Do you have a paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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11. Do you think you might want a paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Provides opportunities to seek employment and work in a competitive integrated workplace.</i>
13. Do you have the help you need to look for a job if and when you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Can you go where you want and like to go in your local the community?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	
15. Does someone regularly tell you about activities and events in your local community that you might be interested in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Support full access to the broader community.</i>
16. Do you have access to transportation if you need to get somewhere in your community?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	
17. Are you able to get the support you need to do things in the community that you want to do?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	
18. Do you do things in your community a few times every week? (Examples: go shopping, church, sports, events, see family and friends, volunteer, work, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Other than family or paid caregivers, how often each week do you spend time with people who do not have disabilities?	<input type="checkbox"/> Less than 2 times/week <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4-5 times <input type="checkbox"/> More than 5 times/week	
20. How long have you lived in your current residence?	Choose one: <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	
21. Did you choose where you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The setting was selected by the person from among setting options, including non-disability specific settings.</i>
22. If you are an adult and don't live in your own home/apartment, has anyone asked you if might like to do this (with support services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Did you choose the places where you receive all of your services outside the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Do you have access to a phone, computer, or other technology you can use in your home and to communicate with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optimizes personal initiative, autonomy, and independence in making life choices.</i>
25. Do you get asked to make some choices for yourself every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Can you make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Can you be alone if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

28. Can you have a private conversation without others listening?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Ensures person's rights of privacy, dignity, respect and freedom from coercion and restraint.</i>
29. Is your personal information kept secure so others can't see it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Do the people who support you treat you the way you want to be treated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Do the people who support you listen to your questions or concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Does anyone ever physically restrain you or limit your freedom to move around?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Do others knock before entering your bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does the person participate in Residential Services? If YES, complete Section C; If NO, STOP HERE. YES or NO

Section C: Residential Services (Community-Based Residential Services or Adult Family Home Services)

Select the type of residential services the person is receiving CWP CBRS CWP AFH
 ID Waiver Residential Hab

Name of Service Provider _____ City/County: _____

Question:	Response:	HCBS Setting Requirement:
1. Were you given the option to explore the possibility of living in your own place - a place that is not owned or controlled by a service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice of non-disability specific setting.</i>
2. Do you know how to request to live someplace else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice of residential setting. Specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement. Unit has lockable entrance door person has key and who else has key is limited to only staff that need to.</i>
3. Do you have a lease that was explained to you and that you signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you know your rights as a tenant and how you are protected from eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Can you lock and unlock your front door yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are you comfortable with who else has a key to your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do others knock before entering your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Can you close and lock your bedroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Can you close and lock your bathroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are you comfortable with who else has a key to your bedroom or bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Were you given the option of a private room if you could afford it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Did you choose your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice of housemate(s) and roommate.</i>
13. Do you like living with your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Do you know how to request a roommate change?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. If you want to share your bedroom, can you choose who to share with?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

16. Did you decorate or help decorate the place you live (paint colors; wall hangings; furniture)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Freedom to furnish and decorate.</i>
17. Did you choose how to have your room decorated (paint color; wall hangings; furniture)?	<input type="checkbox"/>	
18. Can you move the furniture where you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Can you hang up different things on the wall if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Do you make your own schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Freedom and support to control schedules and activities.</i>
21. Can you decide when you get up, take a bath, eat, exercise or participate in other activities at home and in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Do you receive supports to participate in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Can you watch television, listen to the radio and do things that you like when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Access to food at any time.</i>
24. Can you eat when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Can you eat where you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Can you eat what you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Can you request a different meal if you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Are snacks accessible and available anytime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Can you have visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Can you have visitors at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Allow visitors at any time.</i>
30. Can you have privacy with your visitors if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Do you have the supports you need to move around your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Physically accessible.</i>
32. Can you enter and exit your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Do you have full access to the common areas of your home such as the kitchen, dining area, laundry, and shared living areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Have you been given a resident handbook? (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Policies outlining personal rights are available and accessible to the person.</i>
35. Do you understand the handbook or know who to ask if you have questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
36. Do you have access to a phone, computer or other technology to communicate with others outside the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optimizes personal initiative, autonomy, and independence in making life choices.</i>
37. Can you make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Revisions to Person Centered Plan Required: Yes No *If yes, describe areas to be addressed and target date for revisions to be done.*

Signature of Support Coordinator:

Date forwarded to:
 CWP QE Staff (for CWP Participants)
 Regional Office Monitoring Staff (for ID/LAH Participants)

TO BE COMPLETED BY CWP QE STAFF OR REGIONAL OFFICE MONITORING STAFF

Remediation Plan Required: Yes No *If yes, complete table below*

<u>Remediation Steps Required:</u>	<u>Who Responsible?</u> Name HCBS provider(s) and/or Support Coordinator as applicable	<u>Target Date for Completion of Each Remediation Step:</u>

Check here when QE Staff/RO Monitor confirm remediation fully completed

DATE CONFIRMED:

Signature of QE Staff/Regional Office Monitoring Staff: