

# Consumer Needs Assessment Survey 2009

Dear valued consumer:

RSC is the state agency charged with partnering with Ohioans with disabilities to achieve quality employment, independence and disability determination outcomes. RSC is seeking your input as we develop the agency's strategic and state plan to maximize services to employers and Ohioans with disabilities. Please click the link below to answer some questions regarding services for Ohioans with disabilities.

The survey is part of the Comprehensive Statewide Needs Assessment (CSNA) required by the Code of Federal Regulations and is used to assist RSC in establishing priorities. This year's survey is a cooperative effort between RSC, the Ohio State Independent Living Council, and the Brain Injury Program.

Your opinions are very important to improving vocational rehabilitation and maximizing services to Ohioans with disabilities. The deadline for the survey is Tuesday, November 17th.

Please contact James Clinkscale, if you have any questions or need assistance filling out the form. James can be reached at 614 - 438 - 1717 or 1-800-282-4536 or james.clinkscale @rsc.state.oh.us. Ohioans who are deaf or hard of hearing can contact Donna Foster-Silanpa at 1-866-579-5622 (VP)

## 1. County of Residence

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## 2. Primary disability (check one)

- ☐ Blind
- ☐ Other visual impairment
- ☐ Deaf
- ☐ Hard of Hearing
- ☐ Deaf/Blind
- ☐ Communicative Impairment(problems with speech, such as stuttering)
- ☐ Orthopedic/Neurological Impairment
- ☐ Amputation
- ☐ Respiratory Impairment(such as asthma)
- ☐ General Physical Debilitation
- ☐ Other Physical Impairment
- ☐ Cognitive Impairment(difficulties with mental tasks, such as a learning disorder or memory loss)
- ☐ Psychosocial Impairment(such as mental illness)
- ☐ Developmental Disability
- ☐ Brain Injury

Other (please specify)

## 3. Are you or have you ever received services from Rehabilitation Services Commission (Bureau of Vocational Rehabilitation or Bureau of Services for the Visually Impaired)?

☐ Yes

☐ No

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### 4. How do you prefer to receive information?

- ☐ Email
- ☐ Newspaper/television
- ☐ Radio
- ☐ Direct mail
- ☐ Advocacy group
- ☐ Job fairs
- ☐ Community events
- ☐ Conferences
- ☐ Church
- ☐ School/college

### 5. Employment/Vocational Rehabilitation Issues.

Please indicate your employment status.

- ☐ Not currently employed
- ☐ Never employed
- ☐ Employed part-time (34 hours per week or less) at any point in the last two years
- ☐ Employed full-time (35 hours per week or more) at any point in the last two years
- ☐ Worked in the past (two years ago or more) but not working now

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6. What type of services do you need or have you used to obtain or maintain employment? (Check all that apply.)

- ☐ Community-based assessment, site development, job tryout, job shadowing, job task/site analysis
- ☐ Vocational evaluation, comprehensive vocational evaluation, facility-based situational assessment, vocational testing, transferable skills analysis, career exploration, job shadowing, informational interviews
- ☐ Personal adjustment, orientation and mobility, rehabilitation teaching, travel training, adjustment to disability, life skills training
- ☐ Site development, work adjustment, work adjustment training, work training
- ☐ Job coaching, job coaching assessment, job training, job task analysis
- ☐ Job development, job placement, resume preparation, job seeking skills training, job club, job readiness, job searching, retention, job follow-up, job tryout-intent to hire, job site analysis, market analysis.
- ☐ Rehabilitation Technology
- ☐ Supported Employment
- ☐ Skills training
- ☐ Self-employment services

Other (please describe)

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7. Were there any services you needed to go to work that were not available? (Check all that apply.)

- ☐ Community-based assessment, site development, job tryout, job shadowing, job task/site analysis
- ☐ Vocational evaluation, comprehensive vocational evaluation, facility-based situational assessment, vocational testing, transferable skills analysis, career exploration, job shadowing, informational interviews
- ☐ Personal adjustment, orientation and mobility, rehabilitation teaching, travel training, adjustment to disability, life skills training
- ☐ Site development, work adjustment, work adjustment training, work training
- ☐ Job coaching, job coaching assessment, job training, job task analysis
- ☐ Job development, job placement, resume preparation, job seeking skills training, job club, job readiness, job searching, retention, job follow-up, job tryout-intent to hire, job site analysis, market analysis.
- ☐ Rehabilitation Technology
- ☐ Supported Employment
- ☐ Skills training
- ☐ Self-employment services

Other (please describe)

	
	

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8. Please check the one service that was most helpful in helping you go to work.

☐ N/A

☐ Community-based assessment, site development, job tryout, job shadowing, job task/site analysis

☐ Vocational evaluation, comprehensive vocational evaluation, facility-based situational assessment, vocational testing, transferable skills analysis, career exploration, job shadowing, informational interviews

☐ Personal adjustment, orientation and mobility, rehabilitation teaching, travel training, adjustment to disability, life skills training

☐ Site development, work adjustment, work adjustment training, work training

☐ Job coaching, job coaching assessment, job training, job task analysis

☐ Job development, job placement, resume preparation, job seeking skills training, job club, job readiness, job searching, retention, job follow-up, job tryout-intent to hire, job site analysis, market analysis.

☐ Rehabilitation Technology

☐ Supported Employment

☐ Skills training

☐ Self-employment services

Other (please describe)

9. If you have a criminal record would any of the following services be or have been helpful to you? (check all that apply)

☐ Not Applicable

☐ Peer mentoring -working with an individual who has a criminal history that has been successfully employed

☐ Legal assistance - expunging record, other legal advice

☐ Job interviewing skills - how to address criminal history in an interview

☐ Personal adjustment – how to adjust to life outside a controlled environment

☐ Substance abuse treatment

Other (please describe)

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### 10. Independent Living Issues.

In general, if you request alternative formats such as Braille, large print, diskette, or an interpreter from public organizations such as state agencies, are they readily provided?

☐ I do not require alternative formats

☐ Yes

☐ No

### 11. Does your disability impact your ability to secure transportation?

☐ Yes

☐ No

☐ N/A

### 12. What mode of transportation do you most often use?

☐ I never require transportation

☐ Drive self

☐ Friend or relative drives

☐ Personal attendant drives

☐ Fixed route public bus service

☐ Para-transit (bus or cab)

☐ Special transportation services

☐ Walk only

### 13. Is accessible public transportation available in your area?

☐ Yes

☐ No

☐ Don't know

### 14. Do you have access to a car or van that is adapted to your needs?

☐ I do not require an adapted vehicle

☐ I have access to an adapted vehicle

☐ I have access to a vehicle, but it is not adapted

☐ I do not have access to a vehicle

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15. If you don't use public transportation, why not? (Check all that apply.)

- ☐ No public transportation available
- ☐ Not accessible
- ☐ Length of trip
- ☐ No route to destination
- ☐ Safety concerns waiting for bus and after exiting bus
- ☐ Few direct routes
- ☐ Times too restrictive
- ☐ Too confusing
- ☐ Too expensive

16. Which of the following best describes your living arrangement?

- ☐ Living alone
- ☐ With spouse/significant other and no children in the household
- ☐ With spouse or significant other and children in household
- ☐ With parents
- ☐ With relative(s) or friend(s)
- ☐ With unrelated person(s) such as an attendant or housekeeper
- ☐ In a group home
- ☐ Nursing home/skilled care facility
- ☐ Mental health/DD facility
- ☐ No fixed address—homeless



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17. Due to your disability, have you experienced problems with finding housing or modifying your home?

- ☐ Do not require physically accessible housing
- ☐ Have not looked for housing
- ☐ No problem
- ☐ Architectural problems
- ☐ Communication barriers
- ☐ Economic difficulties
- ☐ Lack of assistive devices
- ☐ Transportation

18. How helpful would the following information be in seeking housing?

	Not at all helpful	Somewhat helpful	Neutral	Helpful	Very helpful
A list of accessible housing to rent	jn	jn	jn	jn	jn
A list of accessible housing to buy	jn	jn	jn	jn	jn
A list of services for people with disabilities to find housing	jn	jn	jn	jn	jn
A list of contractors who have experience modifying houses for people with disabilities	jn	jn	jn	jn	jn

19. Are you looking for or have you ever looked for housing?

- ☐ Yes
- ☐ No

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20. How often did you experience the following when you were looking for housing?

	Never	Sometimes	Always
Apartment owners who are familiar with the accessibility needs of people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apartment owners who are familiar with the requirements of the Fair Housing Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative attitudes of landlords toward people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma associated with renting to persons with disabilities with Section 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lists of contractors who have experience modifying houses for people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination by mortgage bankers against lending to people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Do you have access to health insurance?

- ☐ I do not have access to health insurance
- ☐ I have access to health insurance and I am covered
- ☐ I have access to health insurance, but I am not covered

22. Do you have access to dental insurance?

- ☐ I do not need dental insurance
- ☐ I have access to dental insurance and I am covered
- ☐ I have access to dental insurance, but I am not covered

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23. Does your health insurance cover medical equipment and supplies that you need?

- ☐ I do not need medical equipment or supplies
- ☐ My insurance covers medical equipment and supplies I need
- ☐ My insurance does not cover medical equipment and supplies that I need

24. Does your health insurance cover consumables such as bandages, catheters, or syringes?

- ☐ I do not need consumable supplies
- ☐ My insurance covers consumable medical supplies
- ☐ My insurance does not cover consumable medical supplies

25. Does your health insurance cover durable medical equipment such as wheelchairs?

- ☐ I do not need durable medical equipment
- ☐ My insurance covers durable medical equipment
- ☐ My insurance does not cover durable medical equipment

26. Does your health insurance cover assistive technologies, such as a brailier, communication devices, or prosthetics?

- ☐ I do not need assistive technologies
- ☐ My insurance covers assistive technologies
- ☐ My insurance does not cover assistive technologies

27. What personal assistant services do you use? (Please check all that apply.)

- ☐ I do not use personal assistance services (go to number 25)
- ☐ Driver
- ☐ Interpreters
- ☐ Personal Care Assistance for daily tasks such as bathing, dressing, etc.
- ☐ Readers
- ☐ Service Dog

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28. Are your personal attendants family members?

☐ Yes

☐ No

29. How do you pay your personal attendants?

☐ Personal funds

☐ Waiver funds

☐ Agency funds

30. I would have to consider one or more of the following living arrangements if I did not have access to personal assistance services.

☐ Nursing home

☐ ICF-MR

☐ Group home

☐ With family members

☐ None of the above

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31. Which, if any, of these services have you used? (Please check all that apply.)

- ☐ Advocacy
- ☐ Assistive Technology
- ☐ Benefits Planning
- ☐ Communications assistance
- ☐ Conflict resolution and liaison
- ☐ Housing assistance
- ☐ Independent living skills training
- ☐ Information and referral
- ☐ Interpreter services
- ☐ Medicaid Buy In
- ☐ Newsletter
- ☐ Nursing home transition assistance
- ☐ Peer support
- ☐ Public education
- ☐ Temporary emergency shelter
- ☐ Vocational Rehabilitation/Employment services
- ☐ None of the above

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32. Which, if any, of these services are you likely to use in the next five years? (Please check all that apply.)

- ☐ Advocacy
- ☐ Assistive Technology
- ☐ Benefits planning
- ☐ Communications assistance
- ☐ Conflict resolution and liaison
- ☐ Housing assistance
- ☐ Independent living skills training
- ☐ Information and referral
- ☐ Interpreter services
- ☐ Medicaid Buy In
- ☐ Newsletter
- ☐ Nursing home transition assistance
- ☐ Peer support
- ☐ Public education
- ☐ Temporary emergency shelter
- ☐ Vocational Rehabilitation/Employment Services
- ☐ None of the above

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33. Have you ever used services from any of the following Centers for Independent Living (CIL)? (check all that apply)

- ☐ Akron - Tri-County Center for Independent Living
- ☐ Cincinnati - Center for Independent Living Options
- ☐ Cleveland - Services for Independent Living
- ☐ Columbus - Mid Ohio Board for an Independent Living Environment
- ☐ Dayton - Access Center for Independent Living, Inc.
- ☐ Defiance - Ability Center
- ☐ Lancaster - Southeastern Ohio Center for Independent Living
- ☐ Lorain - Linking Employment, Abilities and Potential
- ☐ Mansfield - Independent Living Center of North Central Ohio
- ☐ New Philadelphia - Society for Equal Access
- ☐ Ottawa County - Ability Center
- ☐ Toledo - Ability Center
- ☐ Warren/Youngstown - Western Reserve Independent Living Center

34. If yes, which services have you used at a CIL? (Please check all that apply)

- ☐ Advocacy
- ☐ Assistive Technology Services/Demonstration Bank
- ☐ Benefits Planning
- ☐ Equipment Lending Library
- ☐ Independent Living Skills Training
- ☐ Information/referral
- ☐ Nursing Home Transition Assistance
- ☐ Peer Support

Other (please specify)

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### 35. Brain Injury Issues

Are you an individual with a traumatic brain injury?

☐ Yes

☐ No

### 36. Age at time of injury

### 37. Present age

### 38. How did your brain injury occur?

☐ Car Crash

☐ Fall

☐ Bicycle

☐ Assault/Abuse

☐ Motorcycle

☐ Firearms (gun shot)

☐ Pedestrian injury

☐ Near drowning

☐ Explosive

Other (please describe)



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39. Please check the services below that you have received related to your brain injury.

☐ Acute care

☐ Rehabilitation (inpatient or outpatient)

☐ Non hospital based residential program

☐ Nursing home

Other (please describe)

40. Do you have a case manager or service coordinator, a person who works with you to coordinate the services you need?

☐ Do not need this service

☐ Yes and satisfied with service

☐ Yes and not satisfied with service

☐ No but I need this service

41. Were you attending school at the time of your injury?

☐ Yes

☐ No

42. Since your injury have you attended school?

☐ Yes

☐ No

43. If yes, has the school provided you with any special services or accommodations as a result of your injury?

Yes-please describe

No, but need-please describe

Yes-but need other services-please describe

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44. Were you employed at the time of your injury?

☐ Yes, full time

☐ Yes, part time

☐ No

45. Have you worked since your injury?

☐ Yes, full time

☐ Yes, part time

☐ No

46. What is the longest time you have held a job since you were injured?

☐ Less than 1 month

☐ 1-3 months

☐ 4-7 months

☐ 8-11 months

☐ 12 months -3 years

☐ More than 3years

47. If you are not working, which of the following reasons apply? (check all that apply)

☐ Inability to find work

☐ Inability to perform previous job

☐ Inability to perform any job

Other (please specify)

48. Have you received or needed legal services since your injury?

☐ Yes

☐ No

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49. If yes, what types of legal services have you received or do you need?  
(check all that apply.)

	Received	Need
Related to cause of injury	<input type="checkbox"/>	<input type="checkbox"/>
Financial issues-debt, bankruptcy, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>
Child custody	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship issues	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>
Employment related	<input type="checkbox"/>	<input type="checkbox"/>
Criminal	<input type="checkbox"/>	<input type="checkbox"/>

Other (please describe)

50. Since your injury have you received alcohol or drug treatment?

☐ Yes

☐ No

☐ Do not need

51. Has your injury affected any of the following area(s) of your life?  
(Check all that apply.)

	No change	Better	Worsened
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income/finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation/Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please describe)

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### 52. What services do you still need? (Check all that apply.)

- ☐ Behavioral supports (learning ways to reduce or avoid unwanted behaviors)
- ☐ Cognitive training (retraining your brain to improve everyday skills)
- ☐ Housing with supports
- ☐ Respite Care
- ☐ Recreation
- ☐ Employment
- ☐ Community skills training
- ☐ Personal care for your loved one
- ☐ Money management
- ☐ Homemaking
- ☐ Transportation
- ☐ Parenting
- ☐ Occupational therapy
- ☐ Speech therapy
- ☐ Physical therapy
- ☐ Nursing
- ☐ Service coordination/case management
- ☐ Counseling/psychological services
- ☐ Emotional support/support group
- ☐ Assistive technology
- ☐ Community clubhouses (a community day based program that offers long-term support, in a non-medical setting, to brain injured individuals who want to regain their independence, work skills, and social relationships.)

The following two questions are to be answered by a family member/significant other"

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53. What has been the impact on family members/significant others, due to the individual's brain injury?

	No change	Better	Worsened
Marriage	jñ	jñ	jñ
Education	jñ	jñ	jñ
Employment	jñ	jñ	jñ
Income/finances	jñ	jñ	jñ
Living situation	jñ	jñ	jñ
Medical status	jñ	jñ	jñ
Parenting	jñ	jñ	jñ
Mental health	jñ	jñ	jñ
Recreation/Social Activities	jñ	jñ	jñ
Other relationships	jñ	jñ	jñ

54. As a family member/significant other, what services do you need related to the individual's injury? (Check all that apply.)

- ☐ Housing with supports
- ☐ Respite care
- ☐ Personal care for family member with brain injury
- ☐ Homemaking
- ☐ Nursing
- ☐ Parenting
- ☐ Counseling
- ☐ Recreation
- ☐ Emotional support/support group, etc.
- ☐ Money management
- ☐ Transportation
- ☐ Service coordination
- ☐ Assistive technology

Thank you for completing our survey!