**Individual / Guardian Satisfaction Summary**

**Exit or Conversion Waiver and ICF/IID Downsize**

Individual Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Being Interviewed: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following questions should be asked of the guardian (or of the individual if able). Describe the rating scale and circle the corresponding answer.

**How do you feel about the individual’s current home?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Highly Satisfied** | **Satisfied** | **Neither Satisfied nor Dissatisfied** | **Dissatisfied** | **Highly Dissatisfied** |

[ ]  [ ]  [ ]  [ ]  [ ]

**How do you feel about their daily routine (meals, activities, visitation, etc.?)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Highly Satisfied** | **Satisfied** | **Neither Satisfied nor Dissatisfied** | **Dissatisfied** | **Highly Dissatisfied** |

[ ]  [ ]  [ ]  [ ]  [ ]

**How do you feel about the people who are currently providing their service (direct care staff and management)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Highly Satisfied** | **Satisfied** | **Neither Satisfied nor Dissatisfied** | **Dissatisfied** | **Highly Dissatisfied** |

[ ]  [ ]  [ ]  [ ]  [ ]

**How do you feel about the people who are providing habilitation services (Workshops, Day Program, Supported Employment)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Highly Satisfied** | **Satisfied** | **Neither Satisfied nor Dissatisfied** | **Dissatisfied** | **Highly Dissatisfied** |

[ ]  [ ]  [ ]  [ ]  [ ]

**How do you feel about the Service and Support Administrator (SSA) and other services from the County Board or QIDP?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Highly Satisfied** | **Satisfied** | **Neither Satisfied nor Dissatisfied** | **Dissatisfied** | **Highly Dissatisfied** |

[ ]  [ ]  [ ]  [ ]  [ ]

**How do you feel about the individual’s degree of independence?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Highly Satisfied** | **Satisfied** | **Neither Satisfied nor Dissatisfied** | **Dissatisfied** | **Highly Dissatisfied** |

[ ]  [ ]  [ ]  [ ]  [ ]

**How do you feel about the individual’s behavioral progress?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Highly Satisfied** | **Satisfied** | **Neither Satisfied nor Dissatisfied** | **Dissatisfied** | **Highly Dissatisfied** |

[ ]  [ ]  [ ]  [ ]  [ ]

**How do you feel about the individual’s safety at home and/or their day program?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Highly Satisfied** | **Satisfied** | **Neither Satisfied nor Dissatisfied** | **Dissatisfied** | **Highly Dissatisfied** |

[ ]  [ ]  [ ]  [ ]  [ ]

**Is there anything else that you would like to tell?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Comments/Action Taken:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is follow-up required based on Guardian’s input?** [ ]  **YES** [ ]  **NO**