



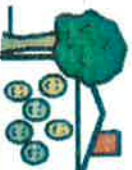



Staff/Agency Name: _____ Date _____

INTERVIEW QUESTIONS







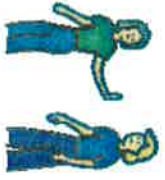


The following questions may be helpful, as a guide to be used by you, the consumer, during interviews with providers. Please feel free to use the questions that are important to you. Also, add any other questions you want to ask.

AGENCY//ADMINISTRATIVE QUESTIONS

Questions	Notes	Rating
<p>1. How long has your agency been providing services in Cuyahoga County?</p>  		<p>* * * *</p>  <p>OR</p> 
<p>2. How long do staff (people who provide supports) usually work for your agency?</p>  		<p>* * * *</p>







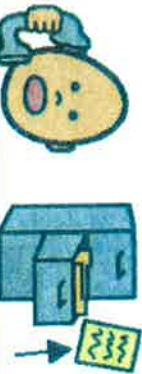



CUYAHOGA COUNTY
Board of Developmental Disabilities
May 2005





		 OR 
3. When can you start working with me?		* * * * *
<div>   </div>		 OR 
4. Have you ever stopped providing supports/assisting someone like me? If yes, why?		* * * * *
		 OR 
5. How do you know if your staff is doing their job?		* * * * *



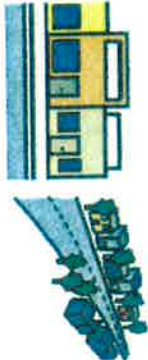







CUYAHOGA COUNTY
 Board of Developmental Disabilities
 May 2005









		
<p>6. What happens if the people who are supporting me don't show up? What happens if they quit?</p> 		<p>* * * *</p> 
<p>7. Will the staff know how to do their job?</p> 		<p>* * * *</p> 
<p>8. What kind of background checks do you do?</p> 		<p>* * * *</p> 



<p>9. What kind of training do your staff receive?</p> 		<p>* * * *</p> <p>OR</p> 
<p>10. What are your criteria for hiring staff?</p> 		<p>* * * *</p> <p>OR</p> 

INDIVIDUAL SERVICE PLAN QUESTIONS

Questions	Notes	Rating
<p>1. What do you know about my neighborhood?</p> 		<p>* * * *</p>  <p>OR</p> 
<p>2. How can you help me meet my neighbors? Become part of groups? Learn about my community?</p> 		<p>* * * *</p>  <p>OR</p> 
<p>3. My needs include _____ have you ever provided supports to anyone like me before?</p>		<p>* * * *</p>  <p>OR</p> 

<p>4. How will the people who support me keep track of what we do together?</p> 		<p>* * * *</p>  <p>OR</p> 
<p>5. How can I see what is written about their work with me?</p> 		<p>* * * *</p>  <p>OR</p> 
<p>6. How are you going to help me with (specifics from ISP)?</p>		<p>* * * *</p>  <p>OR</p> 

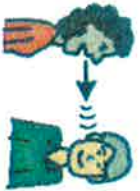
7. What will you teach me about safety? How will you help me learn and remember to be safe (how will you keep me safe)?



* * * *



8. How do you supervise the people who will be supporting me?



* * * *




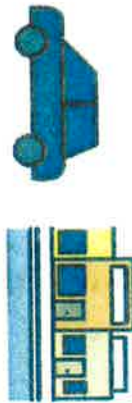







9. What if I want supports in an area that is not on my plan?



* * * *



<p>10. Who is in charge if I need to talk to somebody? How do I reach them?</p> 		<p>* * * *</p>  <p>OR</p> 
<p>11. How can your staff help me get out in the community?</p> 		<p>* * * *</p>  <p>OR</p> 
<p>12. How do you check my satisfaction with the supports and the people who are working with me?</p> 		<p>* * * *</p>  <p>OR</p> 

13. What is the follow up if I am not satisfied?



* * * *












OR

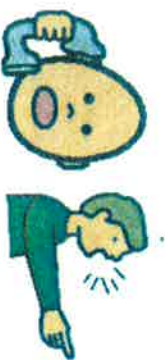










CUYAHOGA COUNTY
Board of Developmental Disabilities
May 2005

CONSUMER DIRECTED SUPPORT QUESTIONS

Questions	Notes	Rating
<p>1. Do I have a say in who will help me? How will they be selected? Can I interview them?</p> 		<p>* * * *</p>  OR 
<p>2. Will the people who support me meet my time schedule?</p> 		<p>* * * *</p>  OR 
<p>3. How will I know if the people who support me will be late?</p> 		<p>* * * *</p>  OR 



<p>4. Who do I contact if I have a problem with the people who support me? What will that person do for me?</p> 		<p>* * * *</p>  <p>OR</p> 
<p>5. What will you do if I tell you the person who is supporting me is not doing their job?</p> 		<p>* * * *</p>  <p>OR</p> 
<p>6. Will staff know how to meet my needs? How?</p> 		<p>* * * *</p>  <p>OR</p> 

7. How can you make sure that I will be able to make my own decisions? That my rights are honored?



* * * *



8. What do you expect of me?












* * * *









9. This is what I expect of you _____ (eg. Look at my ISP, I need specific help right away, specially trained staff). Can you help me with this?

* * * *



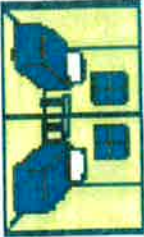







<p>10. Why do you want to provide supports to me?</p> 		<p>* * * *</p>  <p>OR</p> 
<p>11. How many different staff (people who support me) will be working with me?</p> 		<p>* * * *</p>  <p>OR</p> 
<p>12. How do you make sure that the people who support me respect my privacy, don't talk about me to their friends or others who are not involved in my supports?</p> 		<p>* * * *</p>  <p>OR</p> 

Don't forget to ask any specific questions that you may have about your concerns or what is important to you!

Additional Questions	Notes	Rating
		* * * *  OR 
		* * * *  OR 
		* * * *  OR 

FACILITY BASED QUESTIONS

The following questions may be helpful if you are interviewing for supports from a licensed facility, eg. Nursing home, IO Waiver Facility Based.

Questions	Notes	Rating
<p>1. Do I need to share a room?</p> 		<p>* * * *</p> <p>OR</p> 
<p>2. Is the facility co-ed or same sex?</p>   <p>OR</p> 		<p>* * * *</p> <p>OR</p> 
<p>3. What are the "House Rules"?</p>  		<p>* * * *</p> <p>OR</p> 