

Member Survey

The survey will help us understand what it is like to live in your home. We want to hear about your services and how they help you to be independent, make decisions and choices.

Things to **KNOW** before you do the survey:



1. The survey is done in secret. AHCCCS will not know who completed the survey.
2. There is a box at the end of the survey that you can use to:
 - Tell AHCCCS something
 - Ask AHCCCS questions
 - Ask AHCCCS for more information

Things to **THINK** about when you are doing this survey:

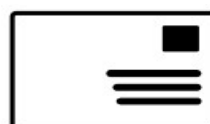
1. Think about where you **LIVE**.
2. Tell us what it is like living in your **HOME**.
3. Tell us about the **CHOICES** you get to make.

How to do the survey:

You can pick to fill out the paper survey or you can do the survey on the computer. Please do not do both a paper survey and a survey on the computer. Only pick one way to do the survey.

1. If you want to fill out the paper survey, check the box to answer **YES**  or **NO**  to the questions.






When you are done with the survey, fold it into the envelope provided and put in a mailbox to send it back to AHCCCS. You do not need to put any stamps on the envelope.



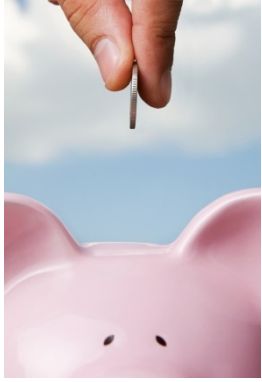








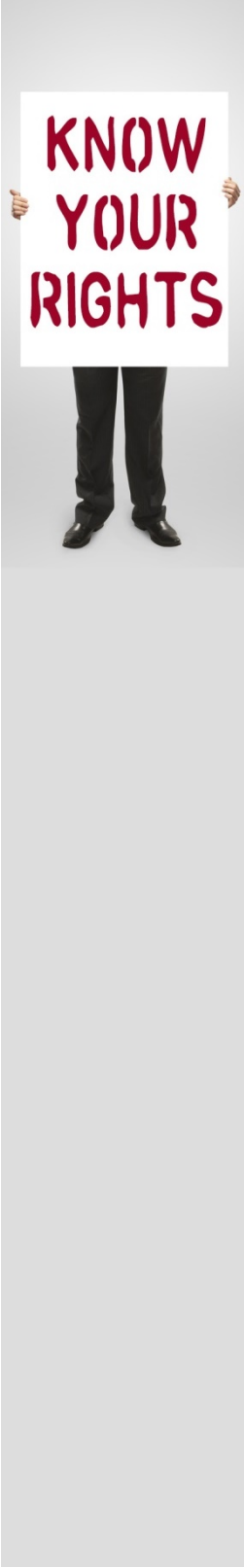
2. If you want to do the survey on the computer, use this link to find the survey.












DRAFT





		YES 	NO 
Integration			
1. Local Area 	<ul style="list-style-type: none"> ▪ Is your home within walking distance to other houses? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Is your home within walking distance to stores? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Is your home within walking distance to businesses? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get to meet or visit with people who don't live in your home (family, friends, neighbors, etc.)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get to meet or visit with people who don't work in your home (family, friends, neighbors, etc.)? 	<input type="checkbox"/>	<input type="checkbox"/>
1a. Employment 	<ul style="list-style-type: none"> ▪ Do you have a job and get a paycheck? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • If you don't have a job and want one, are you getting help to find a job? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you have a volunteer job? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • If you don't have a volunteer job and want one, are you getting help to find a volunteer job? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you work with people who do not have a disability? 	<input type="checkbox"/>	<input type="checkbox"/>
1b. Your Community 	<ul style="list-style-type: none"> ▪ Do you get information about things to do in the community such as going to lunch with friends, going shopping, going to casinos, going to concerts, bowling, etc.? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you pick what you do when you go out? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you pick who goes with you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • If you don't go out, is it because you choose not to? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Did you need help with transportation to go out? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Did you need help with personal care assistance to go out? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Did you get the help that you needed to go out? 	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
1c. Money 	<ul style="list-style-type: none"> ▪ Do you take care of your own money? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does someone else help you take care of your money? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Did you get to choose the person to help you with taking care of your money? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you have a bank account? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Do you know how much money you have to spend in your bank account? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you get money when you need or want it? 	<input type="checkbox"/>	<input type="checkbox"/>
1d. Other People 	<ul style="list-style-type: none"> ▪ Are there services you <u>can't</u> have, but other people living in your home have? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are there activities you <u>can't</u> do, but other people living in your home can do? 	<input type="checkbox"/>	<input type="checkbox"/>
2. Your Home 	<ul style="list-style-type: none"> ▪ Did someone ask you if you wanted to visit other places to live? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Did you visit other places before you picked where you live now? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • If you did not visit other places before you picked where you live now, was that your choice? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • If you were not able to visit other places before you picked where you live now, was it because you didn't have a way to get there? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Did you pick where you live? 	<input type="checkbox"/>	<input type="checkbox"/>
2b. Your Room 	<ul style="list-style-type: none"> ▪ Were you given a choice for your own room if you could pay for it? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you have your own room? 	<input type="checkbox"/>	<input type="checkbox"/>
3. Your Plan 	<ul style="list-style-type: none"> ▪ Do you meet with your case manager/support coordinator to talk about your needs? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you meet with your case manager/support coordinator to talk about your service plan? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you feel that people listen to you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get to make decisions? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do other people you want to be there participate in the meeting? 	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
4. Your Rights 	<ul style="list-style-type: none"> ▪ Does staff call you by the name you like to be called (i.e. Mrs. Smith, Mary)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get help with bathing in private? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get help with dressing in private? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does staff listen to you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you feel that the staff keeps your personal and health information private? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does staff talk about you in front of other people? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does staff talk about other people in front of you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you use a phone or computer to talk with people that you want to? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you make or get calls at any time? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get to talk in private if you want to? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get mail? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Do you open your own mail? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know who to talk to if you have something that upsets or worries you about a provider or service? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know that you can make a complaint in secret? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Have you ever made a complaint? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Did the person you made the complaint to listen to you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you feel safe in your home? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Have you ever had anything taken away from you and you didn't understand why (i.e. food, TV, visitors, etc.)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Have you ever been forced to stay in one place by yourself and not talk to other people (i.e. locked in a room)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does staff tell you about the medications you are taking? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Are you allowed to refuse medication if you want to? 	<input type="checkbox"/>	<input type="checkbox"/>	

		YES 	NO 
5. Your Independence 	<ul style="list-style-type: none"> ▪ Do you decide everyday what you want to do? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • When you want to get up and go to bed? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • When you want to eat, bathe, watch TV, talk on the phone, go on the computer? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you pick how often you go out for activities (such as shopping, out to eat, church, gym, etc.)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you have transportation to go to places where you want to go? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to change your mind and do something that was not planned? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to change your plans or schedule when you want or need to? 	<input type="checkbox"/>	<input type="checkbox"/>
6. Your Staff 	<ul style="list-style-type: none"> ▪ Does staff ask you about what you need and what you want? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does staff ask you about what you like and dislike? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you pick who helps you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know <u>how</u> to ask for a new or different staff member to help you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know <u>who</u> to ask if you want a new or different staff member to help you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Have you ever asked for a new or different staff member to help you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ If you asked for a different staff member to assist you, did you get the new staff member? 	<input type="checkbox"/>	<input type="checkbox"/>
7a. Your Paperwork 	<ul style="list-style-type: none"> ▪ Do you have something in writing, like a lease or agreement, for where you live? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Does the lease or agreement have your name on it? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Do you know what the agreement says about your rights? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know how much time you have if you are asked to move? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know how to ask for a different place to live if you wanted to move? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know how much time you have to give the home if you want to move? 	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
7b. Your Privacy and Room 	<ul style="list-style-type: none"> ▪ Do you have a key to your home? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you have a key to your bedroom/unit? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you close and lock the bedroom/unit door? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you close and lock the bathroom door? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do staff and other people knock and ask your permission to enter your bedroom/unit or bathroom? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you share a room? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • If you share a room, did you choose a roommate? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • If you share a room, do you know how to ask to change your roommate if you want to? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to decorate your room? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Are you allowed to rearrange the furniture? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Are you allowed hang or put up pictures? 	<input type="checkbox"/>	<input type="checkbox"/>
7c. Your Freedom 	<ul style="list-style-type: none"> ▪ Are you allowed to leave your home at any time? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to stay out for as long as you want? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you have to be back home at a certain time? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to eat when you want to? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to choose what you want to eat? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to choose who you eat with? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to eat alone? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you have access to food/snacks/drinks at any time? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to buy your own food/snacks/drinks? 	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
7d. Visitors 	<ul style="list-style-type: none"> Are there visiting hours when family and friends are allowed to come over? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Are you allowed to invite family and friends over when you want to and at any time? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Are you allowed to spend time alone with family and friends without staff? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Is there a place for you to meet in private with your family and friends? 	<input type="checkbox"/>	<input type="checkbox"/>
7e. Accessibility 	<ul style="list-style-type: none"> Can you safely and freely move around your home? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Are the stove, microwave, refrigerator and toaster in places that you can reach to use them? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Is the furniture (tables, chairs, etc.) comfortable to get into and use? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Do you have or can you ask for equipment to assist you in moving around your home, bedroom and bathroom (i.e. grab bars, shower chair)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Does your home have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places? 	<input type="checkbox"/>	<input type="checkbox"/>

You do not need to write down anything in the box. If you want to, you can use this box to:

- Tell AHCCCS something
- Ask AHCCCS questions
- Ask AHCCCS for more information

Comments:

If you want AHCCCS to contact you, please give us your name and contact information.

Name: _____

Phone: _____

Mailing address: _____

Email address: _____

Thank you for telling us about what it is like to live in your home!

Member Survey

The survey will help us understand what it is like at your day program. We want to hear about your services and how they help you to be independent, make decisions and choices.

Things to **KNOW** before you do the survey:



1. The survey is done in secret. AHCCCS will not know who completed the survey.
2. There is a box at the end of the survey that you can use to:
 - Tell AHCCCS something
 - Ask AHCCCS questions
 - Ask AHCCCS for more information

Things to **THINK** about when you are doing this survey:

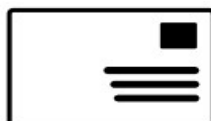
1. Think about your day program.
2. Tell us what it is like at your **day program**.
3. Tell us about the **CHOICES** you get to make.

How to do the survey:

You can pick to fill out the paper survey or you can do the survey on the computer. Please do not do both a paper survey and a survey on the computer. Only pick one way to do the survey.

1. If you want to fill out the paper survey, check the box to answer **YES**  or **NO**  to the questions.



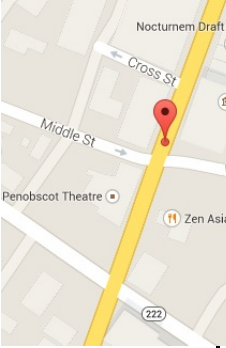

When you are done with the survey, fold it into the envelope provided and put in a mailbox to send it back to AHCCCS. You do not need to put any stamps on the envelope.



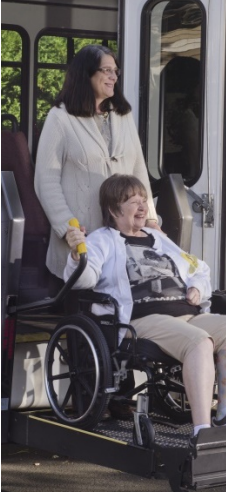








2. If you want to do the survey on the computer, use this link to find the survey.










DRAFT



		YES 	NO 
1. Local Area 	<ul style="list-style-type: none"> ▪ Is your program close to stores? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Is your program close to businesses? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you safely and freely move inside the program? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you safely and freely move around outside at the program? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Is there a microwave to heat up your food and a refrigerator to keep your food cold? <ul style="list-style-type: none"> ○ Are the microwave and refrigerator in places that you can reach to use them? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are there locks or straps on the refrigerator or cabinets that make it hard to get a snack or drink when you want? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Is the furniture (tables, chairs, etc.) comfortable to get into and use? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are there ramps, wide doorways, hallways, stair lift or elevator to help you get around? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does your program have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do people come to visit who don't go the program (people to give you information, people to teach you something, customers to buy things, etc.)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do visitors come to see you at the program (family, friends, neighbors, etc.)? <ul style="list-style-type: none"> ○ Can visitors come at any time? 	<input type="checkbox"/>	<input type="checkbox"/>
	1a. Work 	<ul style="list-style-type: none"> ▪ If you don't have a job and want one, are you getting help to get ready to work? 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Do you have a volunteer job? <ul style="list-style-type: none"> ○ Do you get to choose your work schedule? ○ Do you work with people who do not have a disability? ○ Do you get to talk with them if you want to before and after work and during breaks and lunch? ○ Do you get help to learn about how to be a better worker at your job? 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Do you get help to learn about new places to volunteer? 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ If you don't have a volunteer job and want one, are you getting help to get ready to work? 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ If you don't have a volunteer job and want one, are you getting help to find a volunteer job? 		<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
1b. Your Community 	▪ Does the program encourage you to learn new things?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you get to learn about new activities or things you can learn to do while at the program?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ If you want to learn how to do something new, do you get help to learn how to do it?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you have transportation to and from the program?	<input type="checkbox"/>	<input type="checkbox"/>
	○ Do you drive yourself to the program?	<input type="checkbox"/>	<input type="checkbox"/>
	○ Do you have family or friends who drive you to the program?	<input type="checkbox"/>	<input type="checkbox"/>
	○ Does the staff at the program pick you up and drop you off at home?	<input type="checkbox"/>	<input type="checkbox"/>
	○ Do you take Dial-A-Ride, the bus, light rail or a taxi to and from the program?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you get information about things to do in the community such as going to lunch with friends, going shopping, going to casinos, going to concerts, bowling, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you pick what you do when you go out?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you pick who you go out with?	<input type="checkbox"/>	<input type="checkbox"/>
	○ If you don't go out, is it because you choose not to?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ When you go out, do you get to meet or visit with people who don't go to your program?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Did you need help with transportation to go out?	<input type="checkbox"/>	<input type="checkbox"/>
	○ Do you get information on how to learn to take Dial-A-Ride, the bus, light rail or a taxi?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Did you need help with personal care assistance to go out?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Did you get the help that you needed to go out?	<input type="checkbox"/>	<input type="checkbox"/>	
1c. Money 	▪ Do you take care of your own money?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Does someone else help you take care of your money?	<input type="checkbox"/>	<input type="checkbox"/>
	○ Did you get to choose the person to help you with taking care of your money?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you have a bank account?	<input type="checkbox"/>	<input type="checkbox"/>
	○ Do you know how much money you have in your bank account?	<input type="checkbox"/>	<input type="checkbox"/>
	○ Can you get money from your bank account when you need to or want to?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ If you don't have a bank account, can you get money when you need or want it?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you get to choose what you buy with your money?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does the program teach you how to count and spend your money?	<input type="checkbox"/>	<input type="checkbox"/>	

		YES 	NO 
1d. Other People	<ul style="list-style-type: none"> Are there places inside and outside of your work area that you are not allowed to go but other people can go into? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Are there activities you are not allowed to do, but other people you see in the program can do? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Are there activities you see other people do in the program that you want to do? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Are there activities you see other people do who don't go to your program that you want to do? 	<input type="checkbox"/>	<input type="checkbox"/>
2. Your Program	<ul style="list-style-type: none"> Did someone ask you if you wanted to visit programs/work sites to go during the day? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Did you visit other programs before you picked where you go now? <ul style="list-style-type: none"> If you did not visit other programs/worksites before you picked where you go now, was that your choice? If you were not able to visit other programs/worksites before you picked where you go now, was it because you didn't have a way to get there? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Did you pick your program? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Did you pick how many hours or days you go to the program? 	<input type="checkbox"/>	<input type="checkbox"/>
2a. Activities	<ul style="list-style-type: none"> During the day, do you get to go to places outside of your program where you can meet or do activities with people who do not go to your program? 	<input type="checkbox"/>	<input type="checkbox"/>
3. Your Plan	<ul style="list-style-type: none"> Do you meet with your case manager/support coordinator to talk about your needs? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Do you meet with your case manager/support coordinator to talk about your service plan? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Do you feel that people listen to you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Do you get to make decisions? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Do other people you want to be there go to the meeting? 	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
4. Your Rights 	<ul style="list-style-type: none"> ▪ Does staff call you by the name you like to be called (i.e. Mrs. Smith, Mary)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get help with personal assistance in private? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does staff listen to you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you feel that the staff keeps your personal and health information private? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does staff talk about you in front of other people? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does staff talk about other people in front of you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know who to talk to if you have something that upsets or worries you about a provider or service? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know that you can make a complaint in secret? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Have you ever made a complaint? <ul style="list-style-type: none"> ○ Did the person you made the complaint to listen to you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Have you ever had anything taken away from you and you didn't understand why (i.e. food, visitors, etc.)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Have you ever been forced to stay in one place by yourself and not talk to other people (i.e. locked in a room)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does staff tell you about the medications you are taking? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to refuse medication if you want to? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you have a safe place to put your personal items? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Did you get information about your rights? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Is information on your rights posted where you can see it? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you use a phone or computer to talk with people that you want to? <ul style="list-style-type: none"> ○ Do you have a cell phone? ○ Do you have a computer? ○ Do you have an Ipad? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you make or get calls at any time? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get to talk in private if you want to? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you feel safe at the program? 	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
5. Your Independence 	<ul style="list-style-type: none"> ▪ Do you decide everyday what you want to do? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does the program plan activities and outings that you like to do? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ When you stay at the program, do you get to choose what activities you do and for how long? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you pick your program activities? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you pick how often you go out for activities (such as shopping, out to eat, church, gym, etc.)? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you pick what time you do them? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you choose who you want to do the activity with? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Can you choose to do activities in a group or alone? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are there activities that keep you involved and active? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are there activities that help you relax and slow down? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you have transportation to go to places where you want to go? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to change your mind and do something that was not planned? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Are you allowed to change your plans or schedule when you want or need to? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you pick what you want to eat? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you pick the time you want to eat? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get to pick who you eat with? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you get to pick where to eat? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Can you get a snack or something to eat anytime you want to? 	<input type="checkbox"/>	<input type="checkbox"/>	
6. Your Staff 	<ul style="list-style-type: none"> ▪ Does staff ask you about what you need and what you want? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Does staff ask you about what you like and dislike? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ If you can't decide what activities/tasks to do at the program, do staff help you decide by asking you what you like and don't like to do? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you pick who helps you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know how to ask for a new or different staff member to help you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you know who to ask if you want a new or different staff member to help you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Have you ever asked for a new or different staff member to help you? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ○ If you asked for a different staff member to assist you, did you get the new staff member? 	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
	<ul style="list-style-type: none"> ▪ Do you have to wait a short time to get help when you need it? 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Do you have to wait a long time to get help when you need it? 	<input type="checkbox"/>	<input type="checkbox"/>

DRAFT

You do not need to write down anything in the box. If you want to, you can use this box to:

- Tell AHCCCS something
- Ask AHCCCS questions
- Ask AHCCCS for more information

Comments:

DRAFT

If you want AHCCCS to contact you, please give us your name and contact information.

Name: _____

Phone: _____

Mailing address: _____

Email address: _____

Thank you for telling us about what it is like at your day program!