



2015 Assessment Survey

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The Arizona Statewide Independent Living Council is conducting a survey to gather information about programs and services that provide support and opportunities for people who have disabilities to live independently in the community. The information collected will help to assess how those programs and services are meeting the needs of people who have disabilities living in Arizona. Results of the survey will provide the Statewide Independent Living Council with the information necessary to work with advocates and policy makers to create new initiatives and to enhance existing services for Arizonans who have disabilities.

Your participation in the process is vital and we appreciate your time and consideration in completing this survey. The Statewide Independent Living Council needs to hear directly from people who have disabilities, their family members, friends, caregivers and other stakeholders.

This survey is available in alternative formats upon request. To make this request please contact Lea Marie Laffartha at 602-262-2900 or lea@azsilc.org.

Please be assured that data collected on this survey will only be released as a reflection of all responses gathered and that no personally identifiable information will be shared. Thank you again for taking the time to share your thoughts and ideas.

If you have any questions or concerns about the survey or how the data will be used, please feel free to contact Larry Wanger, AZSILC Executive Director at larry@azsilc.org or by calling 602-262-2900.

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*** 1. Please provide your zip code.**

*** 2. Please check all that apply:**

- I am a person who has a disability
- I am a parent or guardian of a person who has a disability
- Family member, spouse or partner of a person who has a disability
- Friend or personal assistant of a person who has a disability
- I am a community advocate or service provider

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*** 3. Check here if you are familiar with the Arizona Statewide Independent Living Council, (AZSILC).**

Yes

No

*** 4. Have you contacted a Center for Independent Living in the past year or have you referred someone to a Center for assistance?**

Yes

No

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*** 5. Below is a list of statements related to your general feeling about yourself as a person who has a disability. Please check the appropriate box related to each statement that best describes how you feel about yourself.**

	Strongly Agree	Agree	Disagree	Strongly Disagree
In general I am satisfied with my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general my physical health is good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to live independently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to maintain and stay within my budget.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get the medical attention I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy in my current living situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive the social and emotional support that I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

need.

I participate in and feel connected to my community.

I am able to access the services I need.

I have adequate opportunity to be involved in the community.

I feel people have a good understanding of disability.

I feel discriminated against because of my disability.

6. In question 5 you were asked if you agreed with the statement, "In general I am satisfied with my life." If you disagreed or strongly disagreed with this statement please explain.

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*** 7. The next two questions ask about any services you have needed over the last 12 months and if you actually received them. First, please check to indicate whether you have needed any of the following services in the last 12 months. (Please check all that apply.)**

- Advocacy
- Assistive Technology (Computer, Equipment, or Device to accommodate Disability)
- Behavioral/Mental Health Services
- Work Incentives Counseling (Help with SSI, SSDI, AHCCCS, Etc.)
- Domestic Violence
- Emergency Preparedness/Safety
- Employment/Vocational Services (Help with resume writing, training, job search, Etc.)
- Financial Assistance (Rental, Utilities, Basic Needs)
- Healthcare (Help with AHCCCS, Medicare, getting help with medical issues)
- Home Modifications (Ramp, wider doorways, grab bars, Etc.)
- Housing Assistance (Help finding affordable and or accessible housing)
- Independent Living Skills Training (to assist with Independence)
- Information and Referral
- ASL Interpreter Services

- Nursing Home Transition (Help moving back in to the community)
- Peer Support
- Personal Assistance Services (Caregiver)
- Temporary Emergency Shelter
- Transportation
- Civil Rights (Training on ADA, IDEA, Rehabilitation Act, etc...)
- Computer Training
- Durable Medical Equipment (Help in obtaining or repairing DME)
- Self-Advocacy (Learned how to ask for help and speak to others about my needs)
- Service Animals (Help acquiring, or training)
- Social/Recreation
- Veterans Services
- Youth Transition Services

Other (please specify)

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*** 8. Now, please indicate if you actually received any of the following services in the last 12 months. (Please check all that apply).**

- Advocacy
- Assistive Technology (Computer, Equipment, or Device to accommodate Disability)
- Behavioral/Mental Health Services
- Work Incentives Counseling (Help with SSI, SSDI, AHCCCS, Etc.)
- Domestic Violence
- Emergency Preparedness/Safety
- Employment/Vocational Services (Help with resume writing, training, job search, Etc.)
- Financial Assistance (Rental, Utilities, Basic Needs)
- Healthcare (Help with AHCCCS, Medicare, getting help with medical issues)
- Home Modifications (Ramp, wider doorways, grab bars, Etc.)
- Housing Assistance (Help finding affordable and or accessible housing)
- Independent Living Skills Training (to assist with Independence)
- Information and Referral
- ASL Interpreter Services
- Nursing Home Transition (Help moving back in to the community)
- Peer Support

- Personal Assistance Services (Caregiver)
- Temporary Emergency Shelter
- Transportation
- Civil Rights (Training on ADA, IDEA, Rehabilitation Act, etc...)
- Computer Training
- Durable Medical Equipment (Help in obtaining or repairing DME)
- Self-Advocacy (Learned how to ask for help and speak to others about my needs)
- Service Animals (Help acquiring, or training)
- Social/Recreation
- Veterans Services
- Youth Transition Services
- Other

Other (please specify)

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9. Have you encountered barriers that make it difficult for you to get the services you need in order to live independently? (Check all that apply)

- The services I need are not available where I currently live
- I do not have access to reliable transportation
- I do not have money to pay for gas or transportation
- Services are not provided in my primary language.
- I cannot leave my home because of accessibility issues
- Organizations do not accommodate persons with chemical sensitivities and environmental illness
- I am unable to find services or programs to meet my needs
- The place I need services from is not accessible
- I do not experience barriers when accessing services.

Other (please specify)

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10. Are there any barriers that prevent you from living more independently and fully participating in events and activities in your community? (Please check all that apply)

- Lack of accessible and Affordable Housing
- The places I would like to go are not accessible
- Communication Access (Need ASL Interpreter, Braille, Large Print, CART)
- Attitudes/Discrimination
- I need Assistive Technology/Adaptive equipment to participate in my community
- Personal financial resources
- I do not have access to reliable transportation
- Chemical sensitivity prevents me from entering many businesses and organizations
- Issues pertaining to my Health and Safety
- I do not experience barriers to living independently and participating in my community.

Other (please specify)

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* 11. Did you vote in the last election?

- Yes
- I am not registered to vote
- I am not eligible to vote
- No

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*** 12. What do you think are the greatest needs of people who have disabilities living in Arizona? Please check the answer that best reflects what you believe.**

	No Need	Some Need	A Significant Need
Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive Technology (Computer, Equipment, or Device to accommodate Disability)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral/Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Incentives Counseling (Help with SSI, SSDI, AHCCCS, Etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness/Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/Vocational Services (Help with resume writing, training, job search, Etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Financial Assistance

(Rental, Utilities, Basic Needs)

Healthcare (Help with AHCCCS, Medicare, getting help with medical issues)

Home Modifications (Ramp, wider doorways, grab bars, Etc.)

Housing Assistance (Help finding affordable and or accessible housing)

Independent Living Skills Training (to assist with Independence)

Information and Referral

ASL Interpreter Services

Nursing Home Transition (Help moving back in to the community)

Peer Support

Personal Assistance Services (Caregiver)

Temporary Emergency Shelter

Transportation

Civil Rights (Training on ADA, IDEA, Rehabilitation Act, etc...)

Computer Training

Durable Medical
Equipment (Help in
obtaining or repairing
DME)

Self Advocacy
(Learned how to ask
for help and speak to
others about my
needs)

Service Animals (Help
acquiring, or training)

Social/Recreation

Veterans Services

Youth Transition
Services (High school
to adult life)

13. Are there any other services not listed above, that people who have disabilities living in Arizona need? Please clarify below.

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Demographic Information

The following questions relate to disability, ethnicity, age category, household income and other demographics that are extremely important in determining survey results and evaluating the needs of people who have disabilities in Arizona. Your willingness to provide this information is much appreciated. However, we recognize that some are uncomfortable providing this information and, therefore, the following questions are entirely optional.

14. What is your gender?

- Male
- Female
- Declined to answer

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15. Type of disability?

- Cognitive/Intellectual/Developmental
- Behavioral/Mental
- Physical
- Sensory
- Environmental
- Neurological/Systemic
- Declined to answer

16. How would you describe your ethnicity?

- American Indian or Alaskan Native
- Asian
- Black/African American
- Caucasian
- Hispanic/Latino
- Native Hawaiian
- Declined to answer

Other (please specify)

17. What is your age?

- Under 5 years of age
- 5 to 15 years of age
- 16 to 24 years of age
- 25 to 44 years of age
- 45 to 64 years of age
- 65 years of age or greater
- Declined to answer

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18. What is your annual household income? (Includes all sources including employment, SSI/SSDI, retirement and other financial support)

- Under \$10,000
- \$10,000 to \$25,000
- \$25,000 to \$40,000
- \$40,000 to \$60,000
- \$60,000 to \$75,000
- \$75,000 to \$100,000
- Greater than \$100,000
- Declined to answer

19. How would you describe your living arrangement?

- I live alone
- I live with my spouse/partner
- I live with my spouse/partner and at least one child
- I live with my parents
- I live with other relatives
- I live with my friend(s)

- I live in a group home
- I live in a nursing home
- I am homeless at this time
- Declined to answer

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20. What is your highest level of education?

- Elementary education (Grades 1 to 8)
- Some high school (Did not finish)
- High school diploma
- I have earned my GED
- Special education certificate or diploma
- Some college
- Associates degree or vocational certificate
- Bachelors degree
- Masters degree or greater
- Declined to answer

21. What is your current employment status?

- I have never been employed
- I am self employed
- I work part-time (Less than 32 hours each week)
- I work full-time (More than 32 hours each week)
- I am a student

- I am retired
- Declined to answer

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22. Are you a veteran?

- Yes
- No
- Declined to answer

23. Please use the space provided to share any comments, concerns or suggestions that you feel would be helpful.

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