

Please note: Minor changes may be made in the RRL Survey prior to the start of the calls.

Residential Request List - Caregiver Survey

Survey Items:

Description: Living situation

Question/Item (1): It would be helpful to know where (insert name) lives? I'm going to read off some options and can you tell me which one is the best description?

Directions for caller: (pause and give a chance for the person to say Y/N after each option and stop after the person says yes) If they tell you who they live with right away, read off the category that seems like the best fit and confirm with the family member.

Does (insert name):

- Live in their own house or apartment
- Live in their parent's house or apartment
- Live in their brother's or sister's house or apartment
- Live in the house or apartment of a family member other than parent, brother or sister
- Live in the house or apartment of a friend or someone who is not family
- Live in a nursing home or any kind of hospital
- Live at a residential school
- Is homeless or is living in a homeless shelter right now
- Live in a different setting than the options I just said

Response Type: Radio Button – only one of the above should be chosen

Description: Flag for priority 1 designation (uses RO vacancy management criteria)

Question/Item (2): I'm going to ask a question that will help OPWDD know whether (insert name) may need help now. Please understand that we are trying to identify situations where we need to connect you to a regional office right away because of critical needs. Please tell me if (insert name) is:

Directions for caller: (pause and give a chance for the person to say Y/N after each option and stop after the person says yes)

- About to graduate or transition from a residential school - or a school they live at?
- Being told by a court that he or she needs to live in a home provided by OPWDD?
- About to be homeless within the next few months?
- Doing dangerous things that hurt him/herself or others?

Response Type: Y/N for each possible response - several of the options above may be true

Description: Living Situation/Needs

Question/Item (3): Can you tell me about how much help (insert name) needs in their everyday life?

Directions for caller: (pause and give a chance for the person to say Y/N after each option and stop after the person says yes) If they tell you who helps right away, read off the category that seems like the best fit and confirm with the family member

Would you say that (insert name):

- Needs help doing almost all basic daily activities - like staying safe, bathing, getting dressed, eating
- Needs help doing some of the harder daily activities - like cooking or shopping
- Needs help with just a few critical activities - like taking medication at the right time or managing finances
- Doesn't need help with any activities most of the time

Response Type: Radio Button – only one of the above should be chosen

Description: Living Situation

Question/Item (4): Is there only one caregiver or are there several people who help (insert name) on a regular basis? Would you say that (insert name) has:

- No caregiver
- One caregiver
- More than one caregiver

Response Type: Radio Button – only one of the above should be chosen

Description: Living situation

Question/Item (5): Can you tell me who helps (insert name) the most, if (insert name) needs help? I'm going to read off some options. Please tell me which one is the best description:

Directions for caller: (pause and give a chance for the person to say Y/N after each option and stop after the person says yes) If they tell you who helps right away, read off the category that seems like the best fit and confirm with the family member

(Insert name):

- Gets most help from their husband, wife or partner
- Gets most help from their parents
- Gets most help from their brothers or sisters
- Gets most help from their family besides parents, brothers or sisters
- Gets most help from a friend who is not family
- Gets most help from staff
- Gets most help from someone that doesn't fit the descriptions I just said

Response Type: Radio Button – only one of the above should be chosen

Description: Flag for caregiver issues

Question/Item (6): (Skip if there is "no caregiver" identified from question 4)

Is the primary caregiver having health, age, stress-related or other issues that make it difficult to do everything that (insert name) needs?

Response Type: Y/N/Don't Know

Description: Flag for caregiver issues

Question/Item (7): (Skip if there is “no caregiver” identified from question 4)

Will you please tell me the age range the primary caregiver falls into?

- 21 years old or younger
- 22 – 50
- 51 – 60
- 61 – 70
- 71 – 80
- Older than 80

Agent Note: If the person is not the primary caregiver and is not sure of the primary caregiver’s age, ask them to give you their best estimate.

Response Type: Radio Button – only one of the above should be chosen

Description: Flag for caregiver issues

Question/Item (8): Skip if there is “no caregiver” identified from question 4)

How long do you think that you will be able to keep helping (insert name) stay at home if you continue getting the same services that you have now?

Directions for caller: (pause and give a chance for the person to say Y/N after each option and stop after the person says yes)

- Fewer than 3 months
- Between 3-6 months
- Between 6 months and 1 year
- Between 1 – 2 years
- Between 2 - 3 years
- Between 3-5 years
- Between 5-10 years
- More than 10 years from now
- I don’t know

Response Type: Radio Button – only one of the above should be chosen

Description: Desired timeframe for placement into a residence

Question/Item (9): How soon would you like (insert name) to be able to move to another place?

- Fewer than 3 months
- Between 3-6 months
- Between 6 months and 1 year
- Between 1 – 2 years
- Between 2 - 3 years
- Between 3-5 years
- Between 5-10 years
- More than 10 years from now
- I don't know
- Not applicable

Response Type: Radio Button – only one of the above should be chosen

Description: Access to services that help support the person at home

Question/Item (10): Currently, do you have enough services to meet (insert name)'s needs where he or she currently lives?

Response Type: Y/N/Don't know/I don't get any services/Not applicable

Description: Service adequacy and impact on timing of request for residential opportunity

Question/Item (11): Would you like (insert name) to live with you longer if you had more services?

Response Type: Y/N/Don't know/Not applicable

Follow-up question (11a) for those who said yes or don't know:

I'm going to ask about two kinds of services that OPWDD offers that might help (insert name) live at home longer. One type gives families a break from helping the person when they need a break. And another type of service helps the person with disabilities learn new skills during the day or evening.

Let's start with the kind of service that gives families a break – which some people know as "respite services". Think about your overall need for this service – including any respite services you get now.

Question/Item: Do you think that getting respite services would help (insert name) live at home for longer?

Response Type: Yes/No/I don't know

Follow-up question (**11a, i**) for people who say "Yes".

To help (insert name) live at home longer, do you think you need respite services on a:

- Daily basis
- Weekly basis
- Monthly basis
- Intermittent basis (school breaks, holidays)

Agent Note: This question is asking for the total amount of respite service the family needs, including any respite time they are currently receiving.

Response Type: Radio Button – only one of the above should be chosen

Follow up question (**11a,ii**) for those who say they need respite on a daily basis:

About how many hours do you think you need a day?

- About 4 hour or fewer per day
- Between 4 and 14 hours a day
- More than 14 hours a day
- I don't know

Response Type: Radio Button – only one of the above should be chosen

Follow up question (**11a,iii**) for those who say they need respite on a weekly basis:

About how many hours do you think you need a week?

- About 4 hour or fewer per week
- Between 4 and 14 hours a week
- More than 14 hours a week
- I don't know

Response Type: Radio Button – only one of the above should be chosen

Follow up question (**11a,iv**) for those who say they need respite on a monthly basis:

About how many hours do you think you need a month?

- About 4 hour or fewer per month
- Between 4 and 14 hours a month
- More than 14 hours a month
- I don't know

Response Type: Radio Button – only one of the above should be chosen

Follow up question (**11a,v**) for those who say they need respite on an intermittent basis:

About how many days do you think you need a year?

- Fewer than 7 days a year
- Between 7 and 14 days a year
- More than 14 days a year
- I don't know

Response Type: Radio Button – only one of the above should be chosen

Follow-up question (**11b**) for those who said yes or don't know – they would consider helping the person at home longer if they had more/different services:

Now I'm going to ask about the kind of service that helps people with disabilities learn new skills and be out in the community.

Question/Item: Do you think that getting these types of services would help (insert name) live at home for longer?

Response Type: Yes/No/I don't know

Follow-up question (**11b,i**) for people who say "Yes".

To help (insert name) live at home longer, can you tell me the amount of service that you would need to help (insert name) learn new skills and be active in the community.

To help (insert name) live at home longer, do you think you need these services on a:

- Daily basis
- Weekly basis
- Monthly basis
- Intermittent basis (school breaks, holidays)

Response Type: Radio Button – only one of the above should be chosen

Agent Note: This question is asking for the total amount of respite service the family needs, including any respite time they are currently receiving.

Follow up question (**11b,ii**) for those who say they need service on a daily basis:

About how many hours do you think you need a day?

- About 4 hour or fewer per day
- Between 4 and 14 hours per day
- More than 14 hours per day
- I don't know

Response Type: Radio Button – only one of the above should be chosen

Follow up question (**11b,iii**) for those who say they need services on a weekly basis:

About how many hours do you think you need a week?

- About 4 hour or fewer per week
- Between 4 and 14 hours a week
- More than 14 hours a week
- I don't know

Response Type: Radio Button – only one of the above should be chosen

Follow up question (**11b,iv**) for those who say they need services on a monthly basis:

About how many hours do you think you need a month?

- About 4 hour or fewer per month
- Between 4 and 14 hours a month
- More than 14 hours a month
- I don't know

Response Type: Radio Button – only one of the above should be chosen

Follow up question (**11b,v**) for those who say they need these services on an intermittent basis:

About how many hours do you think you need a year?

- Fewer than 20 hours a year
- Between 20 and 40 hours a year
- More than 40 hours a year
- I don't know

Response Type: Radio Button – only one of the above should be chosen

Description: Declination/Experience with previously offered residential opportunity

Question/item (12): At any time in the past, has (insert name) been offered a chance to move to a new home (like a group home or an apartment where agency staff are available to help the person)?

Response Type: Y/N/Does not know

Follow –up question (12a) for those who said “yes – they were offered a chance to move”: Did (insert name) move into a home that was offered to him/her OR did (insert name) NOT move at that time?

Response Type: Choose one option radio button (Option 1: The person moved, Option 2: The person did not move)

Follow-up question (12a,i) for those who said “the person moved”:

I’m going to read off some possible reasons for why (insert name) came back home. Please say “yes” to any of the reasons that describe why (insert name) came back home and so “no” otherwise:

- Location was too far from rest of family
- Location/neighborhood was not desirable
- Home was not in good condition
- Not compatible with other people living in the house
- Did not have own bedroom
- Did not get along with staff at the house
- (insert name)’s family lacked confidence in the agency or the staff
- (insert name) lost his place in the house because of a hospitalization (either medical or psychiatric)
- Lack of transportation to (insert name)’s job or activity
- The agency requested that (insert name) leave the home
- The move to the home resulted from poor person centered planning
- The person came back home for other reasons

Response Type: Y/N for each possible response - several of the options above may be true

Follow – up question (12a, ii) for those who said “the person did not move”:

I’m going to list out some possible reasons why (insert name) did not move into the home that was offered. Please say “yes” to each option that was a reason why (insert name) did not move. Say “no” otherwise.

- Location was too far from rest of family
- Location/neighborhood was not desirable
- Home was not in good condition
- Not compatible with other people living in the house
- Did not have own bedroom
- Did not get along with staff at the house
- (insert name)’s family lacked confidence in the agency or the staff
- (insert name) lost his place in the house because of a hospitalization (either medical or psychiatric)
- Lack of transportation to (insert name)’s job or activity
- The agency withdrew the offer to move
- Financial reasons
- The move to the home resulted from poor person centered planning
- The person didn’t move for other reasons

Response Type: Y/N for each possible response - several of the options above may be true

Description: Housing Preference

Question/Item (13): When it is time for (insert name) to move to a new home, what kind of home do you think (insert name) would like?

- A house or apartment that (insert name) owns or rents and lives in by him/herself with services (insert name) needs
- A house or apartment that (insert name) and other people own or rent and share, with services (insert name) needs
- A house or apartment with other people who have a developmental disability that is run and staffed full or part-time by an agency
- Other
- I don’t know

Response Type: Radio Button – only one of the above should be chosen

Description: Education and Outreach

Question/Item (14): OPWDD and providers have been working on developing different types of residential options. Do you know about other residential options besides group homes that have staff there 24 hours a day?

Response Type: Y/N/I don't know

Description: Education and Outreach

Question/Item (15): Would you like to learn more about other services that can help you and (insert name) decide on the right living situation for him/her?

Response Type: Y/N/I don't know

Caller: That was our last question. Thank you for completing this survey. We will be using this information to plan for our service system. We will never use this information to make plans for (insert name) specifically. But we might use the information collected in the survey to connect you to the Regional Office, if appropriate. Thanks again for your time!