



Missouri Statewide Independent Living Council (MOSILC) Needs Assessment (2021)

Demographics

MOSILC has developed this Community Needs Assessment to gather information about your community's opinions, needs, and challenges for people with disabilities. It is MOSILC's hope that by gathering this information it will provide MOSILC with important information on how to support people with disabilities within your community.

* 1. What is your relationship to the Center for Independent Living (CIL)?

- CIL Staff
- CIL Volunteer
- CIL Board Member
- Person with a disability
- Family member/friend
- Community Partner

* 2. Center Name

* 3. Missouri County

* 4. Your 5 Digit Zip Code

* 5. What is the your primary disability?

- Cognitive
- Hearing
- Mental/Emotional
- Other
- Physical
- Vision
- None



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Access to Community

6. Overall – How accessible is your community?

0 Less Accessible - More Accessible 10

7. How accessible is the grocery store that you use? For example, are the aisles wide enough? Are you able to shop effectively and ask staff when you need help?

0 Less Accessible - More Accessible 10

8. Are you able to access and participate in local gyms, movie theaters and other social places in your community?

0 Less Access - More Access 10



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Transportation

9. Are you able to provide your own form of transportation (eg. by driving yourself, family/friends or private means)?

Yes

No

10. Is public transportation available in your area?

Yes

No

11. If yes, is it accessible?

Yes

No

12. Overall – how would you rate accessibility of the public transportation in your area?

0 Lower - Higher 10

A horizontal slider scale is shown. The scale is a grey bar with a circular handle at the left end (0) and a text input box at the right end (10). The text 'Lower - Higher' is centered above the bar.



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Emergency Preparedness

13. Do you have access to Emergency Services in your area?

- Yes
- No

14. Do you have an emergency plan?

- Yes
- No

15. Can you access emergency services right now, if needed?

- Yes
- No

16. How prepared are you for an emergency?

Less Prepared - More Prepared

0 10



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Housing

17. Are you in need of accessible affordable housing?

- Yes
- No

18. Is there accessible affordable housing in your area?

- Yes
- No



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Health Care Services

19. Are your medical, dental and other health care related needs being met?

Yes

No

20. Do you have accessible mental health services in your area if needed?

Yes

No



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Communications

21. Do you use a smartphone? (*touchscreen interface, internet access, and an operating system capable of running downloaded applications*)

- Yes
- Yes - but my access is limited because I am not able to afford a plan with enough minutes/data per month.
- Yes – but my access is limited because of my disability.
- No – service is not available in my area.
- No – I have a landline and do not need a cellphone.

22. Are you able to use a landline?

- Yes
- No - my disability prevents me from using a regular phone
- No - I do not have one

23. Do you have access to the internet through a computer?

- Yes
- Yes - but my service is not stable
- Yes - but I am not able to afford the plan I need because of my disability.
- No - I do not need it.



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Voting

24. How do you vote?

- In person
- Absentee
- I don't vote

25. Are you aware of absentee voting?

- Yes
- No

26. How accessible is your poll?

0 Low to High 10

A horizontal slider scale is shown. The left end is labeled '0' and the right end is labeled '10'. The text 'Low to High' is centered above the slider. The slider itself is a horizontal bar with a circular knob at the 0 position. To the right of the slider is an empty rectangular text box.

27. Is there an accessible path into your polling place?

- Yes
- No

28. Is there an accessible voting booth in sight at your polling place?

- Yes
- No

29. Is curbside voting an option at your polling place?

- Yes
- No



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Advocacy

30. How comfortable are you advocating for your needs?

0 Low to High 10

A horizontal slider scale for question 30. The scale is a light gray bar with a white circle at the 0 position and a white square at the 10 position. The text '0' is at the left end, '10' is at the right end, and 'Low to High' is centered above the bar.

31. Do you have questions about legal/ADA rights?

- Yes
- No

32. Are you willing to share your story with your local center to be shared with legislators and local leaders to effect change?

- Yes
- No



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Center for Independent Living Services

33. Have you been in contact with your local Center for Independent Living for services?

Yes

No

34. What additional programs or services would you like to see your local center for independent living provide?



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How to contact your local Center for Independent Living:

There is a Center for Independent Living in your corner of Missouri. If you are in need of help or advice, please click on this link ([Missouri Centers for Independent Living](#)) and look up your local CIL.

For more on the Missouri Statewide Independent Living Council, please visit [MOSILC](#).



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Thank You!

Thank you for completing our survey. The information you provided will be used to develop the next three-year State Plan for Independent Living

Click DONE to submit your answers.