

Missouri Statewide Independent Living Council
Annual IL Outcomes Survey Tool

Q 1 Center Name: _____

Q2 Are you a United States Veteran? Yes No

Q3 Are you eligible for Missouri Medicaid? Yes No

Q4 Are you a registered voter? Yes No

Q5 Do you vote for elected officials? Yes No

Q6 Did you receive any Advocacy services? Assistance and /or representation in obtaining access to benefits, services, and programs to which a consumer may be entitled. Yes No

Q7 What was your experience with the ADVOCACY services you received? Satisfied Somewhat Satisfied Dissatisfied

Q8 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Advocacy service could have been better.

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Q9 Did you gain knowledge, skill and/or independence from the ADVOCACY service? Yes No

**Q10 Did this ADVOCACY service make a positive change in your life?
 Yes No**

Q11 If Yes, what change did this ADVOCACY service make?

Q12 Did you receive any Benefits Advisement services? Assistance with benefits planning for employment, disability, and/or retirement purposes. This may include coordination between other agencies including Vocational Rehabilitation, Social Security Administration, and Social Services. Yes No

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Q13 What was your experience with the BENEFITS ADVISEMENT services you received?

Satisfied

Somewhat Satisfied

Dissatisfied

Q14 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Benefits Advisement service could have been better.

Q15 Did you gain knowledge, skill and/or independence from this BENEFITS ADVISEMENT service? Yes No

Q16 Did this BENEFITS ADVISEMENT service make a positive change in your life? Yes No

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Q17 If Yes, what change did this BENEFITS ADVISEMENT service make?

Q18 Did you receive any EMPLOYMENT ADVISEMENT, TRAINING, and/or REFERRAL services? This would include job training, placement, development, resume development, interviewing skills, job seeking and retention skills, as well as referral for other employment services as needed.

Yes No

Q19 What was your experience with the EMPLOYMENT ADVISEMENT, TRAINING, AND/OR REFERRAL services you received?

Satisfied Somewhat Satisfied Dissatisfied

Q20 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the EMPLOYMENT ADVISEMENT, TRAINING, AND/OR REFERRAL service could have been better.

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Q26 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Home Modification service could have been better.

Q27 Did you gain knowledge, skill and/or independence from this HOME MODIFICATION service? Yes No

Q28 Did this HOME MODIFICATION service make a positive change in your life? Yes No

Q29 If Yes, what change did this HOME MODIFICATION service make?

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Q30 Did you receive any HOUSING REFERRAL OR ASSISTANCE services? These services are related to receiving information on the availability of housing and completing documentation to secure housing (lease, credit verification, etc.) Yes No

Q31 What was your experience with the HOUSING REFERRAL OR ASSISTANCE services you received?

Satisfied Somewhat Satisfied Dissatisfied

Q32 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Housing Referral or Assistance service could have been better.

Q33 Did you gain knowledge, skill and/or independence from this HOUSING REFERRAL OR ASSISTANCE service?

Yes No

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Q34 Did this HOUSING REFERRAL OR ASSISTANCE service make a positive change in your life? Yes No

Q35 If Yes, what change did this HOUSING REFERRAL OR ASSISTANCE service make?

Q36 Did you receive any INDEPENDENT LIVING SKILLS TRAINING services? These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities. Yes No

**Q37 What was your experience with the INDEPENDENT LIVING SKILLS TRAINING services you received?
 Satisfied Somewhat Satisfied Dissatisfied**

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Q38 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Independent Living Skills Training service could have been better.

Q39 Did you gain knowledge, skill and/or independence from this INDEPENDENT LIVING SKILLS TRAINING service? Yes No

Q40 Did this INDEPENDENT LIVING SKILLS TRAINING service make a positive change in your life? Yes No

Q41 If Yes, what change did this INDEPENDENT LIVING SKILLS TRAINING service make?

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Q42 Did you receive any INFORMATION AND REFERRAL services? This service includes any information and/or referral of other agencies, community programs, services, and/or activities. A follow-up contact is necessary for each information and referral provided to the consumer. Examples of this include referrals to healthcare agencies, food banks, transportation providers, recreation, public assistance facilities, and employers. Yes No

**Q43 What was your experience with the INFORMATION AND REFERRAL services you received?
 Satisfied Somewhat Satisfied Dissatisfied**

Q44 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Information and Referral service could have been better.

**Q45 Did you gain knowledge, skill and/or independence from this INFORMATION AND REFERRAL service?
 Yes No**

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Q46 Did this INFORMATION AND REFERRAL service make a positive change in your life? Yes No

Q47 If Yes, what change did this INFORMATION AND REFERRAL service make?

Q48 Did you receive any PEER SUPPORT services? Counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities. Yes No

**Q49 What was your experience with the PEER SUPPORT services you received?
 Satisfied Somewhat Satisfied Dissatisfied**

Q50 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Peer Support service could have been better.

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Q50

Q51 Did you gain knowledge, skill and/or independence from this PEER SUPPORT service? Yes No

**Q52 Did this PEER SUPPORT service make a positive change in your life?
 Yes No**

Q53 If Yes, what change did this PEER SUPPORT service make?

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Q54 Did you receive any PERSONAL ASSISTANCE SERVICES (PAS)?
These include, but are not limited to, assistance with activities of daily living such as bathing, toileting, meal preparation, transportation for medical appointments and household shopping, housekeeping, and medication setup.

Yes No

Q55 What was your experience with the PERSONAL ASSISTANCE SERVICES (PAS) you received?

Satisfied Somewhat Satisfied Dissatisfied

Q56 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Personal Assistance Services (PAS) could have been better.

Q57 Did you gain knowledge, skill and/or independence from PERSONAL ASSISTANCE SERVICES (PAS)?

Yes No

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Q58 Did PERSONAL ASSISTANCE SERVICES (PAS) make a positive change in your life? Yes No

Q59 If Yes, what change did PERSONAL ASSISTANCE SERVICES (PAS) make?

Q60 Did you receive any ADAPTIVE EQUIPMENT/ASSISTIVE TECHNOLOGY services? Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain or improve functional capabilities of individuals with disabilities and any assistive technology service that assists an individual with a disability in the selection, acquisition or use of an assistive technology device. Yes No

Q61 What was your experience with the ADAPTIVE EQUIPMENT / ASSISTIVE TECHNOLOGY services you received? Satisfied Somewhat Satisfied Dissatisfied

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Q62 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Adaptive Equipment/Assistive Technology service could have been better.

Q63 Did you gain knowledge, skill and/or independence from this ADAPTIVE EQUIPMENT / ASSISTIVE TECHNOLOGY service?

Yes No

Q64 Did this ADAPTIVE EQUIPMENT/ASSISTIVE TECHNOLOGY service make a positive change in your life? Yes No

Q65 If Yes, what change did this ADAPTIVE EQUIPMENT/ASSISTIVE TECHNOLOGY service make?

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Q66 Did you receive any YOUTH SERVICES including TRANSITION services? Any service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24 to promote self-awareness and self-esteem, develop advocacy and self-empowerment skills, and the exploration of career options, including the transition from school to post school activities such as postsecondary education, vocational training, employment, continuing and adult education, adult services, independent living, or community participation. Yes No

**Q67 What was your experience with the YOUTH SERVICES including TRANSITION services you received?
 Satisfied Somewhat Satisfied Dissatisfied**

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Q68 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Youth Services including Transition service could have been better.

Q69 Did you gain knowledge, skill and/or independence from YOUTH SERVICES including TRANSITION service? Yes No

Q70 Did YOUTH SERVICES including TRANSITION service make a positive change in your life? Yes No

Q71 If Yes, what change did YOUTH SERVICES including TRANSITION service make?

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Q71

Q72 Did you receive any EMERGENCY ASSISTANCE Services? Any service that assists a consumer with securing financial aid and/or human assistance during an emergency situation or crisis. Yes No

Q73 What was your experience with the EMERGENCY ASSISTANCE Services you received? Satisfied Somewhat Satisfied Dissatisfied

Q74 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Emergency Assistance service could have been better?

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Q74

Q75 Did you gain knowledge, skill and/or independence from this EMERGENCY ASSISTANCE service? Yes No

Q76 Did this EMERGENCY ASSISTANCE service make a positive change in your life? Yes No

Q77 If Yes, what change did this EMERGENCY ASSISTANCE service make?

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Q78 Did you receive any INSTITUTIONAL DIVERSION or NURSING HOME TRANSITION services? Services relating to relocation from nursing homes or other institutions to community-based living arrangements. This would also include services to prevent institutionalization or nursing home placement. Yes No

**Q79 What was your experience with the INSTITUTIONAL DIVERSION or NURSING HOME TRANSITION Services you received?
 Satisfied Somewhat Satisfied Dissatisfied**

Q80 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Institutional Diversion or Nursing Home Transition service could have been better?

Q81 Did you gain knowledge, skill and/or independence from this INSTITUTIONAL DIVERSION or NURSING HOME TRANSITION service? Yes No

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Q82 Did this INSTITUTIONAL DIVERSION or NURSING HOME TRANSITION service make a positive change in your life? [] Yes [] No

Q83 If Yes, what change did this INSTITUTIONAL DIVERSION or NURSING HOME TRANSITION service make?

Q84 Did you receive any TRANSPORTATION services? Provision of, or arrangements for, transportation. [] Yes [] No

**Q85 What was your experience with the TRANSPORTATION services you received?
[] Satisfied [] Somewhat Satisfied [] Dissatisfied**

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Q86 If you chose, Somewhat Satisfied or Dissatisfied, please describe how the Transportation service could have been better?

Q87 Did you gain knowledge, skill and/or independence from this TRANSPORTATION service? Yes No

Q88 Did this TRANSPORTATION service make a positive change in your life? Yes No

Q89 If Yes, what change did this TRANSPORTATION service make?