

NYS OPWDD Residential Request List - Caregiver Survey

8/11/2015

Preliminary Question: Since ___(Individual's Name)'s name is on the Residential Request List, we want to check to make sure that he/she is still interested in residential services.

Please choose **one** (1): Yes No

If "Yes", Question 1: Can you tell me which of the following choices best describes where ___(Individual's Name) lives?

Please choose **one** (1)

Does ___(Individual's Name):

- Live in his/her own house or apartment
- Live in his/her parent's house or apartment
- Live in his/her brother 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 someone who is not family
- Live in a nursing home or any kind of hospital
- Live in a residential school or a school they live at
- He/she is homeless or is living in homeless shelter right now, or is about to be homeless within the next few months
- Live in a different setting than the options I just said

Question 2: OPWDD wants to know whether ___(Individual's Name) may need help right now. We want to identify situations where we need to connect you to a Regional Office right away because of critical needs.

Please answer "yes," "no" or "I don't know" to the following questions.

- Is he/she being told by a court that he/she needs to live in a home provided by OPWDD? Yes No I don't know
- Does he/she have a history of doing dangerous things that hurt him/herself or others? Yes No I don't know

Question 3: We'd like to know how independent ___(Individual's Name) can be. Can you tell me how much help he/she needs every day? Would you say that he/she. . .

- Needs help doing almost all basic daily activities, like staying safe, bathing getting dressed, or 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, which means things like budgeting and paying bills on time
- Doesn't need help with any activities most of the time
- Are you not sure? (I don't know)

Question 4: Please answer yes or no. Does someone help ___(Individual's Name) on a regular basis?

Please choose **one** (1): Yes No I don't know

If "Yes": Is there one person who helps him/her most of the time? Please choose **one** (1):

- Individual has one caregiver that helps him/her
- Individual has more than one caregiver that helps him/her

Question 5: From the list I am going to read, can you tell me who helps ___(Individual's Name) the most, if he/she needs help? ___(Individual's Name):

- Gets most help from his/her parents
- Gets most help from his/her brothers or sisters
- Gets most help from his/her husband, wife or partner
- Gets most help from his/her family other than 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
- I Don't Know

Question 6: (Skip if "No" or "No helper/caregiver" is the choice for Question 4)

At times, are there any issues that make it difficult to provide care for ___(Individual's Name)? These issues could be health, age, stress, money, or something else.

Please choose **one** (1): Yes No I don't know

Question 7: (Skip if "No" or "No helper/caregiver" is the choice for Question 4)

How old is ___(Individual's Name)'s primary caregiver?

- 21 years old or younger
- 22 – 50
- 51 – 60
- 61 – 70

- 71 – 80
- Older than 80

Question 8: How long do you think that __ (Individual's Name) will be able to stay at home if he continues getting the same services that he has now? Please choose **one** (1)

- 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 – do not want to stay home/homeless

Question 10: Does __ (Individual's Name) have enough services to meet his/her needs where he/she is now living? Please choose **one** (1): Yes No I don't know Not applicable Individual does not get any services

Question 11: Would you like __ (Individual First Name) to continue to live where he/she lives now if he/she had more services?

Please choose **one** (1): Yes No I don't know Not applicable

Follow-up question for those who said "Yes" or "I don't know."

I am going to ask you about two kinds of services OPWDD offers that might help __ (Individual's Name) live at home longer.

One type gives caregivers a break from helping the person when they need a break. The second type of services helps the person with disabilities learn new skills during the day or evening.

Let's start with the kind of service that gives caregivers 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: Do you think that getting **respite services** would help __ (Individual's Name) live at home longer?

Please choose **one** (1): Yes No I don't know

Follow-up question for people who say "Yes, respite services" would help __ (Individual's Name) live at home for longer. To help __ (Individual's Name) live at home longer, do you think that you need respite services every day, every week, every month, or once in a while (school breaks or holidays)? Please choose one (1):

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

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 for those who say they need respite on a daily basis:

About how many respite hours would be needed each day? It can be between 4 or fewer hours or more than 14 hours 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

Follow up question for those who say they need respite on a weekly basis:

About how many respite hours would be needed each week? It can be between 4 or fewer hours or more than 14 hours 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

Follow up question for those who say they need respite on a monthly basis:

About how many respite hours would be needed each month? It can be between 4 or fewer hours or more than 14 hours 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

Follow up question for those who say they need respite on an intermittent basis:

About how many respite days would be needed each year? It can be between fewer than 7 days a year or more than 14 days 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

Follow-up question for those who said “Yes” or “I don’t know” to “Would you like __ (Individual’s Name) to live with you longer if you had more services?”

Question: 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. Do you think that getting these types of services would help __ (Individual’s Name) live at home for longer? Please choose one (1): Yes No I don’t know

Follow-up for people who say “Yes” to “need help to learn new skills/be active in the community.”

To help __ (Individual’s Name) live at home longer, how often do you think he/she needs these services?

Please choose one (1).

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

Follow up question for those who say they need service on a daily basis:

About how many service hours would be needed each day? It can be between 4 or fewer hours or more than 14 hours 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

Follow up question for those who say they need services on a weekly basis:

About how many service hours would be needed each week? It can be between 4 or fewer hours a week or more than 14 hours 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

Follow up question for those who say they need services on a monthly basis:

About how many service hours would be needed each month? It can be between 4 or fewer hours a month or more than 14 hours 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

Follow up question for those who say they need these services on an intermittent basis:

About how many service days would be needed each year? It can be between fewer than 7 days a year or more than 14 days 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

Question 12: At any time in the past, has __ (Individual’s Name) been given a chance to move to a group home or an apartment that has agency staff available to help him/her?

Please choose one (1): Yes No I don’t know

Follow-up question for those who said “yes – they were offered a chance to move.”

Did __ (Individual's Name) move in to the home when it was offered to him/her?

Please choose **one** (1): Yes No I don't know

Follow-up question for those who said "Yes, moved in to the home":

Did __ (Individual's Name) stay in the home that was offered? Please choose **one** (1): Yes No

Follow-up question for those who said "No": The following statements are possible reasons that __ (Individual's Name) **did not stay** in the home offered. **Please say "Yes" or "No"** to the following statements as I read them if it is a reason why he/she did not stay there.

- | | | |
|---|-----|----|
| ▪ The location was too far from the rest of the family. | Yes | No |
| ▪ The location and/or neighborhood was undesirable. | Yes | No |
| ▪ The home was not in good condition. | Yes | No |
| ▪ __ (Individual's Name) was not compatible with other people living in the house. | Yes | No |
| ▪ He/she did not have his/her own bedroom. | Yes | No |
| ▪ He/she did not get along with the staff at the house. | Yes | No |
| ▪ __ (Individual's Name)'s family lacked confidence in the agency or the staff. | Yes | No |
| ▪ He/she lost his/her place in the home because of a hospitalization (either medical or psychiatric). | Yes | No |
| ▪ Lack of transportation to his/her job or activity | Yes | No |
| ▪ The agency requested that he/she leave the home | Yes | No |
| ▪ The move to the home resulted from poor person centered planning | Yes | No |
| ▪ The person did not stay for other reasons | Yes | No |

Follow – up question for those who said "No, did not move in to the home":

The following statements are possible reasons that __ (Individual's Name) did not move into the home that was offered. Please **say "Yes" or "No"** to the following statements as I read them if it is a reason why he/she did not move.

- | | | |
|---|-----|----|
| ▪ The location was too far from the rest of the family. | Yes | No |
| ▪ The location and/or neighborhood was not desirable. | Yes | No |
| ▪ The home was not in good condition. | Yes | No |
| ▪ __ (Individual's Name) was not compatible with other people living in the house. | Yes | No |
| ▪ He/she did not have his/her own bedroom. | Yes | No |
| ▪ He/she did not get along with the staff at the house. | Yes | No |
| ▪ __ (Individual's Name)'s family lacked confidence in the agency or the staff. | Yes | No |
| ▪ He/she lost his/her place in the home because of a hospitalization (either medical or psychiatric). | Yes | No |
| ▪ Lack of transportation to his/her job or activity. | Yes | No |
| ▪ The agency withdrew the offer to move. | Yes | No |
| ▪ Financial reasons? | Yes | No |
| ▪ The move to the home resulted from poor person centered planning. | Yes | No |
| ▪ He/she did not move for other reasons. | Yes | No |

Question 13: When it is time for __ (Individual's Name) to move to a new home, what kind of home do you think he/she would like? Please choose **one** (1):

- A house or apartment that he/she owns or rents and lives in by himself/herself with services he/she needs
- A house or apartment that he/she and other people own or rent and share, with an agency providing the services he/she 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. This is sometimes called a group home.
- Other
- I don't know/Not Applicable

Question 14: OPWDD will be developing residential options other than group homes. When the options are available, would you be interested in hearing about them?

Please choose **one** (1): Yes No I don't know