# Findings from the 2008 Survey for People Living with Disabilities In Louisiana

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# TABLE OF CONTENTS

Page

**EXECUTIVE SUMMARY** ..... 9

**INTRODUCTION** ..... 11

**ANALYSES OF ENTIRE POPULATION**
- Response Rate ..... 19
- General Characteristics of Respondents ..... 22
- Health Care ..... 30
- Health Care and Age ..... 35
- Independent Living ..... 40
- Assistive Technology ..... 44
- Transportation ..... 49
- Housing ..... 52
- Education ..... 55
- Employment ..... 59
- Finances ..... 62
- Community Involvement ..... 67
- Civic Involvement ..... 69
- Emergency Preparedness ..... 71
- General Comments ..... 73

**TABLES - ENTIRE SURVEY** ..... 75
- General Information ..... 76
- Health Care ..... 80
- Independent Living ..... 87
- Assistive Technology ..... 90
- Transportation ..... 92
- Housing ..... 94
- Education ..... 96
- Employment ..... 98
- Finances ..... 99
- Community Involvement ..... 101
- Civic Involvement ..... 103
- Emergency Preparedness ..... 104

Page

**REGIONAL ANALYSES** 105
(Figure 1) Map of Department of Health and Hospitals Regions 106

Region I – Graphs
General Information 107
Health Care 114
Independent Living 117
Assistive Technology 121
Transportation 124
Housing 127
Education 130
Employment 133
Finances 135
Community Involvement 138
Civic Involvement 141
Emergency Preparedness 143

Region I - Tables
General Information 145
Health Care 148
Independent Living 151
Assistive Technology 153
Transportation 155
Housing 157
Education 159
Employment 161
Finances 162
Community Involvement 164
Civic Involvement 166
Emergency Preparedness 167

Region II - Graphs
General Information 169
Health Care 175
Independent Living 179
Assistive Technology 182
Transportation 185
Housing 187
Education 190
Employment 193
Finances 194
Community Involvement 197
Civic Involvement 199
Emergency Preparedness 201

Page

Region II - Tables
General Information 202
Health Care 206
Independent Living 209
Assistive Technology 211
Transportation 213
Housing 215
Education 217
Employment 219
Finances 220
Community Involvement 222
Civic Involvement 224
Emergency Preparedness 225

Region III - Graphs
General Information 227
Health Care 232
Independent Living 235
Assistive Technology 238
Transportation 241
Housing 243
Education 246
Employment 249
Finances 251
Community Involvement 254
Civic Involvement 256
Emergency Preparedness 258

Region III - Tables
General Information 259
Health Care 263
Independent Living 266
Assistive Technology 269
Transportation 271
Housing 273
Education 275
Employment 277
Finances 278
Community Involvement 280
Civic Involvement 282
Emergency Preparedness 283

Page

Region IV - Graphs
General Information 285
Health Care 291
Independent Living 294
Assistive Technology 297
Transportation 300
Housing 302
Education 305
Employment 308
Finances 310
Community Involvement 313
Civic Involvement 315
Emergency Preparedness 317

Region IV - Tables
General Information 318
Health Care 322
Independent Living 325
Assistive Technology 328
Transportation 330
Housing 332
Education 334
Employment 336
Finances 337
Community Involvement 339
Civic Involvement 341
Emergency Preparedness 342

Region V - Graphs
General Information 343
Health Care 348
Independent Living 351
Assistive Technology 355
Transportation 358
Housing 360
Education 363
Employment 366
Finances 368
Community Involvement 371
Civic Involvement 373
Emergency Preparedness 375

Page

Region V - Tables
General Information 376
Health Care 380
Independent Living 383
Assistive Technology 386
Transportation 388
Housing 390
Education 392
Employment 394
Finances 395
Community Involvement 397
Civic Involvement 399
Emergency Preparedness 400

Region VI - Graphs
General Information 401
Health Care 406
Independent Living 409
Assistive Technology 412
Transportation 415
Housing 417
Education 420
Employment 423
Finances 425
Community Involvement 428
Civic Involvement 430
Emergency Preparedness 432

Region VI - Tables
General Information 433
Health Care 437
Independent Living 440
Assistive Technology 443
Transportation 445
Housing 447
Education 449
Employment 451
Finances 452
Community Involvement 454
Civic Involvement 456
Emergency Preparedness 457

Page

Region VII - Graphs
General Information 459
Health Care 465
Independent Living 468
Assistive Technology 472
Transportation 475
Housing 477
Education 480
Employment 483
Finances 485
Community Involvement 488
Civic Involvement 490
Emergency Preparedness 492

Region VII - Tables
General Information 493
Health Care 496
Independent Living 499
Assistive Technology 502
Transportation 504
Housing 506
Education 508
Employment 510
Finances 511
Community Involvement 513
Civic Involvement 515
Emergency Preparedness 516

Region VIII – Graphs
General Information 517
Health Care 523
Independent Living 526
Assistive Technology 530
Transportation 533
Housing 535
Education 538
Employment 542
Finances 544
Community Involvement 547
Civic Involvement 549
Emergency Preparedness 551

Page

Region VIII - Tables
General Information ..... 552
Health Care ..... 556
Independent Living ..... 559
Assistive Technology ..... 562
Transportation ..... 564
Housing ..... 566
Education ..... 568
Employment ..... 570
Finances ..... 571
Community Involvement ..... 573
Civic Involvement ..... 575
Emergency Preparedness ..... 576

Region IX - Graphs
General Information ..... 577
Health Care ..... 583
Independent Living ..... 586
Assistive Technology ..... 590
Transportation ..... 593
Housing ..... 596
Education ..... 599
Employment ..... 602
Finances ..... 604
Community Involvement ..... 607
Civic Involvement ..... 609
Emergency Preparedness ..... 611

Region IX - Tables
General Information ..... 612
Health Care ..... 616
Independent Living ..... 619
Assistive Technology ..... 622
Transportation ..... 624
Housing ..... 626
Education ..... 628
Employment ..... 630
Finances ..... 631
Community Involvement ..... 633
Civic Involvement ..... 635
Emergency Preparedness ..... 636

## APPENDICES


| | | Page |
|---|---|---|
| Appendix A. | Executive Summary of 2004 Report | 637 |
| Appendix B. | Cover Letter and 2008 Survey Instrument | 639 |
| Appendix C. | Responses to "What is your diagnosis?" | 653 |
| Appendix D. | Responses to Open-Ended Questions | 667 |
| Appendix E. | Responses to "Please share any information you think would help us help people living with disabilities." | 699 |
| Appendix F. | Alternate Survey Formats | 713 |
| | Spanish | 714 |
| | Vietnamese | 726 |
| | ASL | 738 |
| | Large Print | 756 |

# EXECUTIVE SUMMARY

In January of 2008, 9,970 surveys were mailed to Louisiana residents living with disabilities. The survey was developed for the Louisiana Department of Health and Hospitals (DHH) by the Office of Social Service Research & Development (OSSRD) of the Louisiana State University School of Social Work. In 2004, DHH and OSSRD collaborated on a similar survey. The current survey was commissioned as a follow-up to as well as an improvement upon this survey. Although changes were made to the survey content, some comparisons can still be made between the findings of each.

The survey focused on disability services in Louisiana: the services currently received by respondents, the services still needed by respondents, and the reasons why respondents do not get these services. Specifically, the survey was comprised of 13 sections, 11 of which dealt with categories of services and supports received by respondents: health care, independent living, assistive technology, transportation, housing, education, employment, finances, community involvement, civic involvement, and emergency preparedness.

Respondents had the option of completing the survey and returning it by mail, calling an 800-number to take the survey over the telephone, or completing an online version of the survey. The survey was also available, by request, in alternate languages and formats: Spanish, Vietnamese, Braille, large print, and American Sign Language (ASL).

Overall, this survey yielded 921 usable responses. Of those responses 13 (1%) were received from those on the mailing list provided by OMH, 19 (2%) from OCDD's mailing list, 49 (5%) from a mailing list provided by DHH of individuals who had applied and were rejected for Medicaid, 632 (69%) from those eligible for Medicaid, and 208 (23%) of the responses received were missing an ID number tying them to a specific list. Of the 921 usable surveys received, 827 (90%) were paper surveys, 76 (8%) were completed online, and 18 (2%) of respondents completed the survey over the phone. Most (55%) of surveys received were completed by the person to whom the survey was addressed. In regard to the rest of the surveys, 16% were filled out by the parent or guardian of a minor included in the sample, 15% were completed by the parent or guardian of an adult included in the sample, 11% were completed by a helper or friend of a person included in the sample, 2% were completed by a professional or advocate, and <1% were completed by a court appointed guardian, curator, tutor, or agent.

The majority of respondents were female (55%) and African American (51%) or Caucasian (46%). Respondents were allowed to “check all that apply” in regard to racial-ethnic group and as a result, the total number of responses exceeded the number of respondents. Other racial-ethnic groups represented include Native American (4%), Multi-Racial (2%), Hispanic (1%), Other (<1%) and Asian (<1%). Respondents had a mean age of 40.4 and ages ranged from 1-79.

Respondents were asked to identify their type of disability and were allowed to select all options that apply. More respondents reported having a physical disability (46%) than any other type of disability, followed by mental health or emotional disability (39%), chronic health condition (33%), learning or cognitive disability (24%), speech communication disability (14%), and sensory disability (5%).

Respondents were asked about methods of obtaining information about available services. Healthcare providers (54%), relatives or friends (51%), television (33%), agencies (30%), and mail (26%) were the most prevalent answers.

Nearly half of all respondents (49%) reported having medical coverage through Medicaid, while 21% had Medicare, 17% had Medicare prescription drug coverage and 4% had no insurance. Additionally, 3% of respondents reported having each of the following types of coverage: insurance through an employer, private insurance, and another type of insurance. The majority of respondents claimed to use primary care doctors (82%) and prescription medication (77%), while a substantial number also claimed to use specialist doctors (33%), eye/vision services (26%), dental services (22%), medical supplies (22%), mental health services (19%), emergency care (14%), therapy services (11%), and hospital care (11%). The most needed form of service not received was dental services (43%), followed by eye/vision services (28%), therapy services (15%), and specialist doctors (15%). An additional 25% of respondents report that they are receiving all the services they need.

Many respondents stated that needed medical care was not covered by their insurance. A small number of respondents under 18 (11%) and 18-21 (10%) provided this answer, followed by 25% of respondents aged 22-30, 39% of respondents aged 31-40, 43% of respondents aged 41-50, 39% of respondents aged 51-60, and 30% of respondents aged 61-79. This pattern implies that limited insurance coverage is an issue for more respondents in the middle-aged ranges than any other age categories.

# INTRODUCTION

## Background

In an effort to better comprehend the needs of people living with disabilities in Louisiana, the Department of Health and Hospitals (DHH) Bureau of Health Services Finances (Medicaid) and its partner agencies, in conjunction with the Office of Social Service Research & Development (OSSRD) of the Louisiana State University School of Social Work, conducted a statewide survey of persons with disabilities. The first wave of this survey, conducted in 2004, included both qualitative interviews and quantitative questionnaires. The second wave of the survey, conducted in 2008, utilized only a revised form of the quantitative questionnaire. The 2008 survey was distributed to a larger sample (9,970 in 2008 as compared to 7,500 in 2004) drawn from DHH and its various partner agency mailing lists. The overall goal of this ongoing research was to generate and maintain up-to-date information on the situation of residents with disabilities and to use this information for the development of policy. The Executive Summary of the 2004 report is provided in Appendix A. The 2008 survey instrument along with its accompanying cover letter to respondents is provided in Appendix B.

The following report summarizes the results from the 2008 survey and only discusses the 2004 survey for purposes of comparison. A full account of the results of the 2004 survey can be found in *Findings from Interviews and Surveys for People Living with Disabilities* (Office of Social Service Research & Development 2004). The remainder of this section describes the intended uses and limitations of the information presented in this report, specific differences between the 2004 and 2008 surveys, sampling procedures and methodology used in the 2008 survey, and recommendations for future research. The rest of the report is then organized as follows: demographic characteristics of participants, overall results, and tables laying out results from the general analysis and the analysis of each administrative region of DHH (see Figure 1). Responses to open-ended questions are provided in Appendices C - E.

## Uses and Limitations of Results

A few important points warrant explanation before proceeding with this report. First, the population, or the number of respondents answering each question, varies from question to question due to the fact that respondents often skipped questions. Second, the use of multiple response questions, or questions where respondents are directed to "check all that apply," gives the appearance of an inflated response rate on some questions. Respondents often chose more than one answer for these questions; causing the number of responses to exceed the population. Third, the information presented in this report is not intended to be used as statistical evidence of the quality of services or the need for improvement. These results should be interpreted as reflecting the situation of those who answered the survey and not of all people living with disabilities throughout the state or region. As we have no way to determine whether the population that answered the survey is representative of the larger population we were interested in reaching, all we can conclude is that the information contained in this report applies to the people who answered the survey.

Later in the report, we examine the possible connection between age and levels of care, exploring observed patterns in the data and the possible connection between age and various services and supports. It is not our intention to give the impression of conclusive evidence of a cause and effect relationship. By paying special attention to the influence of age on levels of care, we hope to call attention to a specific issue commonly mentioned by respondents. That being said, these results are intended be used as the basis for continuing research and to inform future policy involving supports and services for Louisiana residents living with disabilities. This report is not intended to be a set of finite guidelines for improving the lives of people with disabilities, rather the initial step in the process of developing such a strategy.

Differences Between 2004 and 2008

The current survey is, as previously mentioned, a revised form of the survey OSSRD conducted for DHH and the Statewide Independent Living Council (SILC) in 2004. The revisions made to the survey instrument reflect a desire for both different information and more accurate, usable information. Changes were made to the overall structure of the survey as well as to the content and are reviewed below. The remainder of this section discusses key differences between the 2004 sample and the sample used in the current survey and the possible influence these differences may have on the resulting data.

1. **Changes to Survey Structure**

   The most obvious changes made to the 2008 survey are to the length and appearance of the survey instrument. The 2008 survey is, at 12 pages, twice as long as the previous version, which was 6 pages. This increase is due in part to the use of a larger font and more generous spacing. New content also adds to the length of the 2008 survey. Sections addressing emergency preparedness, independent living, employment, and personal finances have been added as have questions intended to clarify who filled out the survey, and if it was not the intended recipient, inquired about the respondent's relationship to the recipient and reason assistance was necessary. Although some questions in the new categories were derived from the 2004 survey, most questions were revised and some grouped with new questions. Specific changes to survey content are described below.

   In addition to a more readable format, the 2008 survey utilizes indented, shaded boxes to call attention to the presence of skip patterns, or directions asking respondents who provide a particular answer to skip one or more of the following questions. The decision to implement this specific change was made in response to the frequency with which 2004 respondents answered questions they had been instructed to skip. The use of shaded boxes seems to have helped to some degree, but it could have inadvertently caused another problem. Several 2008 respondents reported that they were hesitant to write in the shaded boxes due to the fact that government forms often contain shaded boxes “for official use only.”

2. **Changes to Survey Content**

Changes to survey content reflect the desire to improve the survey and to collect data on more aspects of lives of people living with disabilities. Unlike the 2004 survey, the 2008 survey does not contain any questions specifically asking about satisfaction with supports and services. Instead, the content of this survey is focused on the services respondents receive, the services they need but do not get, and the reasons why they do not receive these services. This change was instituted with the hope of gathering more specific information about services and supports used by people with disabilities. Whereas the 2004 data mainly speak to satisfaction, those gathered in 2008 speak to possible systematic obstacles to obtaining needed care.

Specific revisions reflected in the content of the 2008 survey include the addition of questions addressing emergency preparedness, personal finances, employment, independent living, and who is filling out the survey. Several sections were added to the current survey and the number of response categories was expanded in many of the existing questions. The emergency preparedness section is the only completely new section and was added in an attempt to capture some of the needs of people with disabilities in the wake of Hurricanes Katrina and Rita. Sections on personal finances, independent living, and employment are not entirely new, but combine new and expanded questions with questions from the 2004 survey. The personal finance section contains new questions to address individual income, assets, and government assistance. The independent living section utilizes existing questions regarding care planning and combines them with new items asking about independent living services and supports. The employment section includes two questions from the 2004 survey that have been revised to include additional response categories and grouped together in a new section.

One area of content revision deserves special mention. A key concern that arose during the design of this research was in regard to family members or care providers filling out surveys without consulting the person to whom the survey was addressed. Since the best source of information on the situation of people living with disabilities is people living with disabilities themselves, the researchers sought to discourage anyone from answering for the intended respondents. For this reason, three measures were taken to discourage other parties from answering for those capable of answering for themselves. First, a series of bullet points specifying who should and should not fill out the survey was added to the survey instructions. Second, two questions were added to the beginning of the survey asking "Who is filling out this survey?" and "Why is someone helping you fill out this survey?" Responses indicating that the intended participant did not want to participate in the survey were excluded from the analysis. Third, a reminder to assist but not answer for the person to whom the survey was addressed was placed at the top of each page of the survey. The obvious exceptions to these directions, minors and people incapable of answering for themselves, were explained in all three measures.

The final revision to survey content pertains more to the data analysis than to the appearance of the survey itself. Problems arose in the data analysis of the 2004 survey, as respondents often selected more than one answer for questions asking for a single response. For this reason, most of the questions in the current survey direct respondents to "check all that apply."

Methodology

In January 2008, survey packets were mailed out to respondents according to the following procedure. OSSRD assembled survey packets, some of which were mailed by partner organizations to their clients and some of which were mailed by OSSRD using mailing labels provided by partner organizations. Packets contained a cover letter with a randomly generated identification (ID) number, a survey, a thank-you gift of a pocket calendar and a postage-paid envelope in which to return the survey. ID numbers indicated no identifying characteristics of respondents other than Medicaid status or the organization that sent the survey and could in no way be linked to specific individuals. ID numbers were also utilized to prevent respondents from submitting surveys in multiple formats. Returned surveys on which no ID number was provided were assigned an ID indicating their unknown origin. A detailed description of the numbering scheme and sample selection is provided in the following section.

Respondents were given a variety of options to participate in the survey. The most widely utilized option was returning the completed survey via the U.S. Postal Service using the postage-paid envelope provided. A dedicated 800-number was established for general questions and to allow participants the option of having the survey administered to them over the telephone or via video relay. Lastly, an online version of the survey was developed and hosted by OSSRD. The survey was available by request in the following languages and formats: Spanish, Vietnamese, Braille, large print, and American Sign Language (ASL). Copies of these versions of the survey instrument are provided in Appendix F.

The survey contained 61 questions, of which 54 were multiple choice, organized into 13 sections: General Information, Health Care, Independent Living, Assistive Technology, Transportation, Housing, Education, Employment, Finances, Civic Involvement, Emergency Preparedness, and General Comments. The only exception to this organizational scheme was the ASL version of the survey for deaf respondents. Due to differences between written English and ASL, all multiple-choice items were converted to yes/no response questions. Therefore, this version of the survey had 314 questions, 257 of which were dichotomous response items.

Data were coded and cleaned by OSSRD research staff. Distribution analysis was conducted using SPSS statistical processing software. The following report summarizes the results of this analysis. The demographic characteristics of respondents are presented first, followed by the overall results, and results from each administrative region of DHH.

Sampling Procedures

This survey was distributed by mail to 9,970 individuals randomly selected from the following mailing lists: 1) 140 from the Office of Citizens with Developmental Disabilities (OCDD), 2) 1,162 from Office of Mental Health (OMH), 3) 7,829 from DHH's list of those eligible for Medicaid and 4) 839 from the DHH list of those who have applied for Medicaid and been rejected. Keep in mind that many respondents identified as Medicaid eligible qualify for services but do not necessarily utilize them. In order to avoid overlap among the mailing lists, Medicaid eligible individuals were intentionally not selected from the OMH and OCDD mailing lists. All respondents selected from these sources had either been rejected for Medicaid or had never applied for coverage.

It is important to note that this sample cannot be described as representative of the population in question. Measures were taken to include respondents who were Medicaid eligible as well as respondents who were Medicaid ineligible, respondents with private health insurance, those with insurance provided through an employer and the uninsured. While this is not the ideal manner in which to draw a sample, it was, in this context, the most logical, as the exact composition of the population of people living with disabilities in Louisiana has never been determined. Demographic information is available for Medicaid and Medicare eligible individuals, but no such data exists on those without health insurance, those with private health insurance, or insurance provided through an employer.

Response Rate

Calculating a response rate for the 2004 survey was not possible due to the fact that the survey was available online for respondents to print, complete, and mail back. Essentially, researchers had no way of knowing whether or not the individuals submitting these surveys were part of the intended population. However, of the 8,000 surveys mailed out in 2004, 546 were returned as undeliverable and 1,037 were completed and mailed back. Additionally, 62 surveys were printed off the Internet and submitted via U.S. Mail. Overall, 1,099 usable responses were collected at the time of the 2004 survey.

The 2008 survey started with a sample of 9,970, 47 of which were returned as undeliverable, and yielded 921 usable responses. Although a larger sample seems capable of generating a greater number of respondents, the reason the 2008 survey did not yield more responses is likely due to issues regarding survey content and the sample. In regard to content, the current survey requested more sensitive data than did the 2004 version. Specifically, respondents were asked to provide somewhat detailed information on personal finances and assets, and although the survey cover letter and directions stated that participants remain anonymous, many respondents indicated they believed their responses to be identifiable as their own. Given that eligibility for financial and health care supports for people with disabilities is often based on income thresholds, many people who received the survey may have been hesitant to participate. In addition to these content issues, the fact that the 2008 survey was nearly double the length of the 2004 survey also deserves mention, as longer surveys often have lower response rates. Furthermore, shortly after the survey packets were mailed, the U.S. Postal Service reported that an 18-wheeler transporting mail from Baton Rouge to the main mail

processing center in New Orleans was involved in an accident and caught on fire. All of the mail in the truck was destroyed and it is likely that some of the surveys did not reach intended respondents for this reason.

Variations in the sampling frames of the surveys also likely played a part in the differences in response rates. The fact that the samples for the two surveys were drawn from different sets of mailing lists is the most obvious of these changes. Additionally, while the 2004 survey was freely available online for participants to print and submit, the 2008 survey could be completed online, but only with a valid ID number. Finally, the effects of Hurricanes Katrina and Rita on the demographic composition of the state as well as on individual residents likely influenced the response rate for several reasons. It is likely that the composition of the DHH mailing lists has changed drastically due to economic hardship and outward migration in the wake of these disasters. With this in mind, it is worth noting that the manner in which many survey respondents discussed difficulties faced since the storms suggests that some feel abandoned or failed by the public health care system. For this reason, many of the individuals included in the sample may not have felt inclined to participate. The fact that many respondents used the survey to express their desperation or ask for additional help lends further support to this premise.

In light of these factors, the two surveys should not be compared in terms of number of respondents. It is quite possible that drastically different populations were sampled for each survey and differences between the two samples in several key areas support this argument. Although these observed trends likely evidence differences in the samples, it is important to keep in mind that no systematic attempts were made to draw a representative sample of people living with disabilities in Louisiana in any regard. For this reason, we cannot say with any certainty that the following are more than likely explanations.

1. **DHH Region**

   As expected, the percentage of respondents from Region 1, which includes Orleans and St. Bernard Parishes and was most directly affected by Hurricane Katrina, and Region 5, which includes Cameron Parish and was most directly affected by Hurricane Rita, was somewhat lower in the 2008 survey. Specifically, the percentage of respondents from Region 1 decreased from 18% to 13% while that from Region 5 decreased from 12% to 7%. Although no systematic attempts were made to draw a representative sample in terms of DHH Region in either survey, this observed trend is likely more than coincidence.

2. **Racial-Ethnic Composition**

   The majority of respondents in 2008 identified as African American (51%) or Caucasian (46%). This is a noteworthy finding due to the extent that it deviates from both the 2004 survey, which had a majority of Caucasian respondents (66%) and substantially fewer African American respondents (29%), and the racial-ethnic composition of Louisiana, which is similar to that of the 2004 survey. Therefore, in terms of racial-ethnic identification, the respondents from the present survey differ vastly from those of the 2004 survey. As no attempts were made to draw a representative sample in terms of race, the reason for this shift cannot be identified with any certainty.

3. **Socioeconomic Status**

Although the 2004 survey did not ask respondents about their monthly income and personal assets, there is one way in which to compare the socioeconomic status of respondents from 2004 with those from 2008: housing costs. Compared to 2004 respondents, 2008 respondents report paying far less for housing, with 85% of the latter group and 53% of the former group paying $0 – 500 per month. This observed trend, however, should be interpreted with care, as the questions asking about housing costs were worded differently in the two surveys. Specifically, in the 2008 survey, the item specifically asked about housing cost "not including utilities," while the item on the 2004 survey merely asked, "How much are your monthly housing expenses?" Additionally, free or low-cost housing provided to hurricane evacuees by FEMA may also play a part in this shift.

4. **Health Insurance**

Differences between the two waves were also identified in terms of type of health insurance coverage reported by respondents. In 2004, 58% of respondents versus 72% of respondents in 2008 reported Medicaid coverage. Among 2004 respondents, 19% reported having private insurance and 10% reported having insurance through an employer. These levels were somewhat lower among 2008 respondents, with 4% reporting either type of coverage. Once again, the validity of this finding cannot be substantiated, for neither survey utilized a systematic sampling strategy. In this instance, however, the fact that 79% of the 2008 sample was drawn from the mailing list of individuals eligible for Medicaid could have caused this discrepancy.

Recommendations for Future Research

As previously discussed, the information contained in this report is not as multifaceted as one might hope. To review this situation, these data were not gathered from a sample that was systematically selected to represent the population of people living with disabilities in Louisiana; consequently, the findings discussed in this report should not be interpreted as evidence of causal relationships, nor should they be generalized as applicable to all people living with disabilities in Louisiana. Rather, these results should be used to identify keys areas to inform policy discussions and to be investigated in future research endeavors. In this light, the research team has identified three observed trends meriting further consideration. The following section will discuss several specific aspects of these findings in regard to recommendations for future research and research methodology.

The first two findings for which further research is recommended are the availability of information on services and supports and the seemingly widespread need for improved dental and vision coverage. In regard to the first finding, researchers noticed early on that many respondents reported not knowing where to get services or how to get services. Many offered accounts of caseworkers and service providers unable to provide any information other than that regarding the unavailability of services. Similarly, respondents displaced by Hurricanes Katrina and Rita reported experiencing difficulty locating service providers in their new communities. The need for dental and vision coverage was also expressed by numerous respondents. Although this finding may be related to age, as discussed below, many

respondents with dental coverage also reported having trouble locating service providers in their area who will accept their coverage.

Perhaps the most significant finding discussed in this report is the possible relationship between age and health care. Specifically, between the age of 21, when Medicaid coverage changes, and 65, when Medicare eligibility is achieved, respondents seem to pay more for insurance and other medical expenses and to report not receiving needed care, particularly dental and vision care, at higher levels. Although it is impossible to determine whether these relationships are statistically significant, the crosstabulation analyses conducted on these data strongly indicate that age plays a big part in the healthcare outcomes of people living with disabilities. Questions still remain in regard to the related matters of how healthcare costs and needs vary with age and the consequences of different types of insurance coverage. These issues, however, fall beyond the scope of this research, as the current data do not support the type of analysis needed to address these questions.

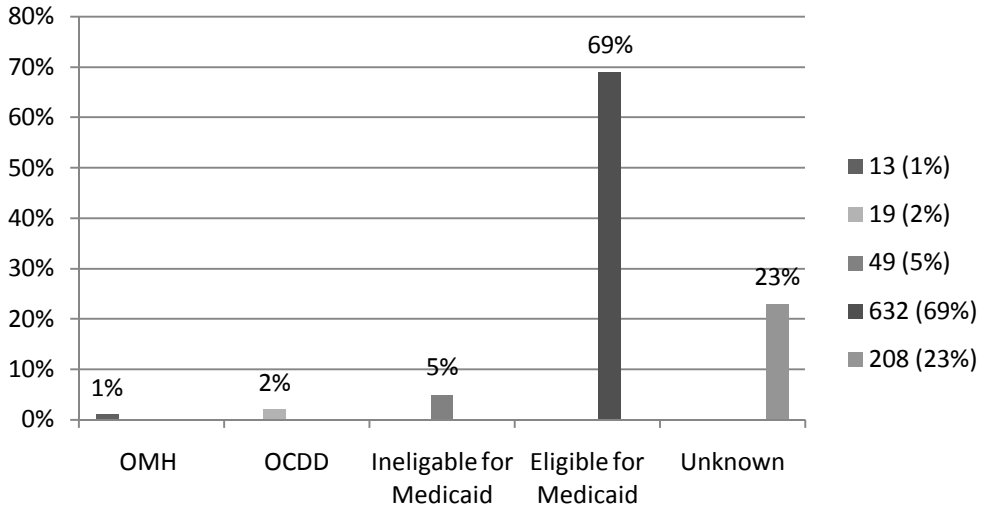
In addition to highlighting the need for further research in these specific areas, this analysis also indicates that future research should make special efforts to reach populations that may be underrepresented in the current study. Specifically, concerted efforts need to be made to include Spanish and Vietnamese speaking respondents as well as those with visual or auditory disabilities. Since none of the alternate survey formats developed with these individuals in mind were requested, it is safe to assume that these populations are not well represented in these data. As many respondents received help from others in completing this survey, we cannot say for certain whether or not this is the case. However, what is clear is that relatively few respondents identified their race or ethnicity as Asian/Pacific Islander or Hispanic/Latino. Similarly, as compared to respondents with learning/cognitive disabilities, mental health disabilities, chronic health conditions, or physical disabilities, those with sensory disabilities seem to be underrepresented. For these reasons, future waves of data collection might include special efforts to identify these respondents and send them the appropriate form of the questionnaire rather than wait for them to request an alternate format. Efforts could also be made to conduct supplemental waves of the current survey in conjunction with agencies and organizations that provide services and supports to these populations. As the survey instrument and research methodology have already been developed, gathering supplemental data would require minimal effort and could yield extremely valuable information.

## ANALYSIS OF THE ENTIRE POPULATION

### Response Rate

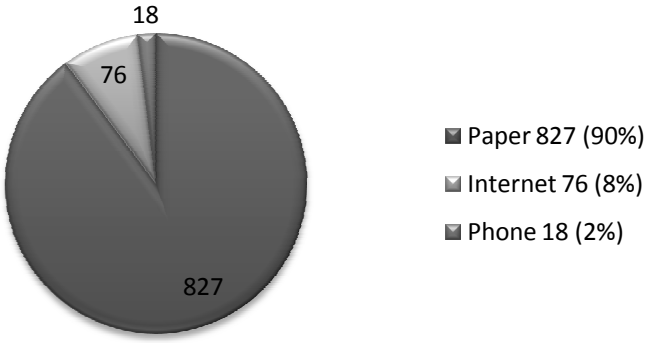
Overall, this survey yielded 921 usable responses. As Graph 1 illustrates, 13 (1%) responses were received from OMH, 19 (2%) from OCDD, 49 (5%) from those rejected for Medicaid, 632 (69%) from those eligible for Medicaid, and 208 (23%) missing the ID number tying them to a specific list.

Graph 1. Number of Responses by Mailing List
(921 total cases)



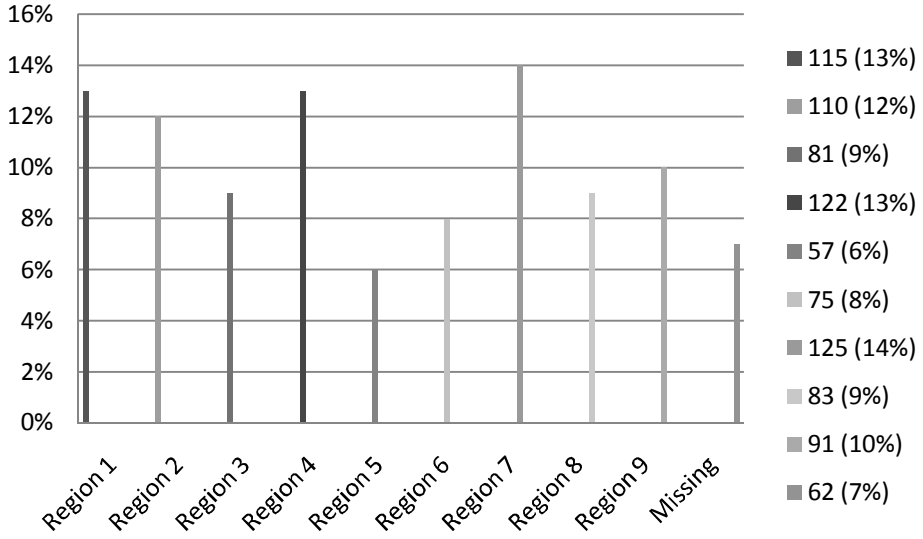

Respondents were given the choice of completing the paper copy of survey mailed to them and returning it in the enclosed postage-paid envelope, completing the survey online, or having the survey administered over the phone. Of the 921 usable surveys, 827 (90%) utilized the paper survey, 76 (8%) completed the survey online, and 18 (2%) completed the survey over the phone.

Graph 2. Number of Responses by Format
(921 total cases)




Graph 3 shows the breakdown of responses by region. Not surprisingly, the regions containing the metropolitan areas of New Orleans (Region 1), Baton Rouge (Region 2), Lafayette (Region 4), and Shreveport (Region 7) yielded more responses than the other regions. The 62 surveys that did not provide information on region were included in the general analysis but not the regional analyses.

Graph 3. Number of Responses by Region
(859 total cases)



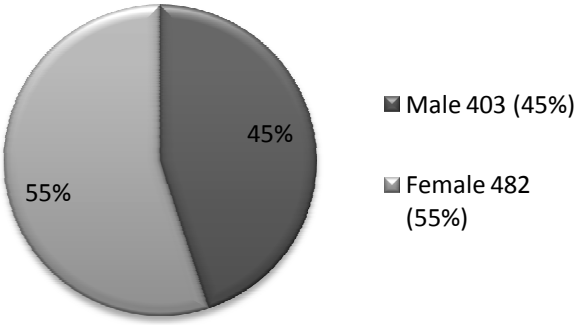

Exactly 28 responses were decided to be <u>unusable</u> for one or more of the following reasons: 1) if the response, "I do not want to participate," was selected for the second question on the survey, 2) if the participant indicated at any place on the survey that she or he felt they were being forced against their will to complete the survey, 3) if a participant filled in responses for both themselves and another person on one survey, 4) if a participant's responses strongly indicated that she or he did not understand the questions asked due to language barriers or reading level. Additionally, 47 surveys were returned as undeliverable by the post office.

Although the survey was available in Spanish, Vietnamese, Braille, large print, and ASL, no one requested any of these alternate formats. It is important to note, however, that everyone was mailed the English version of the survey and a note on the cover letter and in the survey instructions directed them (in English) to call and request an alternate version if needed. This was due to the fact that the mailing lists provided for the survey did not indicate which people might need alternate format surveys. It is likely that the process involved in acquiring a translation of the survey deterred these people from participating. The racial-ethnic breakdown of respondents supports this premise, as very few identifying as Asian/Pacific Islander or Hispanic/Latino returned the survey. Similarly, few respondents indicate that they had sensory disabilities that would require the use of large print, Braille, or the video relay service.

## GENERAL CHARACTERISTICS OF RESPONDENTS

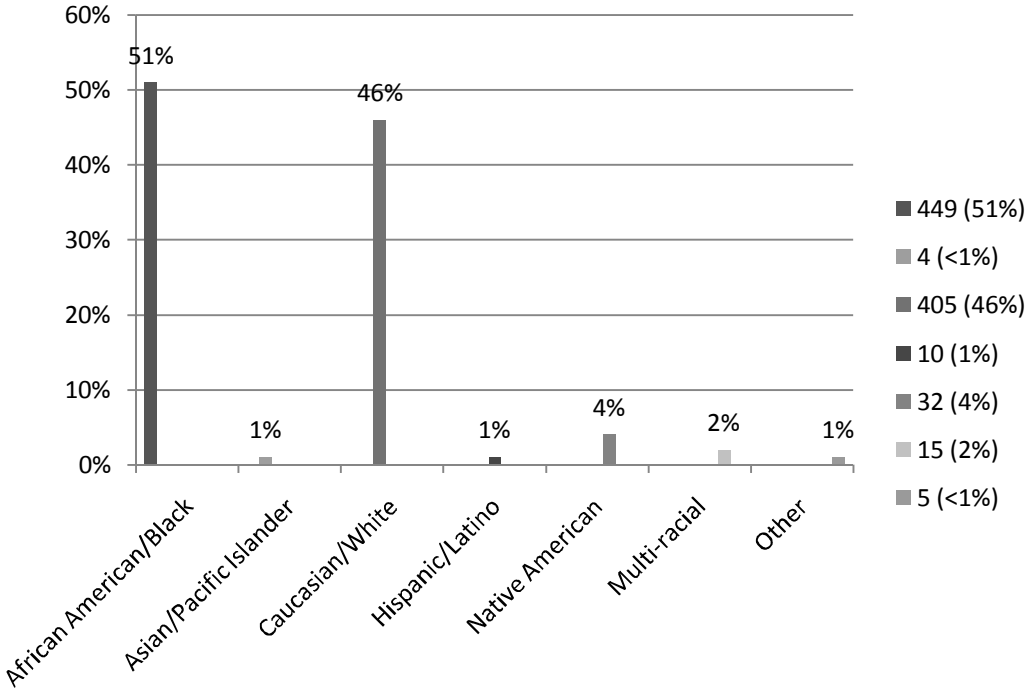
On a general level, the majority of respondents were female (55%) and African American (51%) or Caucasian (46%). Graph 4 and Graph 5 show the breakdown of respondents by gender and racial-ethnic group.

Graph 4. Gender
(885 total cases)



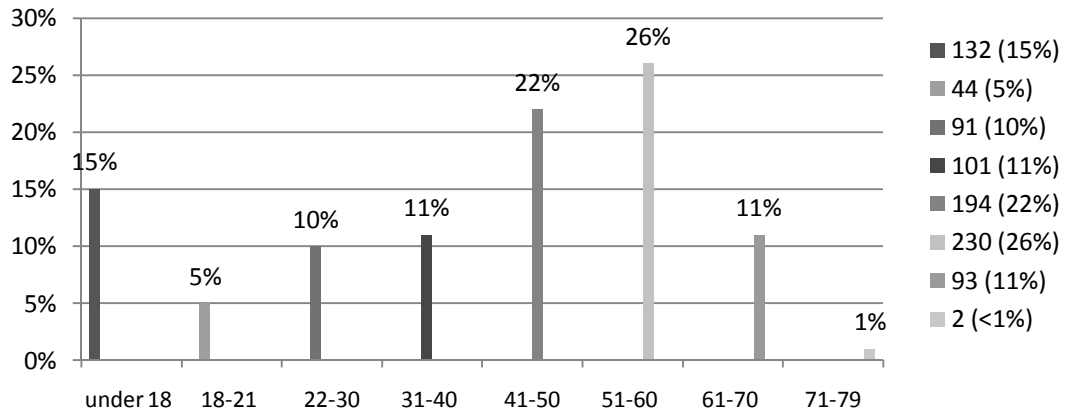

It is important to note that respondents were allowed to "check all that apply" in regard to racial-ethnic group. For this reason, the total number of responses exceeds the number of respondents. As previously stated, the majority of respondents identified as African American (51%) or Caucasian (46%), followed by Native American (4%), Multi-Racial (2%), Hispanic (1%), Other (<1%) and Asian (<1%).

Graph 5. Racial-Ethnic Composition
(887 total cases)



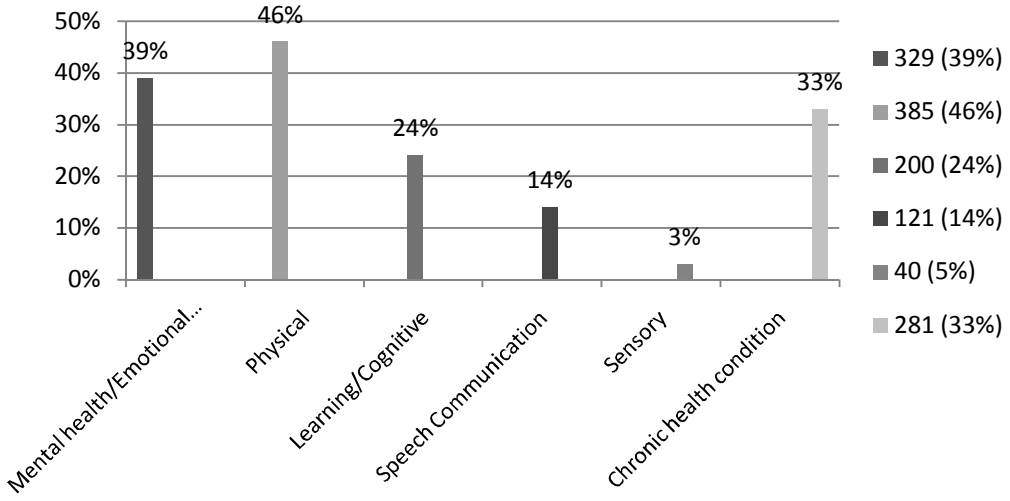
Respondents had a mean age of 40.4 and ages ranged from 1-79. For purposes of analysis, ages were re-coded into the following ranges: <18, 18-21, 22-30, 31-40, 41-50, 51-60, 61-70, and 71-80. These ranges allow the differentiation of minors from adults and also account for changes in Medicaid benefits that occur at age 21. A category to account for the start of Medicare benefits at age 65 was not included because Medicare eligibility is not determined solely by age. As Graph 6 illustrates, respondents aged 41-50 (22%) and 51-60 (26%) comprised nearly half of the sample, followed by respondents under 18 (15%), respondents aged 31-40 (11%), respondents aged 61-70 (11%), respondents aged 22-30 (10%), respondents aged 18-21 (5%), and respondents aged 71-79 (<1%).

Graph 6. Age
(887 total cases)



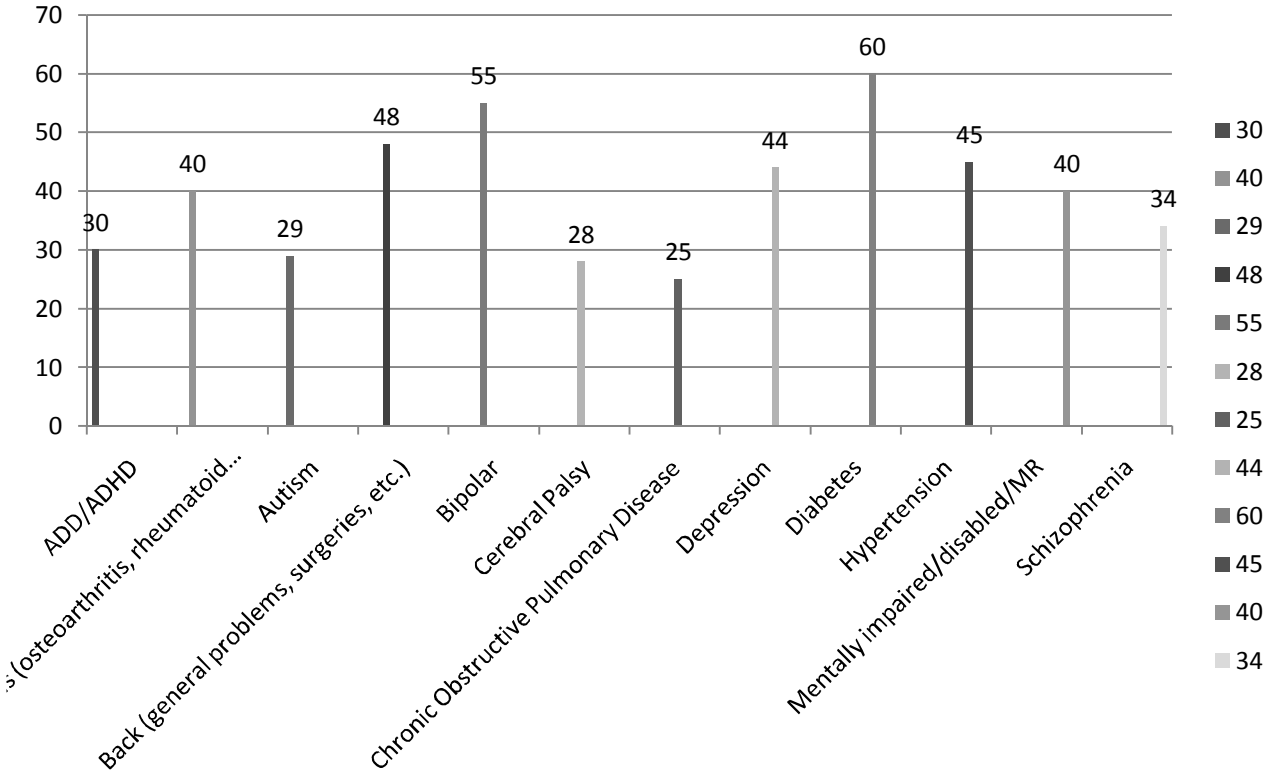

When asked to identify the type of their disability, respondents were allowed to select all options that apply. More respondents reported having a physical disability (46%) than any other type of disability, followed by mental health or emotional disability (39%), chronic health condition (33%), learning or cognitive disability (24%), speech communication disability (14%), and sensory disability (5%). These results are shown in Graph 7.

Graph 7. Type of Disability
(842 total cases)



Respondents were also asked to name their diagnosis. This was an open response question, the answers to which can be found in Appendix C. The spelling of responses has been standardized and diagnoses have been sorted into X categories: [categories here]. The number of times each response was given is also noted. Graph 8 provides an overview of respondents' diagnoses.

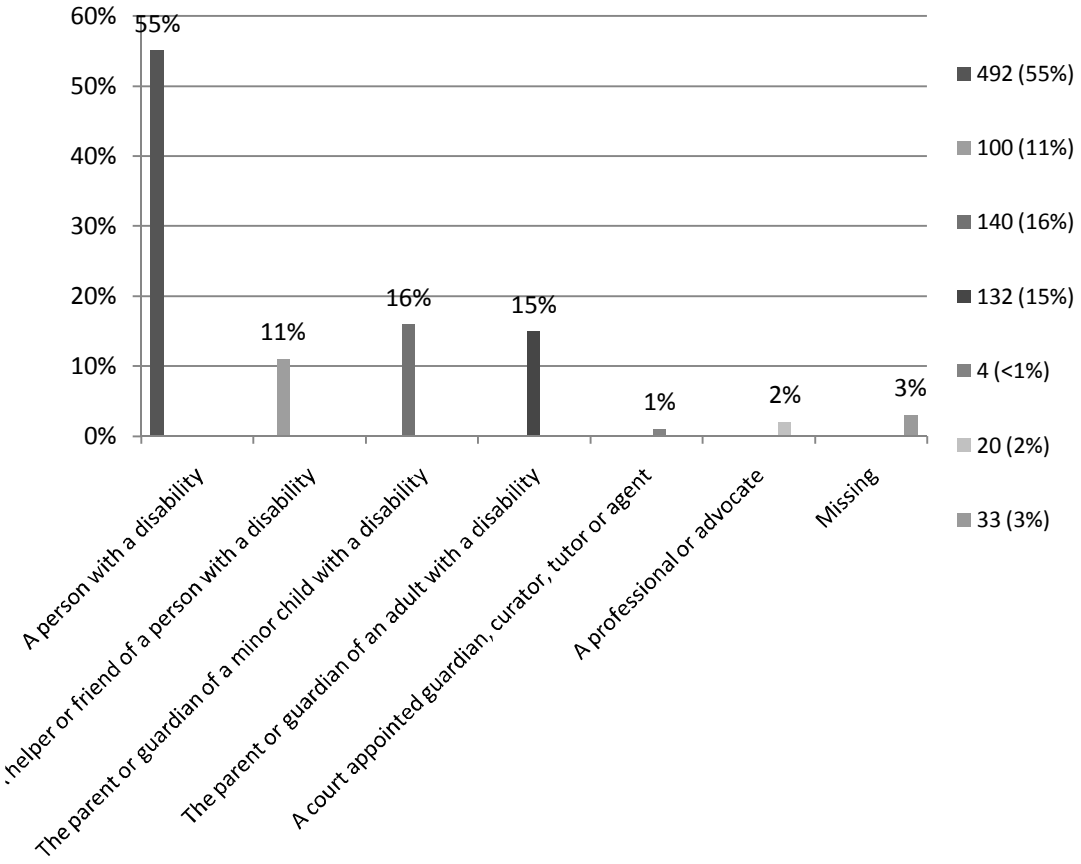
Graph 8. What is your diagnosis?
(478 total incidences)




When comparing responses to the question, "What is your diagnosis?" with responses to the question, "What type is your disability?" it became apparent that many respondents did not fully understand the latter question or its response categories. Blindness, for example, was sometimes labeled as a physical disability and sometimes labeled as a sensory disability. Researchers resisted developing standardized categories for diagnoses, for it was often impossible to determine the correct classification. Ultimately, the response categories for type of disability were somewhat relative and not clearly associated with particular disabilities or health conditions.

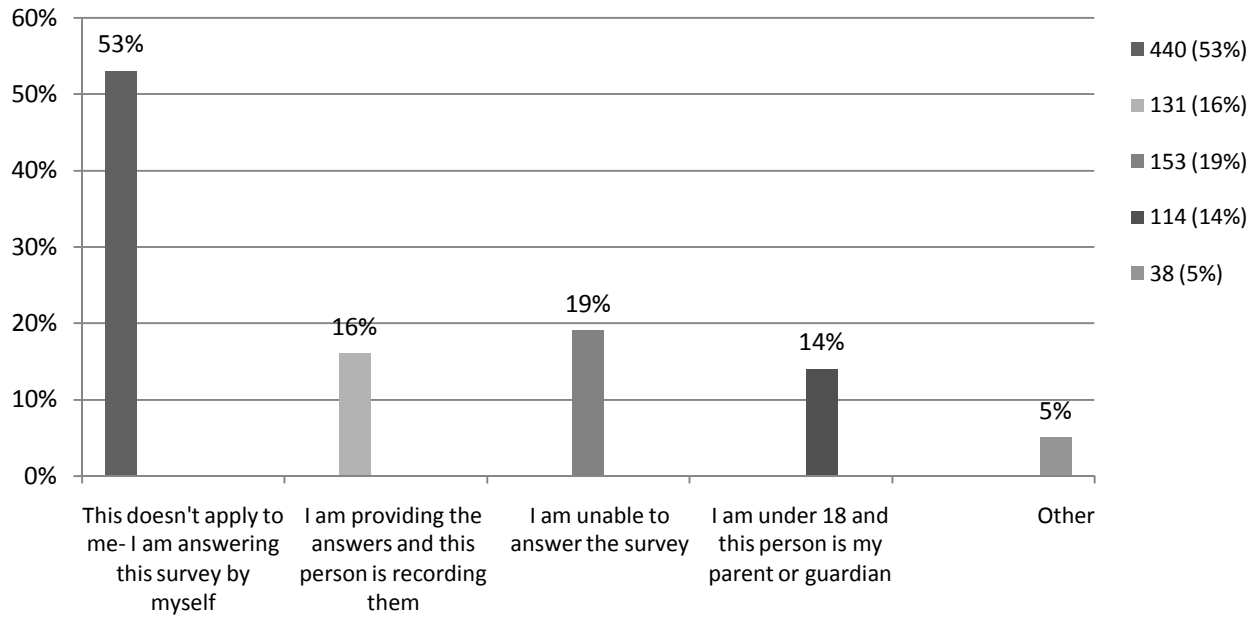
Graph 9 shows the breakdown of who actually filled out the surveys. The majority (55%) of surveys were completed by the person to whom the survey was addressed. In regard to the rest of the surveys, 16% were filled out by the parent or guardian of a minor included in the sample, 15% were completed by the parent or guardian of an adult included in the sample, 11% were completed by a helper or friend of a person included in the sample, 2% were completed by a professional or advocate, and <1% were completed by a court appointed guardian, curator, tutor, or agent.

Graph 9. Who is filling out this survey?
(888 total cases)



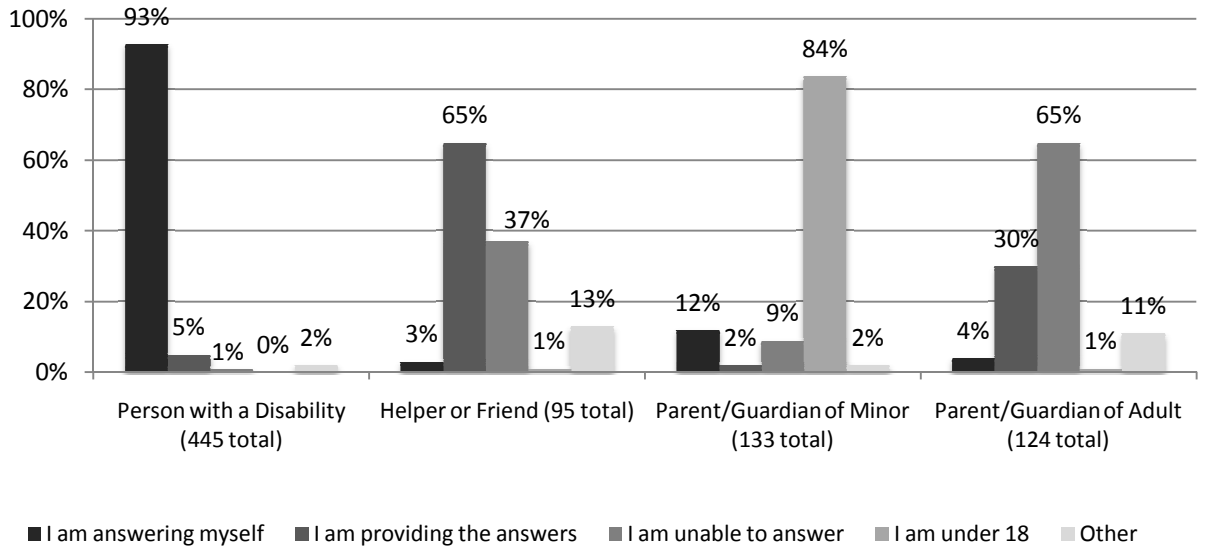

Graph 10 shows the breakdown of why respondents received help filling out the surveys. This question was added to the survey to act as a sort of "moral conscience" to make family members or care providers think twice before filling out the survey for rather than with the intended respondent. One option included in the survey, "I do not want to participate," is not included in the graph because all surveys in which this answer was selected were eliminated from the analysis. This was a multiple response question, so the number of responses exceeds the size of the sample.

Graph 10. Why is someone helping you fill out this survey?
(826 total cases)



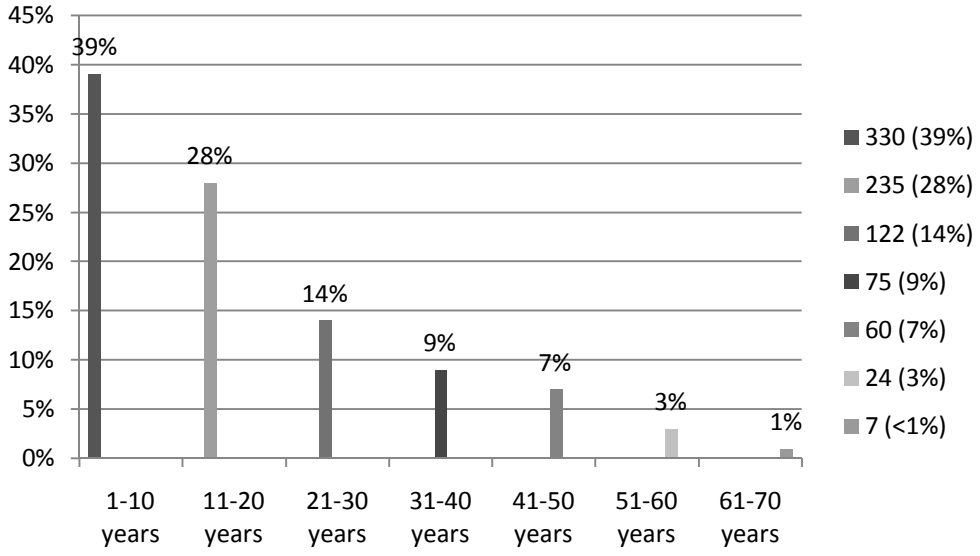

The majority of respondents (53%) were people with disabilities filling out the survey for themselves followed by respondents who were unable to fill out the survey (19%), respondents who were providing the answers for someone else to record (16%), respondents who were under 18 (14%), and respondents who were unable to fill out the survey for other reasons (5%). Since the questions outlined in Graphs 9 and 10 were included to help insure that the right people were completing the survey for the right reasons, a crosstabulation was conducted of both sets of responses. As illustrated by Graph 11, these items seem to have functioned as intended, for the majority of people with disabilities (93%) reported filling out the survey themselves, the majority of helpers and friends filling out the survey (65%) said they were filling in the answers provided by the respondent, the majority of parents or guardians of minors with disabilities (84%) reported they were filling out the survey because their child was a minor, and the majority of parents or guardians of adults with disabilities (65%) reported that the respondent was unable to fill out the survey.

Graph 11. Crosstabulation of "Who is filling out this survey?" with "Why is someone helping you fill out this survey?" (819 total cases)



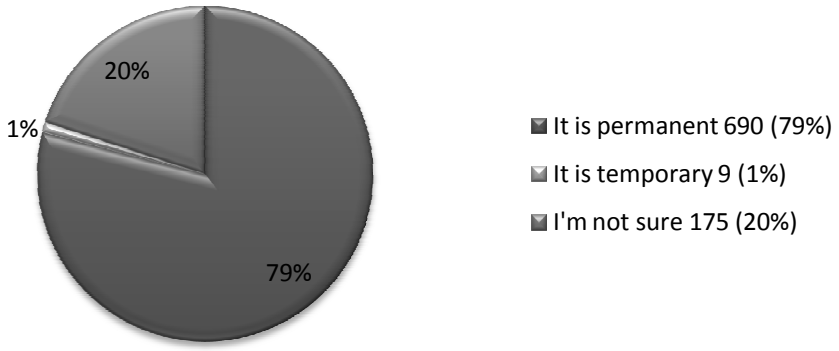

Responses to the question "How long have you lived with your disability?" ranged from 1 year to 70 years with a mean of 18.75 years. Responses were re-coded into increments of 10 years for purposes of analysis. Graph 12 illustrates that 39% have lived with their disability from 1-10 years, 28% have lived with their disability for 11-20 years, and 14% have lived with their disability for 21-30 years.

Graph 12. How long have you lived with your disability? (853 total cases)



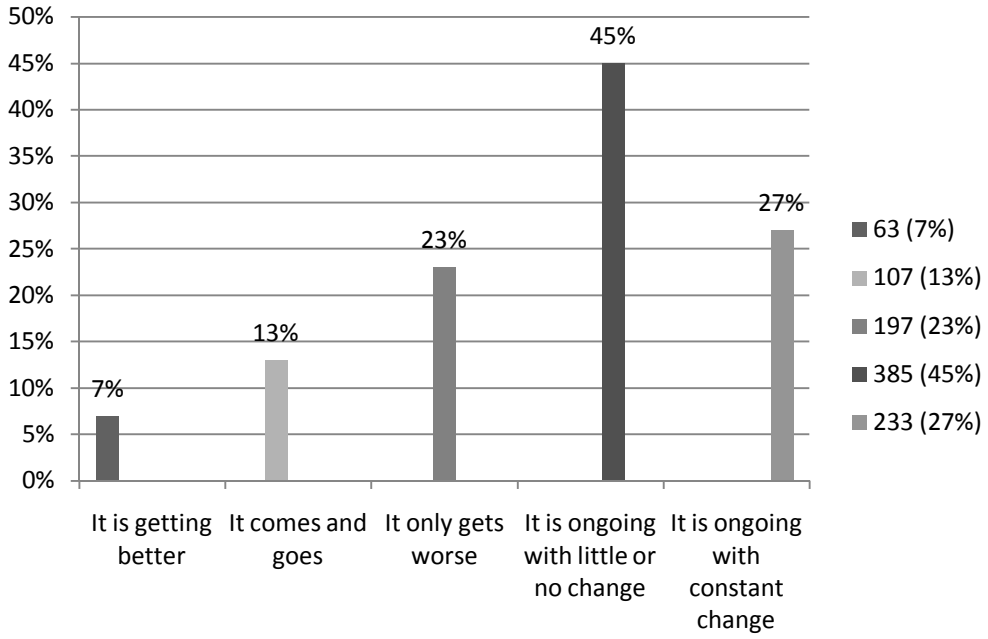
In regard to how long respondents expected their disabilities to last, the majority (79%) said that it was permanent, while 1% said it was temporary and 20% were not sure. These results are displayed in Graph 13.

Graph 13. How long is your disability expected to last?
(874 total cases)



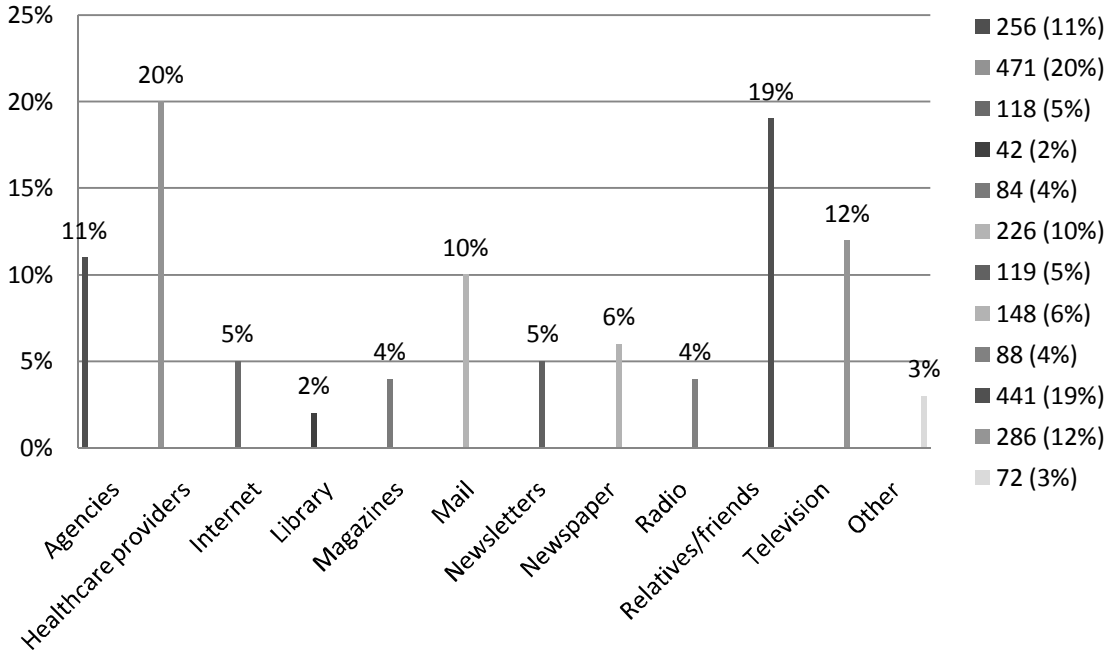

When asked how they would judge their condition, most respondents reported that it was ongoing with little or no change (44%), that it is ongoing with constant change (27%), or that it only gets worse (23%). These results are displayed in Graph 14. As this is a multiple response question, the number of responses exceeds the size of the sample.

Graph 14. How would you judge your condition?
(858 total cases)



In response to the question, "Which of the following helps you find out about available services?" healthcare providers (54%), relatives or friends (51%), television (33%), agencies (30%), and mail (26%) were the most popular answers. Graph 15 shows the breakdown of these results.

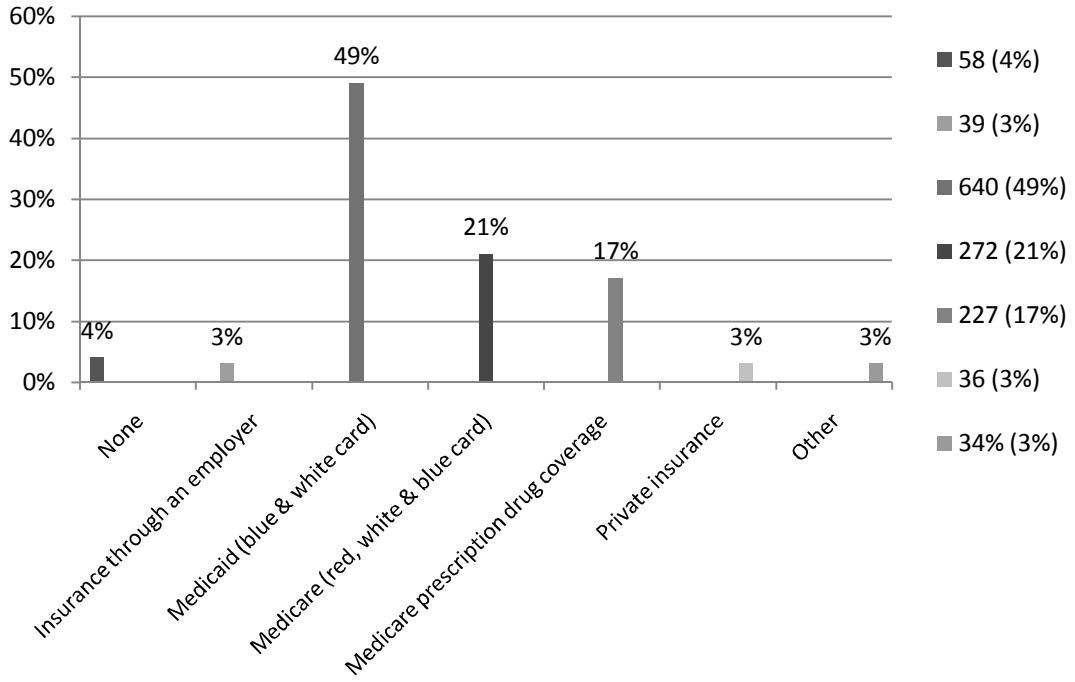
Graph 15. Which of the following helps you find out about available services?
(2351 total cases)



## HEALTH CARE

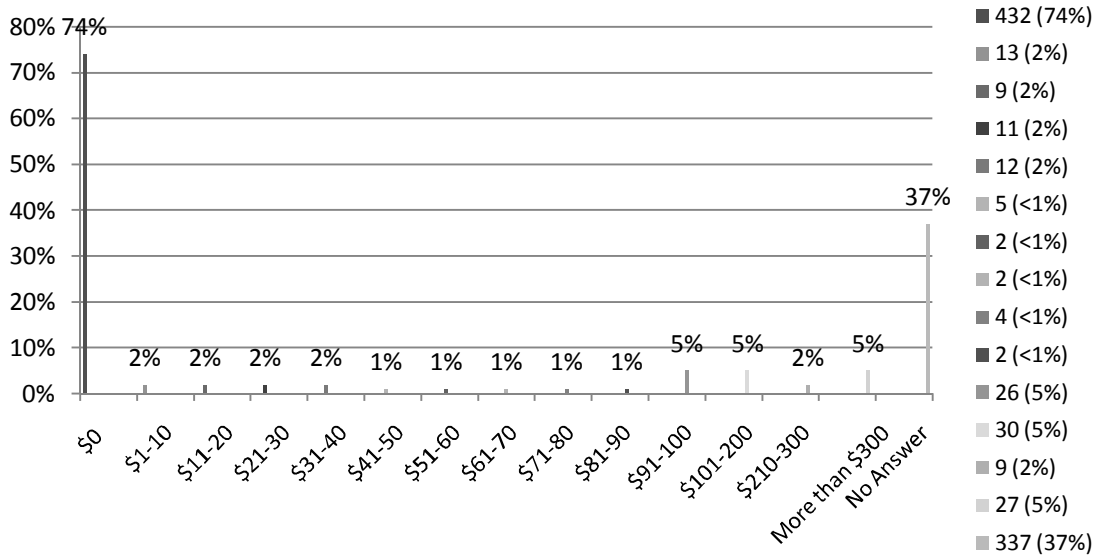
Graph 16 breaks down the responses to the question "What type of health insurance do you have?" Nearly half of all respondents (49%) reported Medicaid coverage, while 21% had Medicare, 17% had Medicare prescription drug coverage and 4% had no insurance. Additionally, 3% of respondents reported having each of the following types of coverage: insurance through an employer, private insurance, and another type of insurance. See Appendix D for other write-in responses given.

Graph 16. What type of insurance do you have?
(886 total cases)



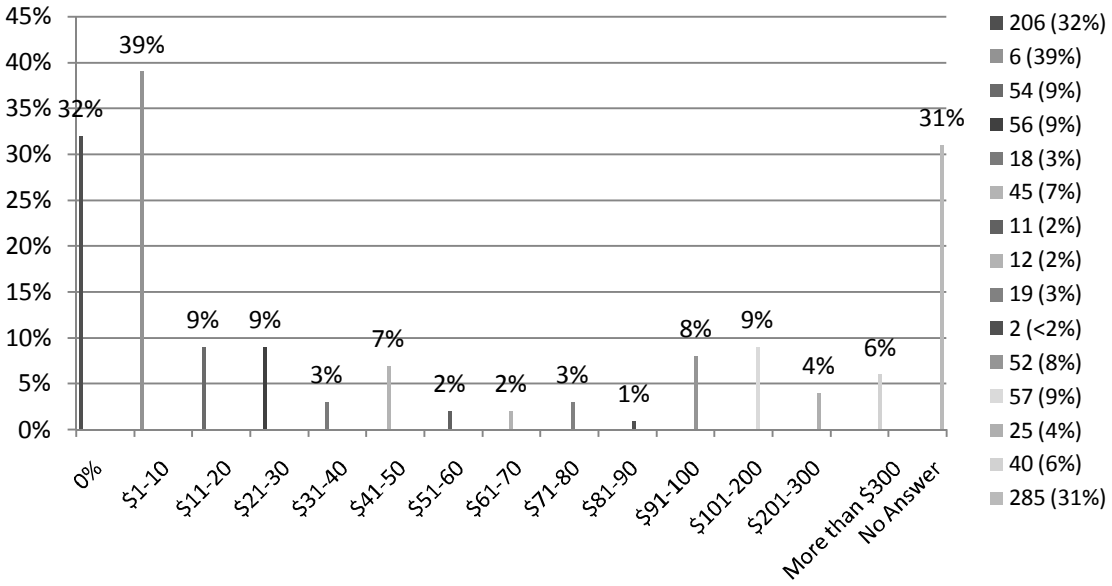

Considering that nearly half of respondents have Medicaid coverage, it is not surprising that most pay $50 or less per month for their insurance. Responses to this question ranged from $0 - $1200 and had a median of $43.33. Graph 17 shows the distribution of these responses after they had been re-coded into $10 increments up to $100. Ultimately, 74% reported paying nothing for insurance, 15% reported paying from $1 - $100, 5% reported paying from $101 - $200, 2% reported paying from $201 - $300, and 5% reported paying more than $300.

Graph 17. About how much do you or your family pay each month for this insurance?
(584 total cases)




The fact that nearly half of the sample (37%) did not answer this question is not surprising since this is an income related question. Also, many respondents answered this question with "N/A" rather than a dollar amount. As it was impossible to determine if this meant $0, these answers were not included in the analysis. Similarly, many respondents answered the following question, "How much of your own or your family's money is spent each month for medical expenses other than insurance?" with "N/A" and were, therefore excluded from the corresponding analysis. Like the previous question, this item also had a low response rate (70%), which was likely due to the fact that it asked about income. Graph 18 outlines the responses to this question, which range from $0 - $1500 and have a mean of $80.62.

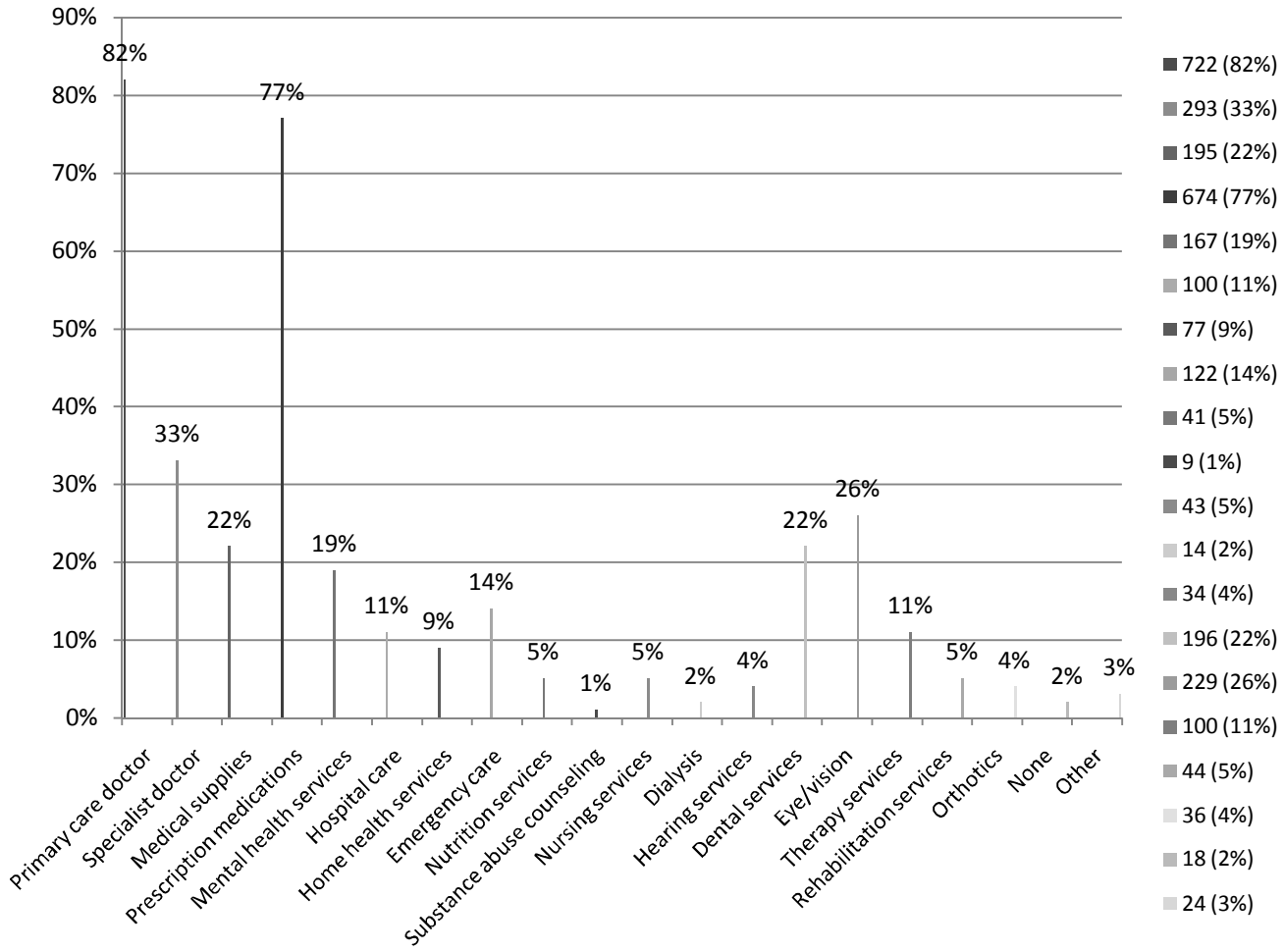
Graph 18. How much of your own or your family's money is spent each month for medical expenses other than insurance?
(636 total cases)



Responses to this item were re-coded in a similar manner to those in the previous question. While 32% reported paying nothing for medical expenses, 48% reported paying from $1 - $100, 9% reported paying from $101 - $200, and 4% reported paying from $201 - $300 and 6% reported paying more than $300.

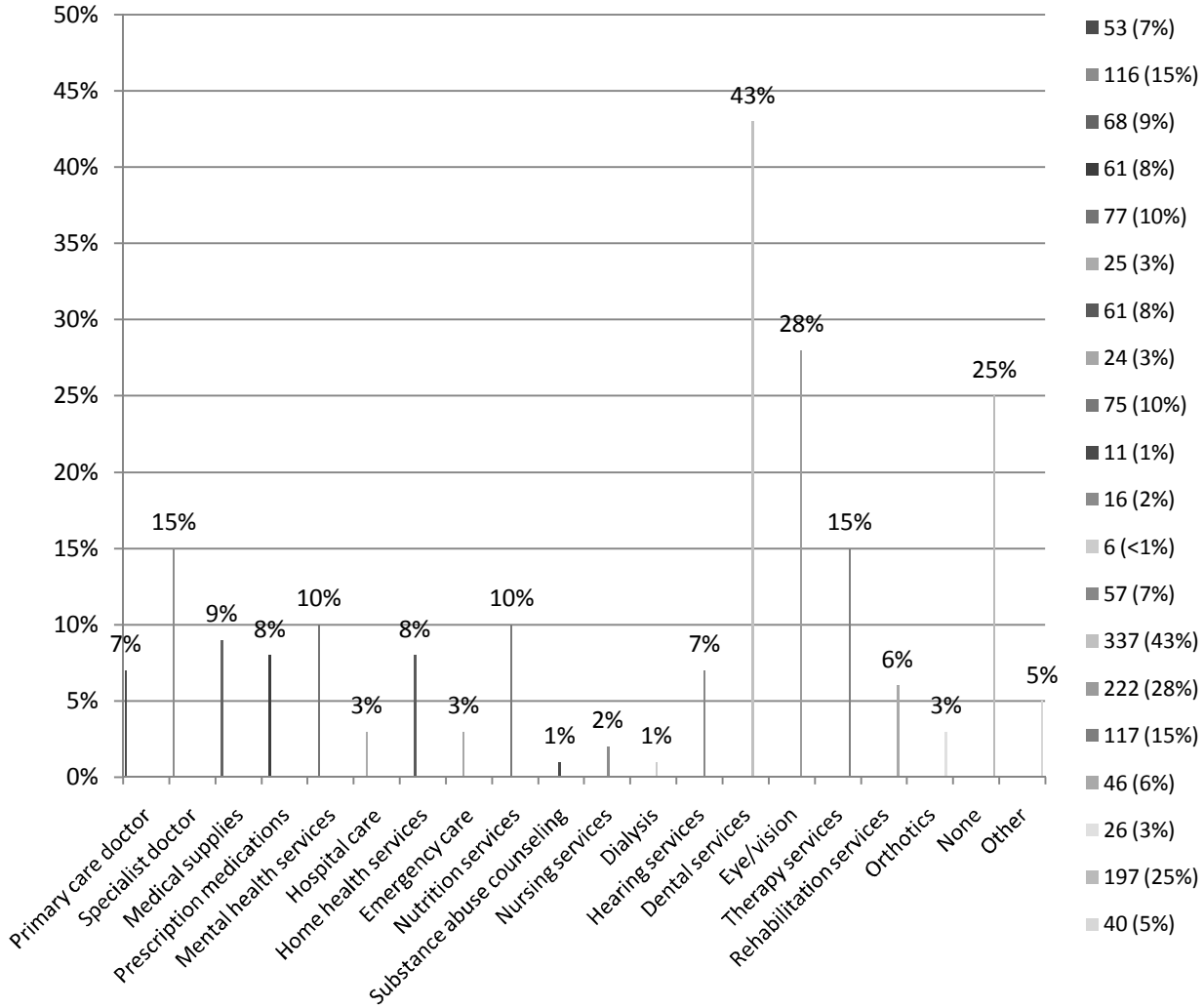
Graph 19 breaks down the responses to the question, "What medical services do you use on a regular basis?" The majority of respondents claimed to use primary care doctors (82%) and prescription medication (77%), while a substantial number also claimed to use specialist doctors (33%), eye/vision services (26%), dental services (22%), medical supplies (22%), mental health services (19%), emergency care (14%), therapy services (11%), and hospital care (11%).

Graph 19. What medical services do you use on a regular basis?
(881 total cases)



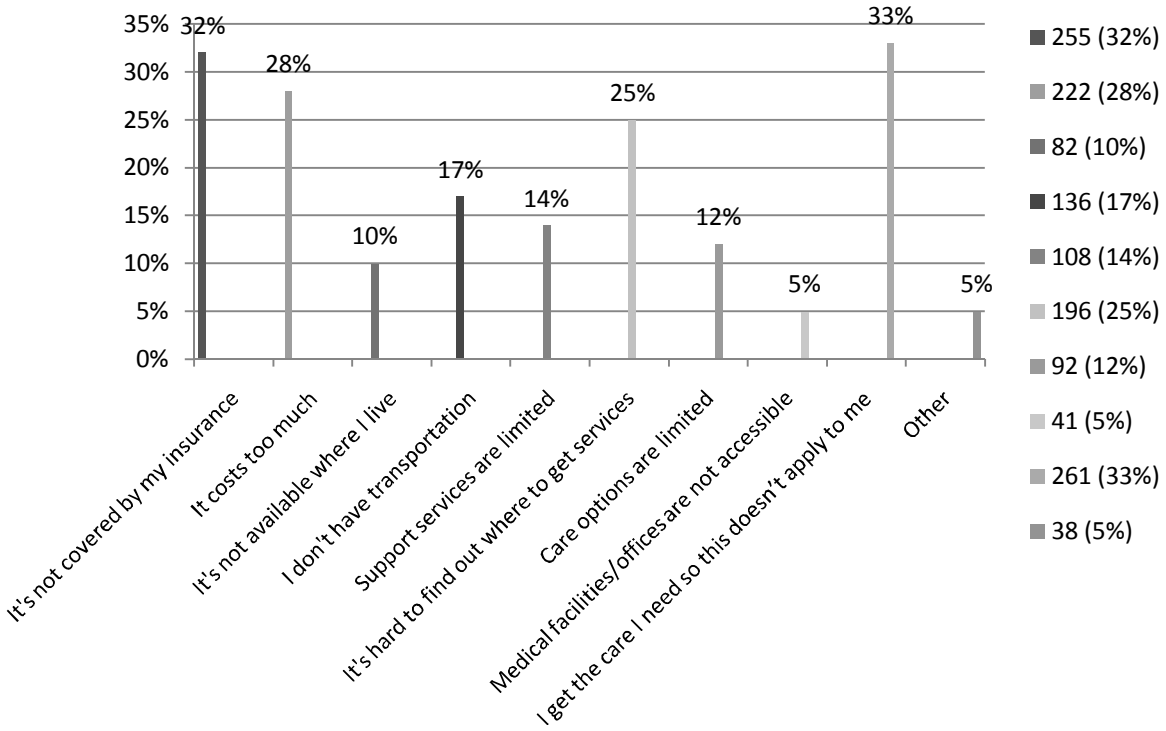
In contrast, Graph 20 breaks down the responses to the question, "What medical services do you need but do not get?" In response to this question, respondents most commonly cited dental services (43%), eye/vision services (28%), therapy services (15%), and specialist doctors (15%). An additional 25% answered "none."

Graph 20. What medical services do you need but not get?
(789 total cases)




When asked why they did not get the medical care they need, 33% indicated that they get the care they need. As Graph 21 demonstrates, however, of those who feel they are in need of medical services, 32% report that it is not covered by their insurance, 28% report that it costs too much, 25% report that it's hard to find out where to get services, 17% report that they do not have transportation, 14% report that support services are limited, 12% report that care options are limited, 10% report that services are not available where they live, 5% report that facilities are not accessible, and 5% report that they do not get services for other reasons.

Graph 21. Why don't you get the medical care you need?
(795 total cases)



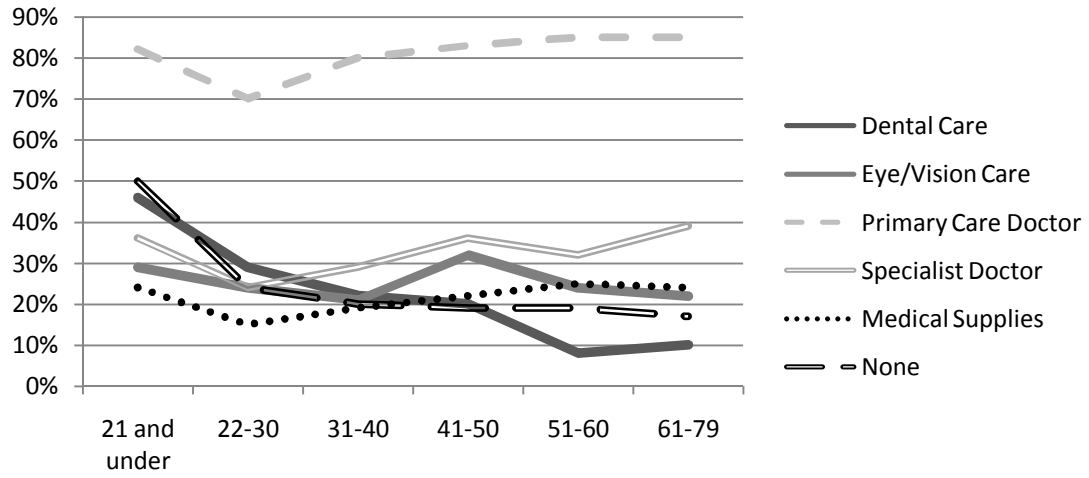
## HEALTH CARE AND AGE

In the space provided for "other" responses to the health care questions, a large number of respondents mentioned that they were in desperate need of but could not afford dental and vision services. One respondent even described how her teeth were literally rotting out of her mouth, causing gum disease and chronic pain, explaining that she could not pay for extraction and that Medicaid would not cover dental services for people over age 21. In fact, the vast majority of respondents who reported needing but not receiving dental and vision care specified that Medicaid recipients were not eligible for either service after age 21 and that general benefit levels changed at this age as well. For this reason a crosstabulation was conducted with several of the health care variables and age.

Before these results are presented and discussed, several points deserve consideration. First, these results are not intended to imply that a causal or statistically significant relationship exists between age and these variables. Rather, these crosstabulations were conducted in order to further investigate the issue that respondents seemed most eager to discuss. Second, for these analyses, age was re-coded in the following manner. The 2 highest ranges, 61-70 and 71-79, were combined since the 71-79 category contained only 2 respondents.

Graph 22 shows the results of the crosstabulation of "What medical services do you use on a regular basis?" and age. While services such as primary care doctor, specialist doctor, and medical supplies are found to have wide, uniform levels of use across age categories. The use of dental and vision services vary systematically across age categories. In regard to dental services, levels of use declines rapidly after age 21 (from 43% to 29%) and continue to do so until age 61-79, when a slight increase is observed. This pattern supports respondents' claims that changing care coverage after age 21prevents them from receiving dental services. The slight increase observed among the oldest respondents may be a result of the onset of Medicare coverage, which generally begins at age 65.

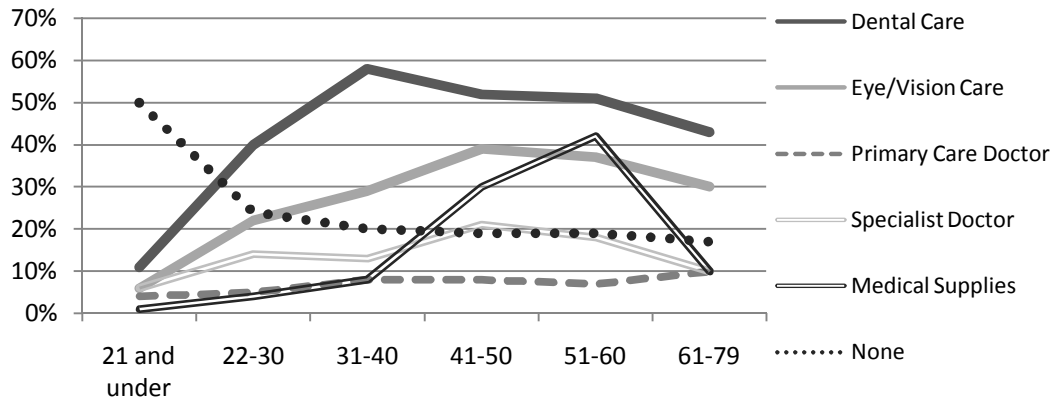
Graph 22. Crosstabulation of
"What medical services do you use on a regular basis?" and Age
(868 cases total)



The findings regarding vision services follow a comparable pattern with one exception: 41-50 year olds report the highest level of use (32%). While this pattern is likely evidencing a situation similar to that regarding dental services, the sudden increase in use between ages 41 and 50 may result from respondents reaching an age where vision commonly begins to worsen and care cannot be delayed any longer. As previously stated, these proposed relationships are purely speculative and not statistically significant. Given the frequency with which respondents mentioned similar issues with dental and vision care, however, these findings make a good case for future research on the effects of age related changes in levels of care.

Graph 23 shows the results of the crosstabulation of "What medical services do you need but not get?" with age. Once again, dental and vision services stand out as influenced by age. In both cases, reported need increases after the age of 18, peaks just before the age of Medicare eligibility, and begins to decrease around the time Medicare coverage begins. As with the data displayed in Graph 18, these figures should not be interpreted as statistical proof of a relationship between age and medical services. Given the prevalence of comments on dental and vision services written in by respondents, these observed trends deserve further consideration.

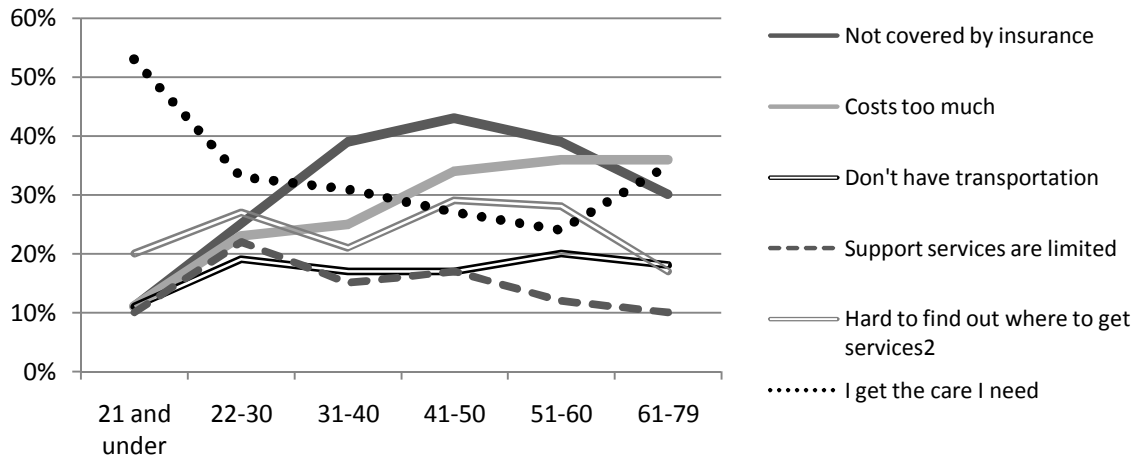
Graph 23. Crosstabulation of
"What medical services do you need but not get?" with Age
(779 cases total)




Graph 24 shows the results of the crosstabulation of "Why don't you get the care you need?" with age. As with the information presented in Graph 22, these data support respondents' comments regarding age and levels of care. Many respondents stated that needed medical care was not covered by their insurance. A small number of respondents under 18 (11%) and 18-21 (10%) provided this answer, followed by 25% of respondents aged 22-30, 39% of respondents aged 31-40, 43% of respondents aged 41-50, 39% of respondents aged 51-60, and 30% of respondents aged 61-79. This pattern implies that limited insurance coverage is an issue for more respondents in the middle-aged ranges than any other age categories. Indeed, several respondents included comments along these lines and expressed concern over the fact that numerous services are provided for the young and old, but that there are few services for those in between.

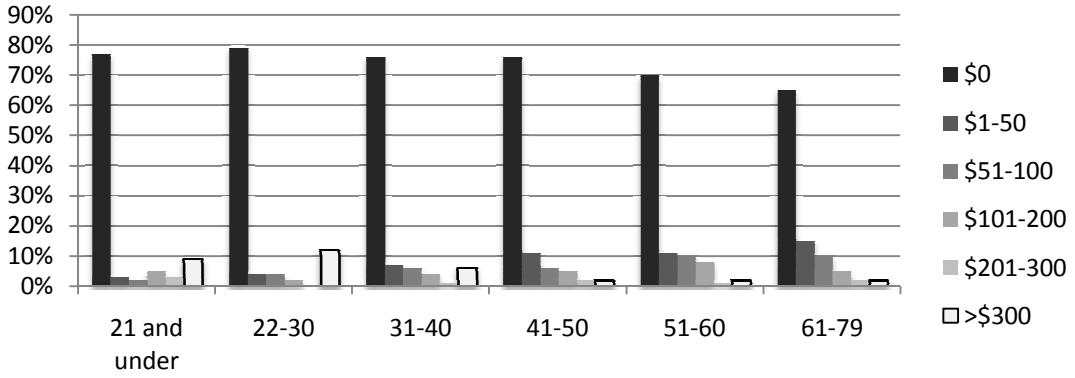
In regard to the analysis of need of medical services and age, two additional noteworthy trends emerged in the data. First, the importance of cost seemed to increase as respondents age. The slight decrease observed among respondents aged 18-21 is likely due to the fact that these individuals were allowed to fill out their own surveys, while surveys of respondents under age 18 were completed by parents or guardians. This trend, however, implies that the cost of health care increases with age. Second, the percentage of respondents who indicated that they get the care they need decreased steadily after the age of 18 until respondents reached the age range in which they were eligible for Medicare.

Graph 24. Crosstabulation of
"Why don't you get the care you need?" with Age
(767 cases total)

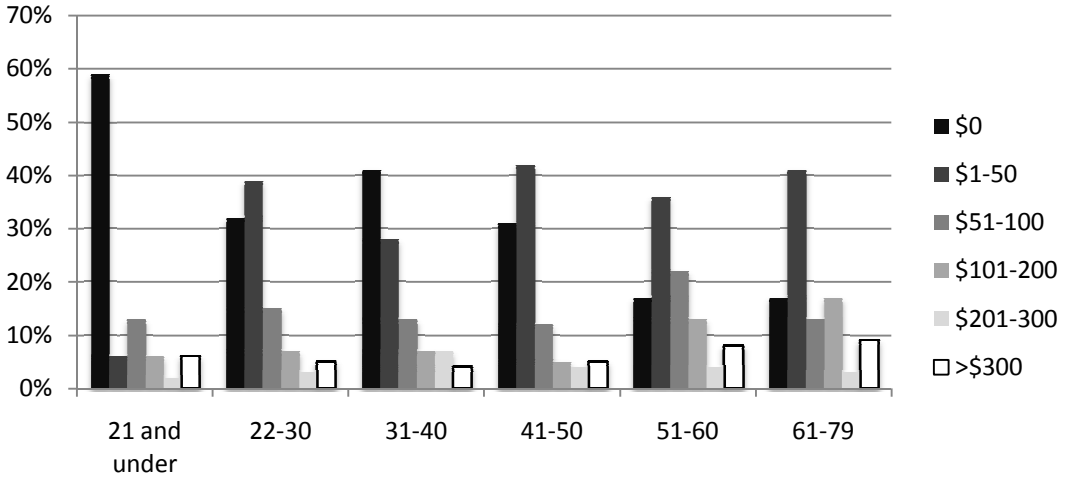



In addition to these crosstabulations, the survey questions involving the cost of health insurance and medical care were examined in regard to age. While most respondents were found to pay nothing for their health insurance, the cost of other medical expenses seemed to increase with age. Graph 25 and Graph 26 show these findings. While the percentage of respondents who pay nothing for medical expenses decreased with age, the distribution of respondents across cost categories seemed to become more even with age. Basically, among younger respondents, cost was either reported to be very low or very high. Among older respondents, however, cost was more evenly distributed across categories.

Graph 25. Crosstabulation of
"How much do you or your family pay for this insurance?" with Age
(578 cases total)




Graph 26. Crosstabulation of "How much of your own or your family's money is spent each month for medical expenses other than insurance?" with Age
(630 cases total)



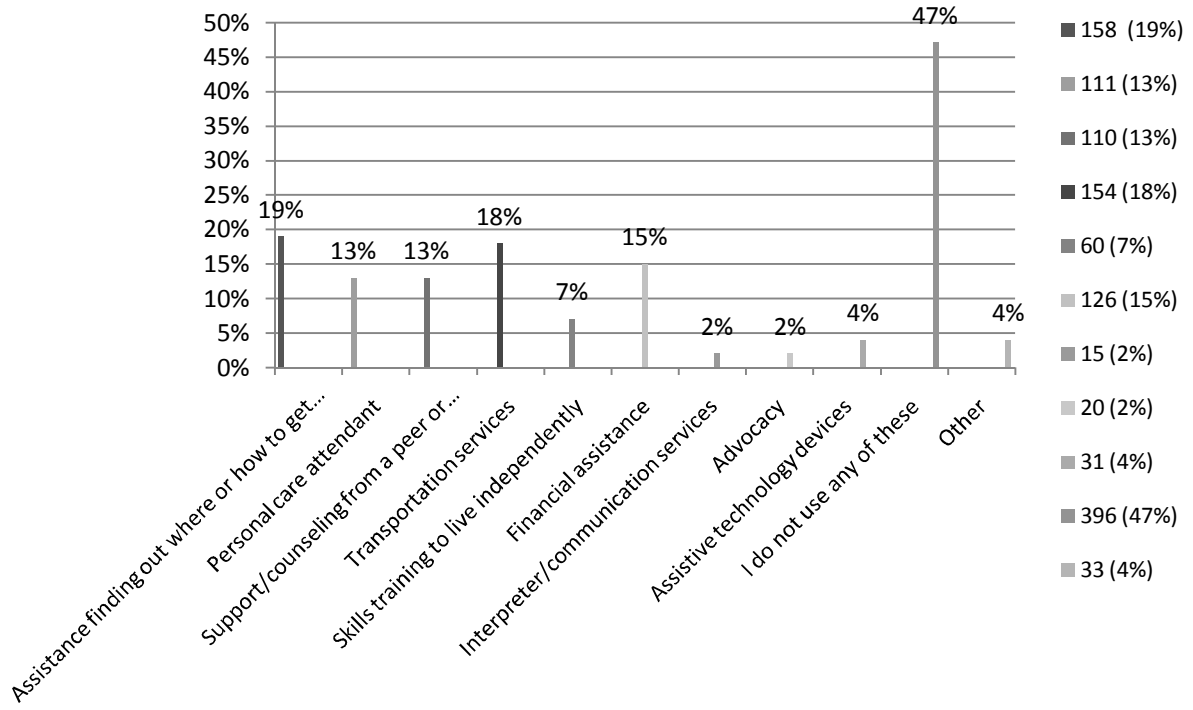

As the needs and concerns of people living with disabilities are the focus of this analysis, the finds regarding health care and age are of principal importance. Although this report was not intended to contain any crosstabulation analysis, the sheer number of respondent comments regarding the need for dental and vision services and the age-related changes in Medicaid coverage indicated the need for a more thorough look at these data. Unfortunately, these issues were not covered in the 2004 survey, so we have no way of knowing if this is an emerging issue or one that has existed for some time. Regardless, many of the 2008 respondents expressed great concern over these issues and did so without being asked. They wrote notes in the margins of the surveys, used the space provided for the specification of "other" responses, and often repeated these comments throughout the survey. Given the frequency with which these comments appeared, further investigation of the matter was definitely needed.

## INDEPENDENT LIVING

This section asked respondents about their use of independent living services and supports. Based on the responses given to these questions, however, it is likely that many respondents did not fully understand what was meant by "independent living services." Specifically, many of the respondents who reported not using and of the services listed also answered the question asking who provides these services and supports. The majority of these cases indicated that Medicaid provides them with independent living services, implying that they were confusing Medicaid coverage with independent living services. Originally, this section was to begin with a question asking, "How does your disability affect your ability to live your life as you would like?" This item, however, was taken out due to concerns over length. Perhaps this question would have provided somewhat of a context for respondents and helped them understand what information was being requested.

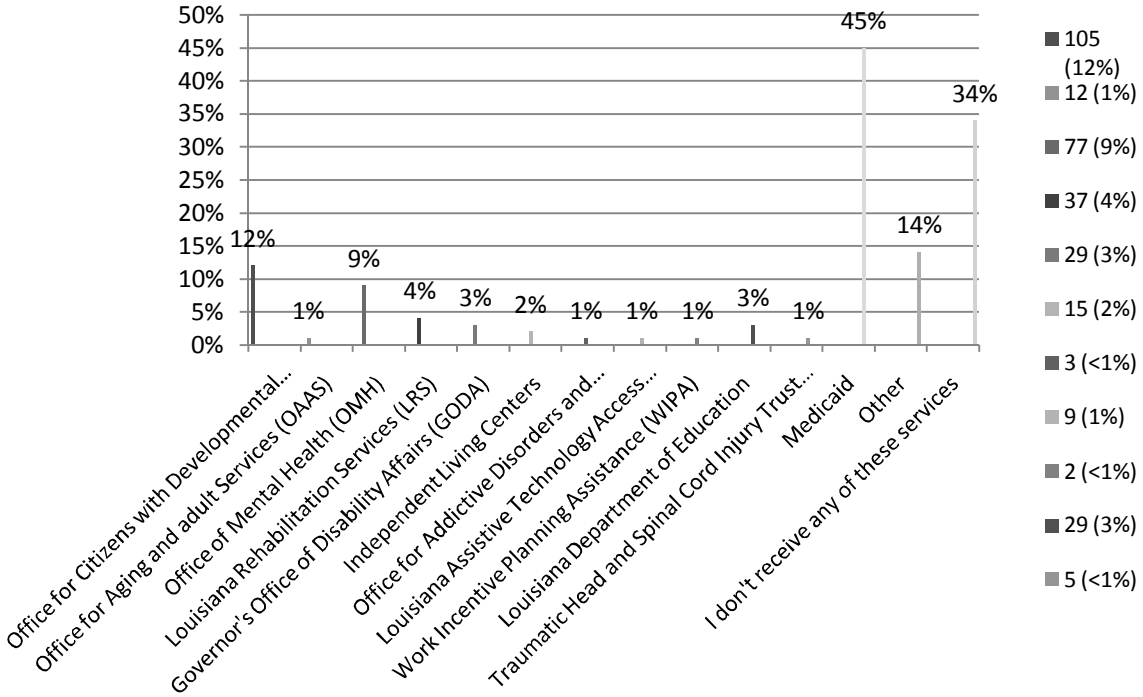
Graph 27 shows the independent living supports and services used by respondents. The most common responses were I do not use any of these (47%), assistance finding out how or where to get services (19%), transportation services (19%), transportation services (18%), and financial assistance (15%)

Graph 27. What services and supports do you use?
(846 total cases)



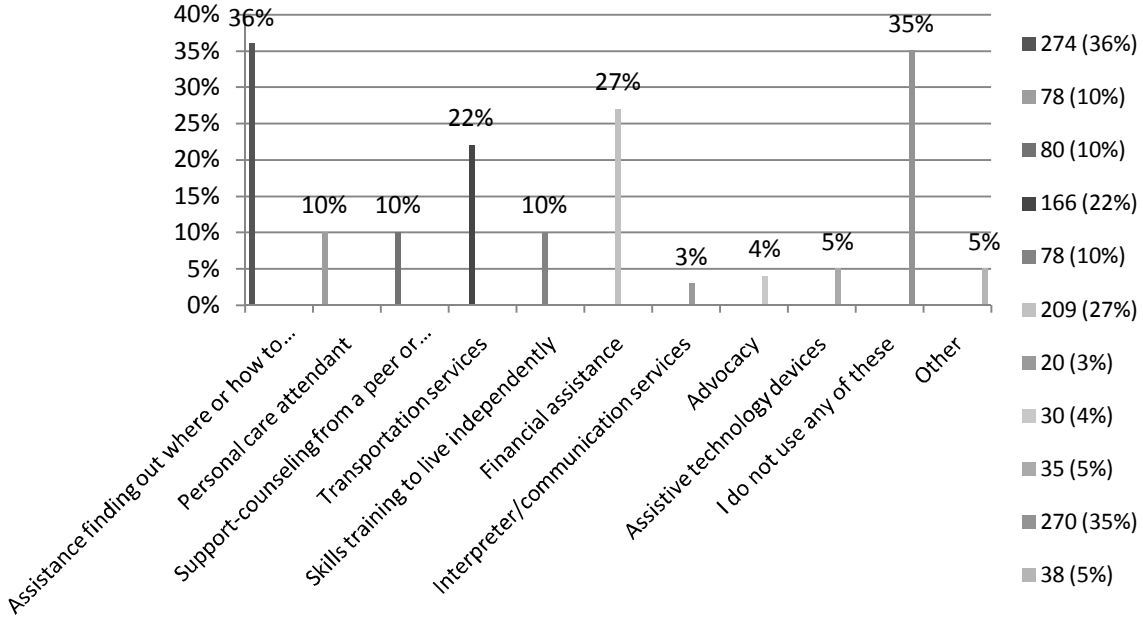

Graph 28 shows the breakdown of who provides respondents with these supports and services. Nearly half of respondents (45%) reported that Medicaid was the provider, while 34% stated that they do not receive any of these services, 14% said they get services from other sources, and 12% said they get services from the Office of Citizens with Developmental Disabilities (OCDD).

Graph 28. Who provides these supports and services to you?
(845 total cases)



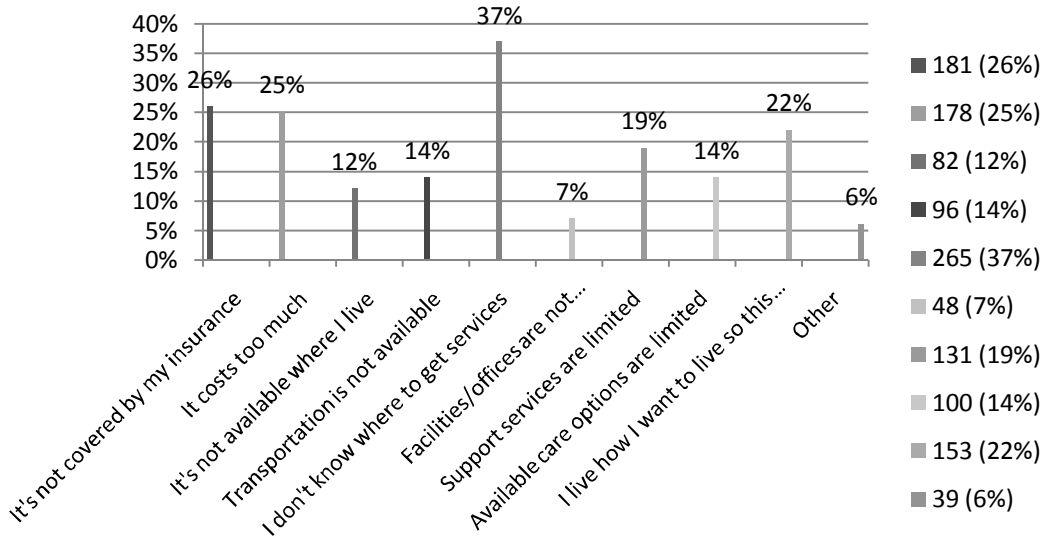

Graph 29 shows the independent living services and supports respondents need but do not get. The most common responses were assistance finding out where or how to get services (36%) and transportation services (22%). Additionally, about one third of respondents (35%) reported that they did not use any of these supports and services.

Graph 29. What services and supports do you need but do not get?
(769 total cases)



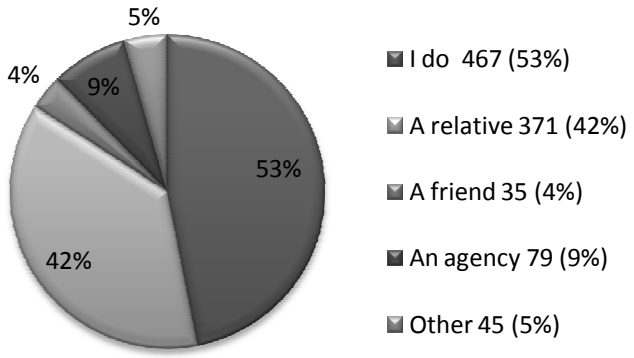
Graph 30 shows the breakdown of why respondents do not receive the services and supports they need. More than one third of respondents (37%) reported that they did not know where to get services, while 26% said that independent living services were not covered by their insurance, 25% said that independent living services cost too much, and 22% stated that this question does not apply since they live how they want.

Graph 30. Why don't you get the services and supports you need?
(708 total cases)



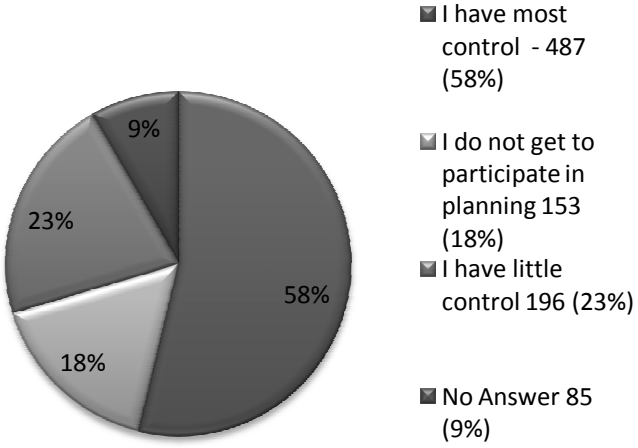

Given that many respondents reported using or needing assistance finding out where or how to get services and that many respondents also reported that they do not get needed services because they do not know where to get them, it would seem that this is a common obstacle faced by people living with disabilities in Louisiana. Although this finding does not necessarily apply to the target population as a whole, the frequency with which respondents mentioned finding or obtaining independent living services evidences the need for future research. Graph 31 shows the breakdown of who plans respondents' care.

Graph 31. Who plans most of the care you get?
(885 total cases)



Additionally, respondents were also asked how much choice they have when planning their care. More than half (58%) reported that they have most control, while 23% reported having little control, and 18% reported that they did not get to participate in planning.

Graph 32. How much choice do you have when planning for the services or care you get? (836 total cases)



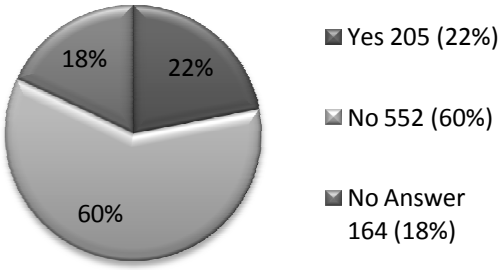
## ASSISTIVE TECHNOLOGY

The analysis reviewed in this section was conducted only on the responses of respondents indicating that they use assistive technology. In this light, the reasonably small sample (205) is understandable; however, difficulties with comprehension may have played a role as well. Specifically, many responses to assistive technology questions were not counted because respondents failed to answer the screening question: "Do you use assistive technology?" Respondents appeared to have difficulty understanding what exactly was meant by "assistive technology." In fact, several even wrote in comments expressing such confusion.

The phrase "assistive technology" and the response categories used in these questions are also used in the DHH literature regarding such devices. The logic behind this word choice was that "if they use it, they will know what it is," but confusion seems to have persisted. Originally, a description of what was meant by assistive technology was included as were examples of each type of assistive technology mentioned, but these were eliminated in the interest of space. Perhaps the inclusion of these examples would have improved comprehension of these questions.

Graph 33 displays the responses to the question, "Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?" Most respondents (60%) stated that they do not use assistive technology, while 22% stated that use assistive technology and 18% did not answer the question. As previously stated, the only responses included in this section's analysis are those where the respondent answered "yes" to this initial question.

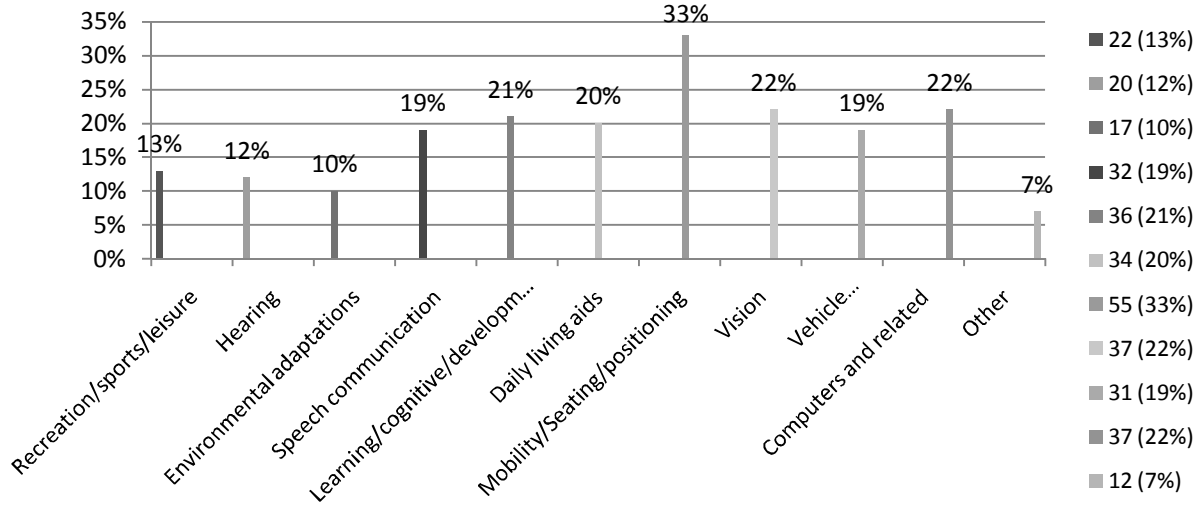
Graph 33. Do you need or use assistive technology?
(757 total cases)




Two other possible sources of confusion were identified in the Assistive Technology section: the response categories "vision" and "computers and related." In the case of the "computers and related" category, many respondents, even those who previously indicated they did not use or need assistive technology, reported that they use or need this type of assistive technology. The comments provided by many, however, clarify this inconsistency, for many state that they either use or want a computer to use the Internet, email, play games, participate in distance learning or online instruction, or to work from home. Although home computers used for all of these purposes can be classified as assistive technology, most of the responses did not indicate such use. In regard to the "vision" category, many respondents reporting need or use of this type of assistive technology were likely referring to eyeglasses and vision care not covered by their insurance. In fact, the majority of respondents' comments regarding this type of assistive technology specifically referred to Medicaid or Medicare not covering glasses or eye exams and needing new glasses but not being able to afford them.

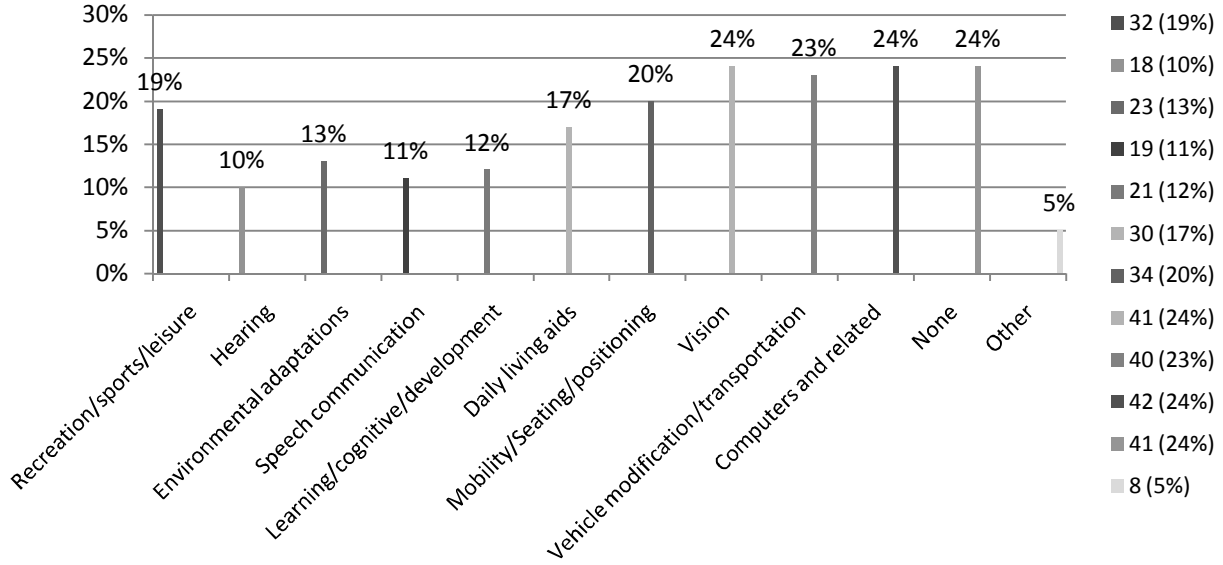
The type of assistive technology most commonly used by respondents is that related to mobility, seating, or positioning (33%), followed by the potentially problematic categories of vision (22%) and computers and related (22%), assistive technology for learning, cognitive, or development purposes (21%), daily living aids (20%), assistive technology for speech communication (19%), and vehicle modifications or transportation related assistive technology (19%). The complete results for this question are displayed in Graph 34.

Graph 34. Type of Assistive Technology Used
(168 total cases)




Graph 35 displays the types of assistive technology respondents report needing but not getting. The possibly confusing categories of computers and related (24%) and vision (24%) are once again among the most popular along with none (24%), vehicle modification or transportation related assistive technology (23%), assistive technology for mobility, seating, or positioning (20%), assistive technology for recreation, sports, or leisure (19%), and daily living aids (17%).

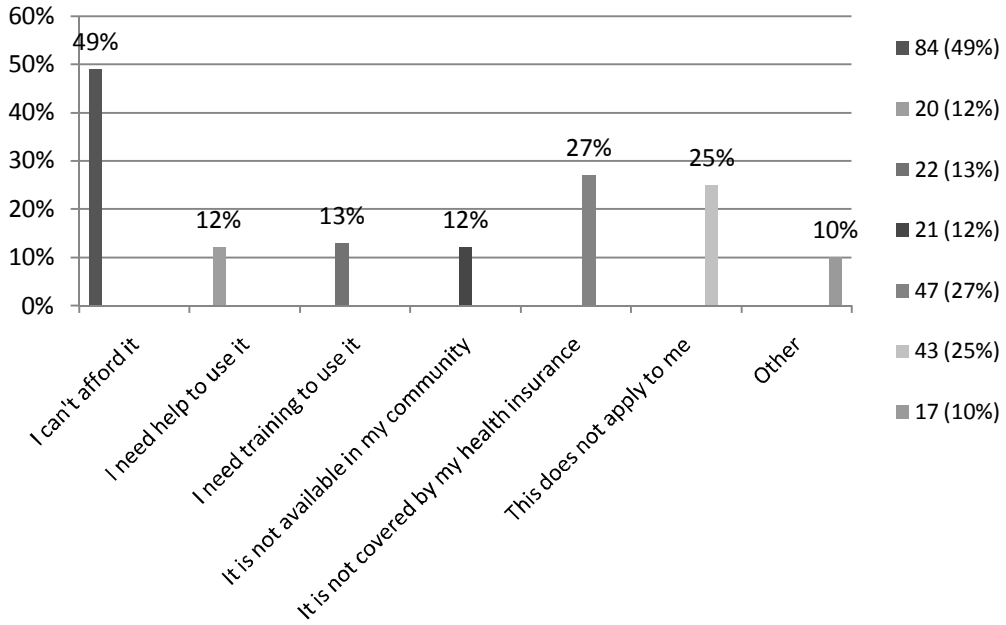
Graph 35. Assistive Technology Needed
(173 total cases)



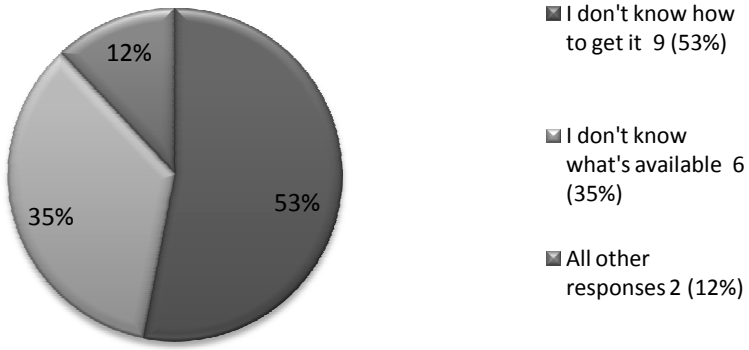
The possible confusion over the "vision" and "computers and related" response categories is further evidenced in the reasons respondents gave why they did not have access to the assistive technology they need. Just as many specified in the previous two questions that they need eyeglasses that are not covered by their insurance or want a home computer they cannot afford, they responded in a similar manner when posed the question directly.

Graph 36 displays the reasons why respondents do not have access to the assistive technology they need. Nearly half (49%) report that they cannot afford assistive technology, while 27% state that assistive technology is not covered by their health insurance, and 25% maintain that they have all the assistive technology they need.

Graph 36. Why don't you get the assistive technology you need?
(173 total cases)



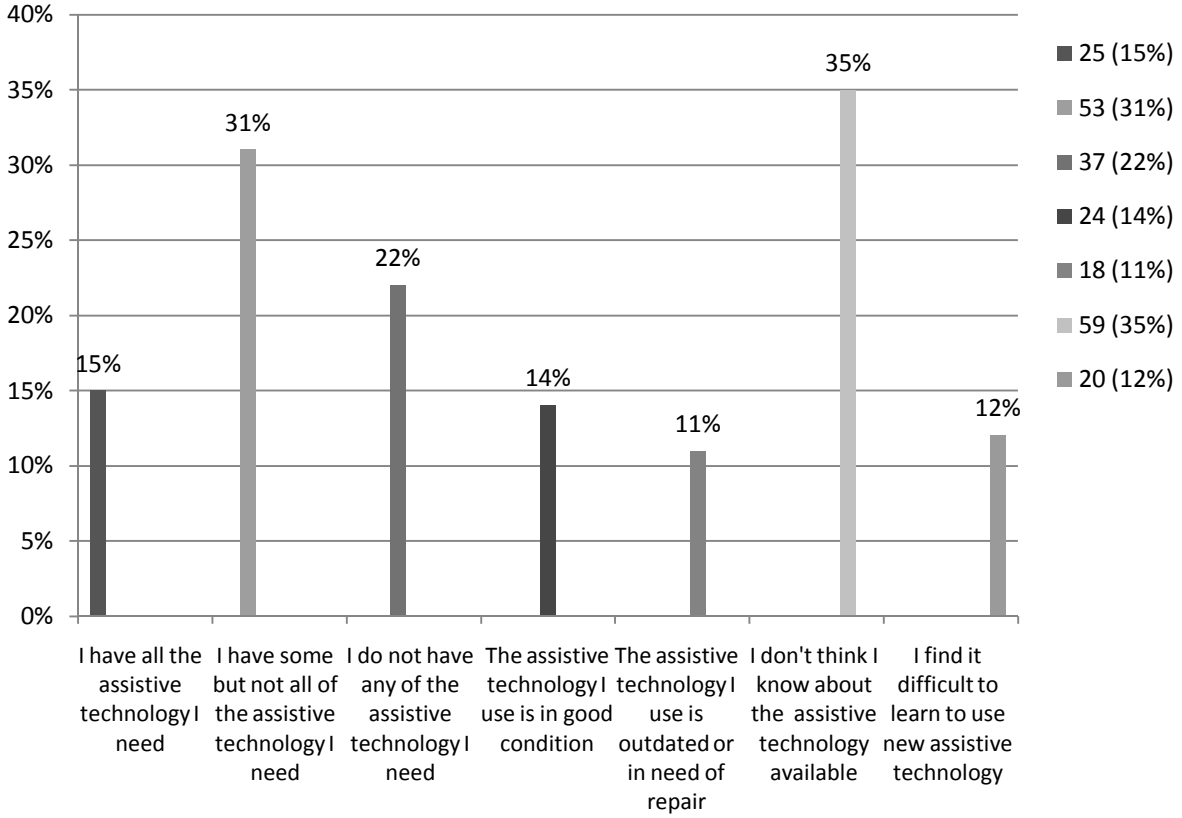

36a. Other reasons for not getting assistive technology needed.
(17 total cases)



Finally, respondents were asked to rate their use of assistive technology. This question serves several purposes; specifically, it measures access to assistive technology, the condition of existing assistive technology, and knowledge of available technology. The choice of this approach reflects the desire to measure respondents' perception of their use in their own terms rather than to measure use against a specific standard. Basically, a respondent could be fully content with outdated or limited assistive technology and therefore not need more devices or new innovations.

Graph 37 breaks down the manner in which respondents rated their use of assistive technology. In terms of access to assistive technology, 31% stated that they have some but not all of the assistive technology they need, while 22% stated that they do not have any of the assistive technology they need, and 15% stated that they have all the assistive technology they need. Regarding the condition of assistive technology, 14% reported that theirs is in good condition and 11% reported that theirs is outdated or in need of repair. On the subject of knowledge of assistive technology, 35% stated that they don't think they know about all that is available, while 12% stated that they find it difficult to learn to use new assistive technology.

Graph 37. Self-Rated Use of Assistive Technology
(170 total cases)



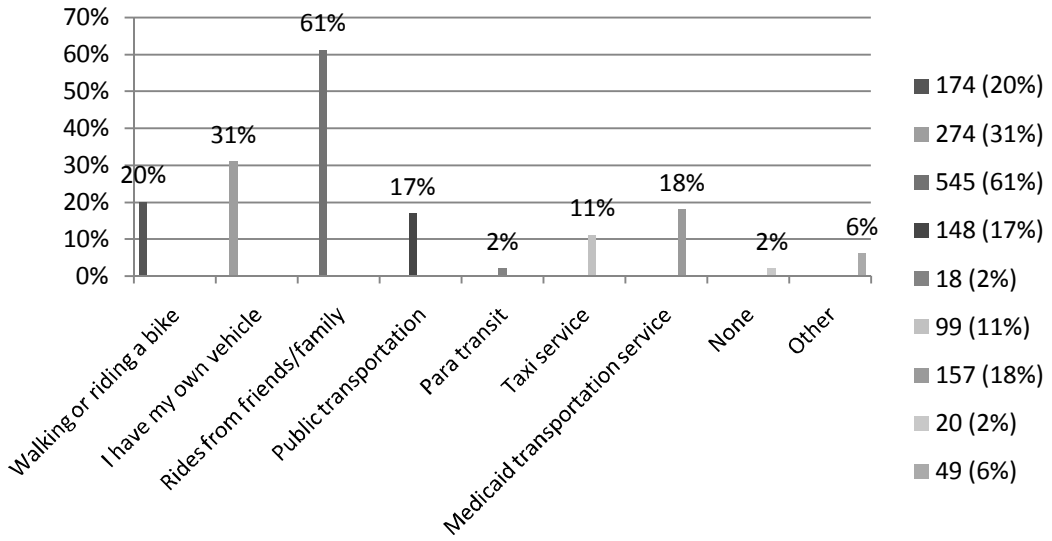
When viewed in conjunction with one another, these results imply that respondents as a group have moderate to poor levels of access to assistive technology as well as to information on available assistive technology. Although several aspects of this section likely caused confusion among respondents, these results should not be discounted entirely. In light of findings on independent living and health care services indicating the need for assistance finding and obtaining services, this scenario is quite likely. As with all the results presented in this report, this observed trend should not be interpreted as statistical proof of limited access to assistive technology. Rather, these results along with similar findings from other sections of the survey build the case that access to services and supports is likely inhibited by lack of information on these services and supports.

## Transportation

The questions in the transportation sought to determine what types of transportation are available to respondents, what type of transportation they use, any problems they have with transportation, and the purposes for which they use public transportation. During the analysis of these data, two issues became apparent. First, the distinction between the first two questions, which ask about the types of transportation available to respondents and the types of transportation they use, may not have been as obvious as expected, for many respondents skipped the second question. Second, the final question, which asks about the purposes for which respondents use public transportation, may not have been entirely clear. In this case, many respondents reported that they use public transportation for a multitude of reasons even though they did not previously indicate that they used public transportation or that it was available to them.

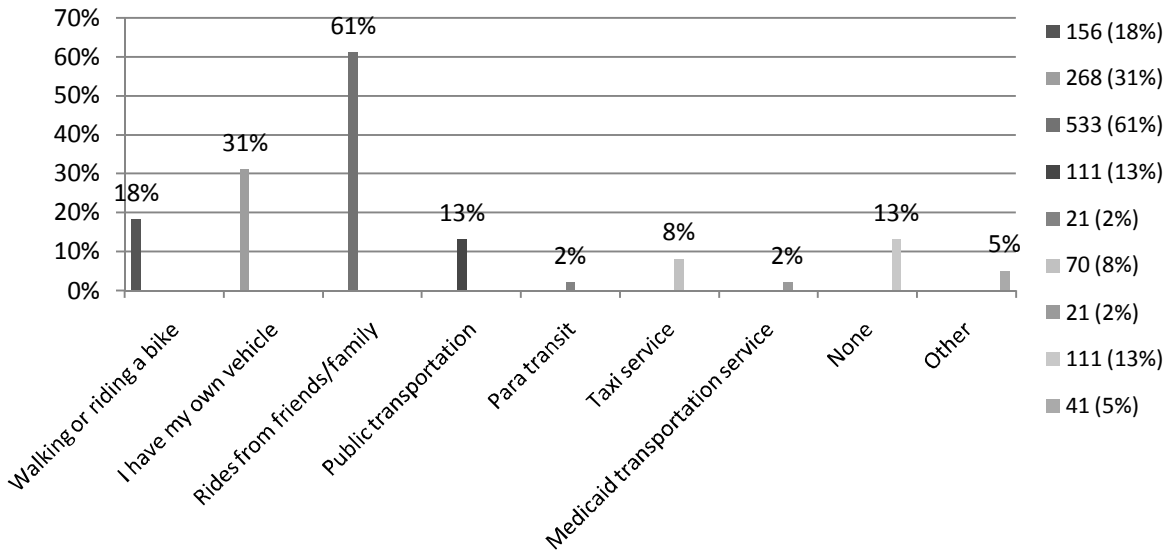
Graph 38 displays the breakdown of the types of transportation respondents feel is available to them, the most common of which are rides from friends or family (61%), a personal vehicle (31%), walking or riding a bike (20%), Medicaid transportation services (18%), and public transportation (17%).

Graph 38. Transportation Available
(888 total cases)



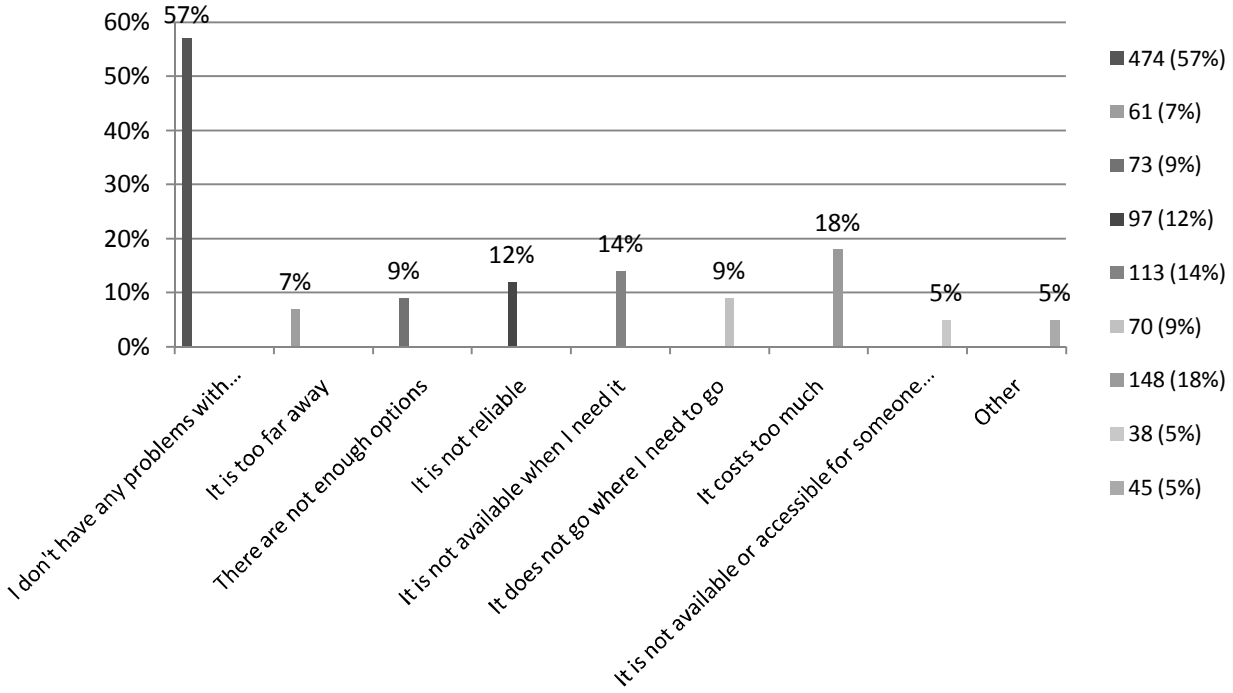

Graph 39 displays the breakdown of the types of transportation respondents use, the most common of which are rides from friends or family (61%), a personal vehicle (31%), walking or riding a bike (18%), public transportation (13%), and none (13%).

Graph 39. Transportation Used
(876 total cases)



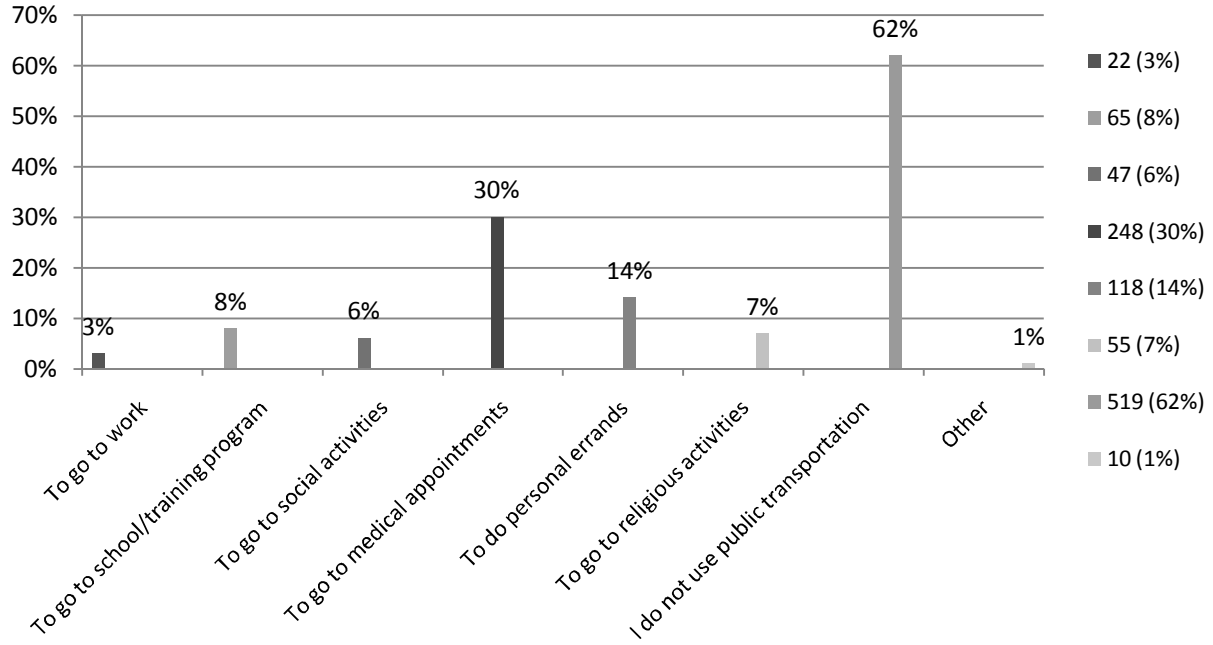

Graph 40 shows the problems respondents have with transportation. While the majority (57%) report that they do not have any problems with transportation, 18% say that it costs too much, 14% say that it is not available when needed, and 12% say that it is not reliable.

Graph 40. Problems with Transportation
(827 total cases)



Graph 41 shows the reasons respondents gave for using public transportation. Although it is likely that many were not clear on the fact that this question was asking about public transportation rather than transportation in general, some respondents did indicate that they understood the question. For this reason, these results should not be dismissed as wholly inaccurate. The majority (62%) report not using public transportation, while 30% say they use public transportation to go to medical appointments, and 14% say they use it to do personal errands.

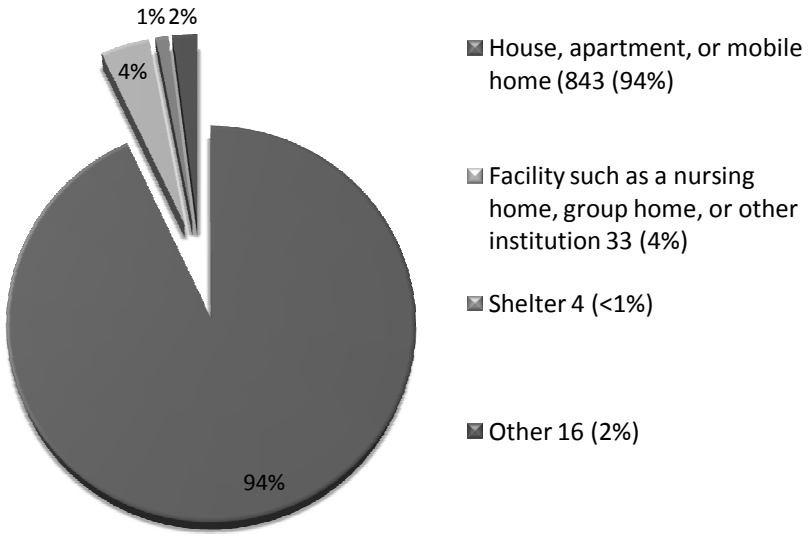
Graph 41. Public Transportation Used
(833 total cases)



## HOUSING

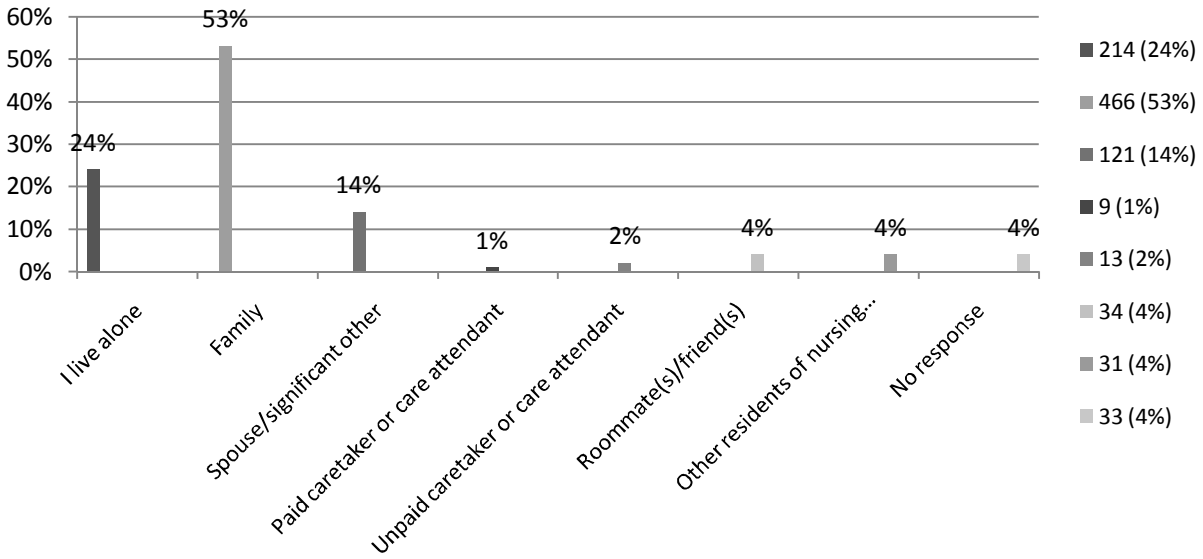
Graph 42 shows the breakdown of where respondents live. The vast majority (94%) lives in a house, apartment, or mobile home and it is important to note that this figure does not include the X respondents who indicated that they live in a FEMA trailer. These cases were included in the "other" category. The rest of respondents live in facilities such as nursing homes or group homes (4%), other dwellings (2%) shelters (<1%).

Graph 42. Housing
(896 total cases)



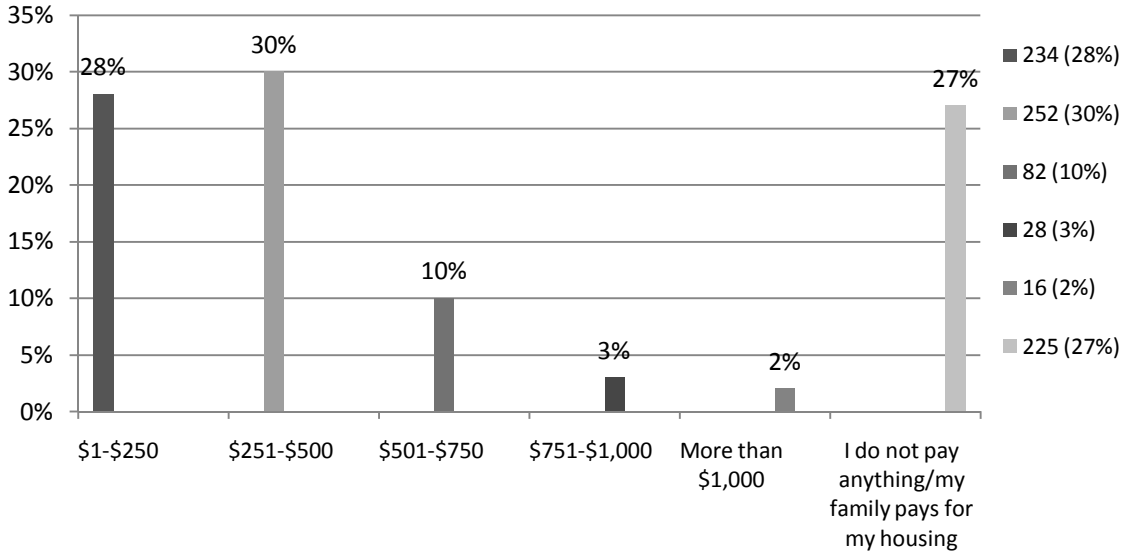

In regard to living arrangements, most respondents report living with family (53%), while 24% live alone, 14% live with a spouse or significant other, 4% live with roommates or friends, 3% live with other residents of a nursing home, group home, or shelter, 1% live with an unpaid caretaker, and 1% live with a paid caretaker. Graph 43 displays these results.

Graph 43. Living Situation
(888 total cases)



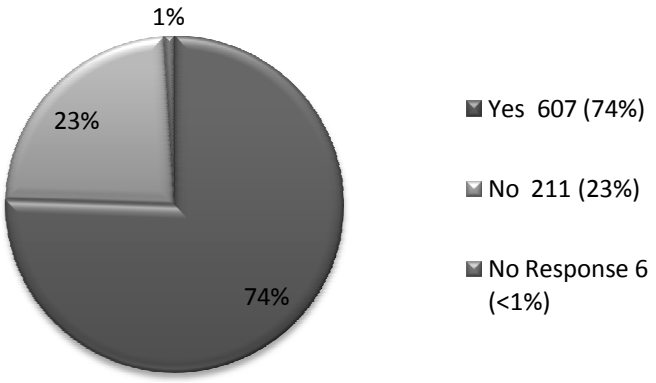

The majority of respondents pay $500 or less per month for housing not including utilities, with 30% paying $251 – 500, 28% paying $1 – 250, and 27% paying nothing or having their families pay for housing. Graph 44 displays the complete results from this item.

Graph 44. Housing Cost
(837 total cases)

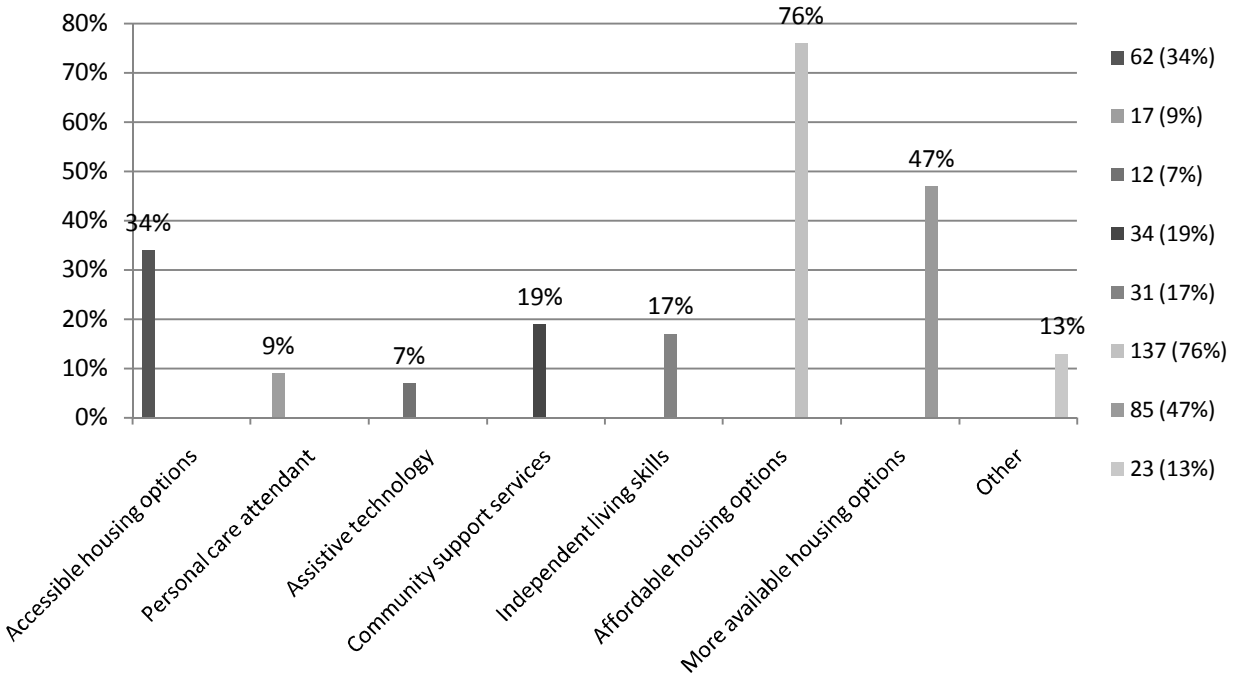



Graph 45 displays the breakdown of whether or not respondents are living in their preferred arrangement. Although the majority (74%) report that they are living where they want to live, 26% say that they prefer a different situation. When asked what they would need to live where they want, the respondents in this latter category responded that they need affordable housing options (76%), more housing options (47%), and accessible housing options (34%). Graph 46 displays the complete results from this item.

Graph 45. Are you living in your preferred arrangement?
(819 total cases)



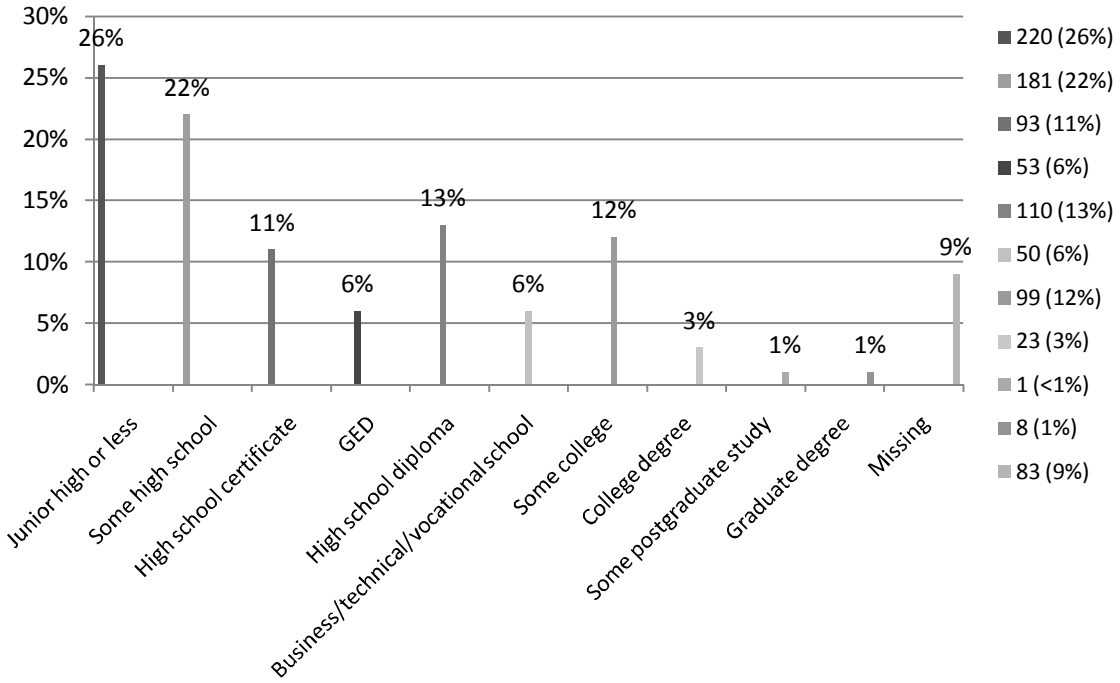

Graph 46. What would you need to live where you want?
(180 total cases)



## EDUCATION

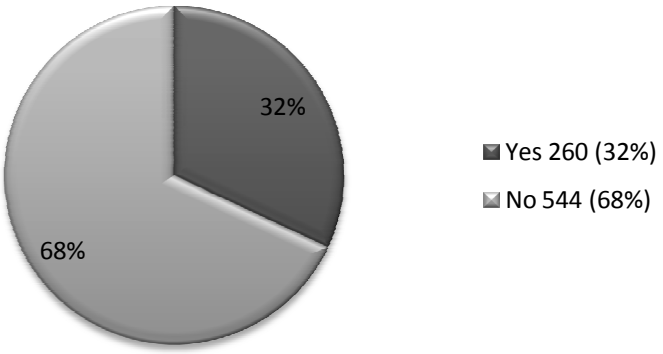
Graph 47 displays the findings regarding education. Respondents most commonly report completing junior high or less (26%), having some high school (22%), receiving a high school diploma (13%) or a high school certificate (11%), or completing some college (12%). The one possible issue with this question, however, is the possible confusion among respondents regarding the difference between a high school diploma and a high school certificate. While the latter is generally the outcome of completing a special education program, it seems that a number of respondents might have mistaken it for a diploma. Similarly, comments provided by some respondents claiming to hold a high school diploma indicate that these individuals actually attended special education classes and may perceive their high school certificate to be a diploma. Regardless, nearly half of all respondents (48%) have not completed a high school program or passed the high school equivalency exam.

Graph 47. Level of Education
(838 total cases)

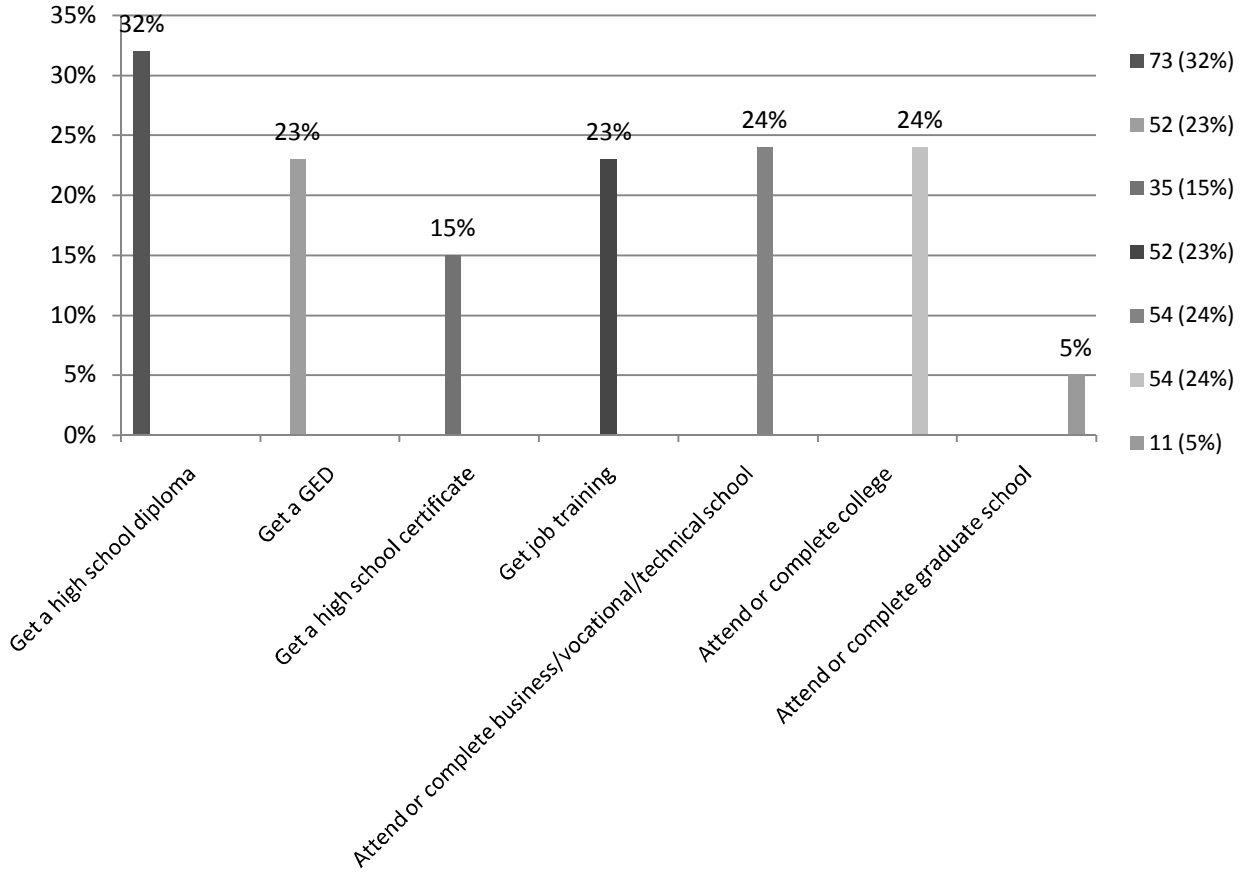



As illustrated by Graph 48, about one third (32%) of respondents want to continue their education. These respondents most often report wanting to get a high school diploma (32%), attend or complete vocational, technical, or business school (24%), attend or complete college (24%), get a GED (23%), or get job training (23%). Additionally, these respondents report that education and training are difficult to obtain due to cost (33%), trouble with tests (27%), transportation issues (25%), and not knowing where to get it (23%). Another 33%, however, maintain that they don't have any problems getting education or training. Graph 49 displays the complete results regarding educational goals and Graph 50 display those regarding problems obtaining education and training.

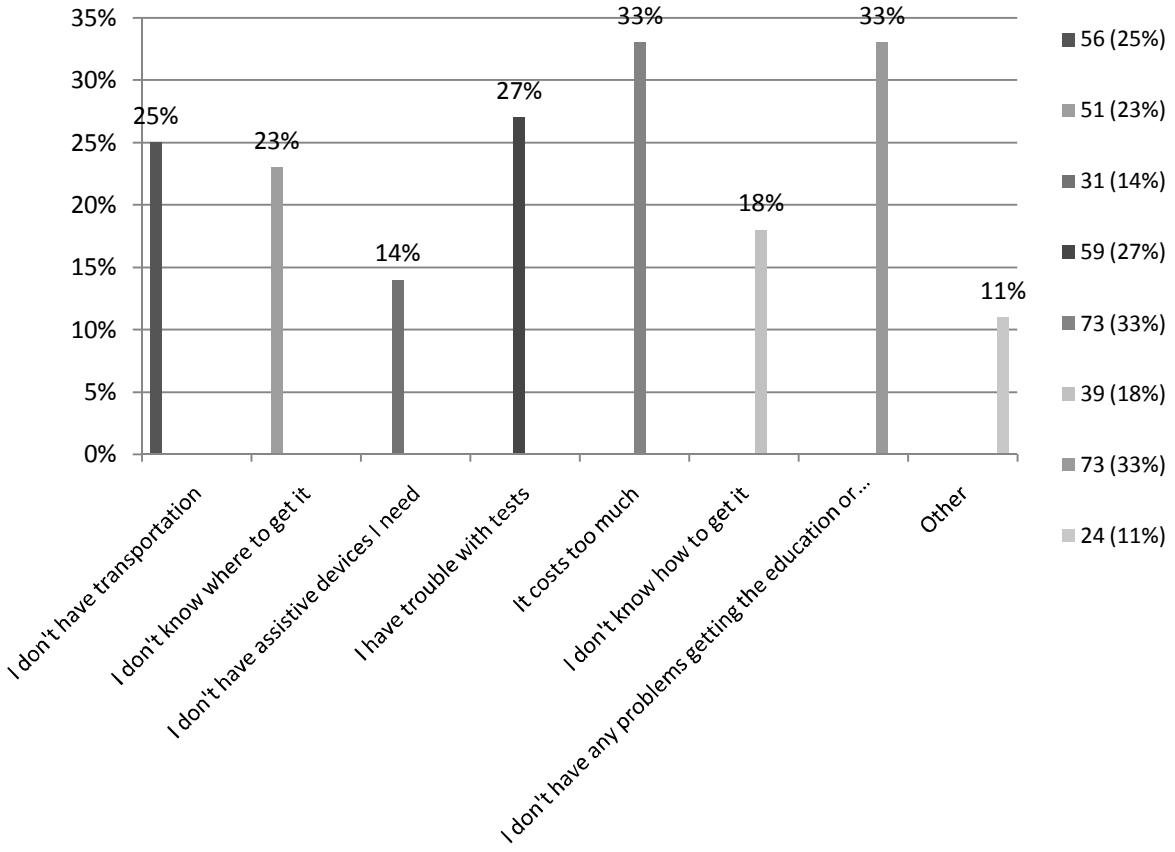
Graph 48. Do you want to continue your education?
(804 total cases)




Graph 49. Educational Goals
(229 total cases)

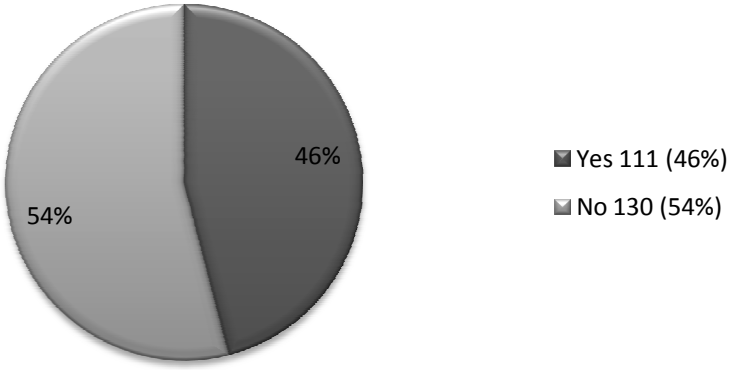


Graph 50. Problems with Education/Training
(222 total cases)

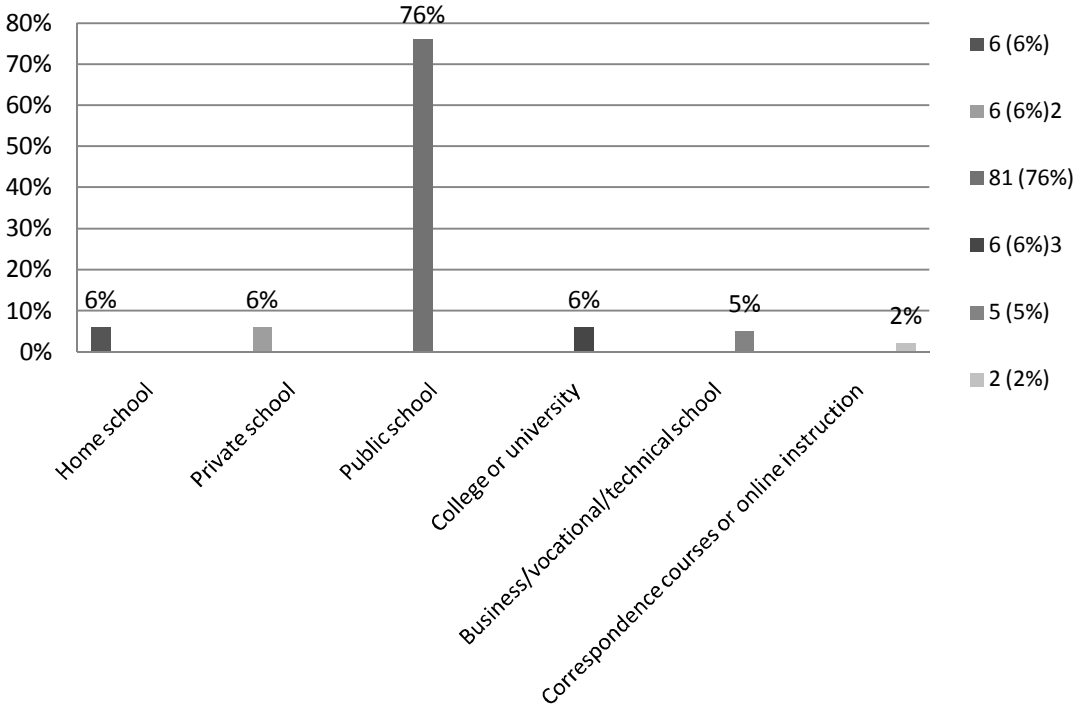



Of those respondents interested in continuing their education, nearly half (46%) are currently enrolled in an education or training program. The majority of these respondents are enrolled in public school (76%), while 6% are enrolled in home school, 6% in private school, and 6% in a college or university. Graph 51 shows the percentage of those currently enrolled in a program and Graph 52 displays the types of programs in which respondents are currently enrolled.

Graph 51. Are you enrolled in an education or training program?
(241 total cases)



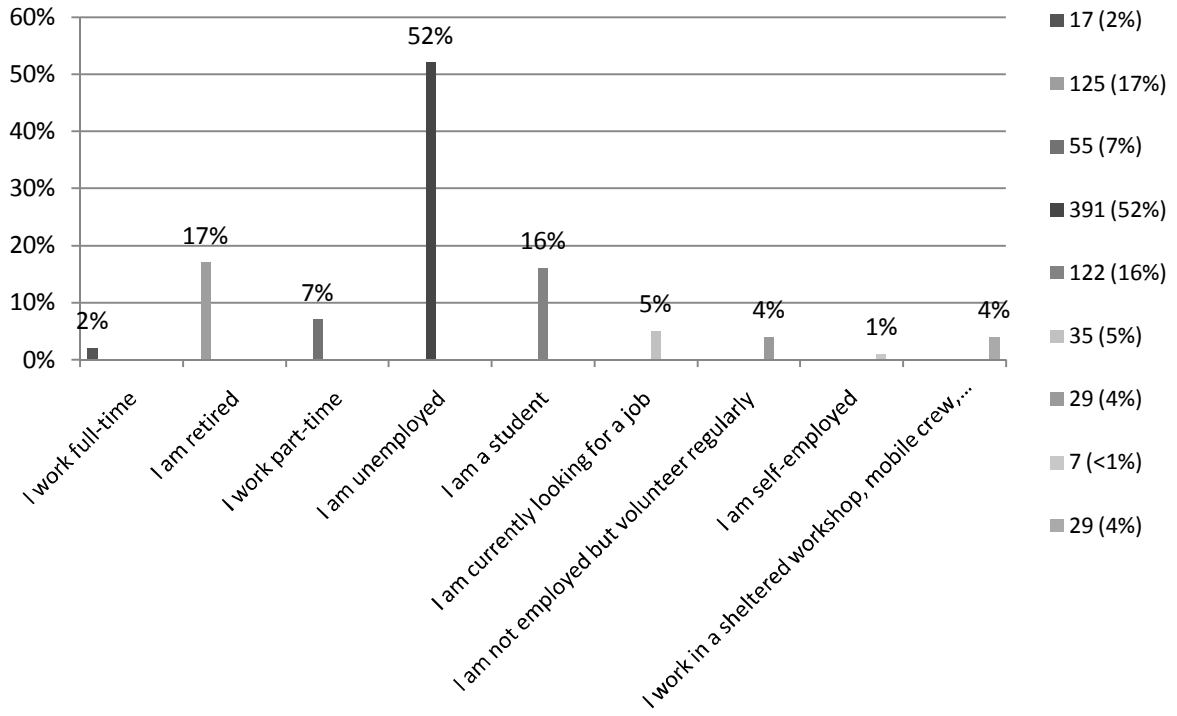

Graph 52. Types of Education/Training Programs
(106 total cases)



## EMPLOYMENT

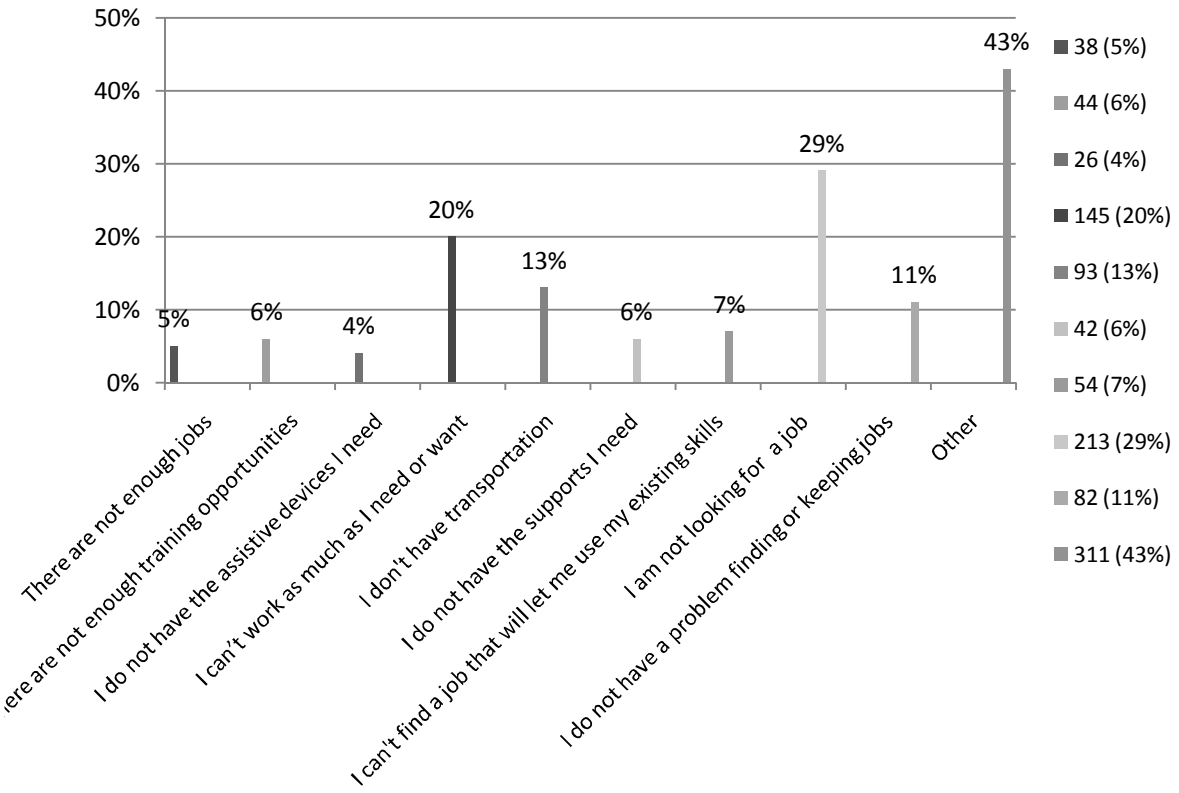
None of the respondents in the 2004 survey were employed. In contrast, approximately 15% of the respondents of the current survey report that they work full-time (2%) or part-time (7%), are self-employed (1%), or work in a sheltered workshop, mobile crew, or enclave (4%). Additionally, 5% claim to be currently looking for a job. The majority of respondents, however, are unemployed (52%), while 17% are retired and 16% are students. Graph 53 shows a complete breakdown of these results.

Graph 53. Employment Situation
(748 total cases)



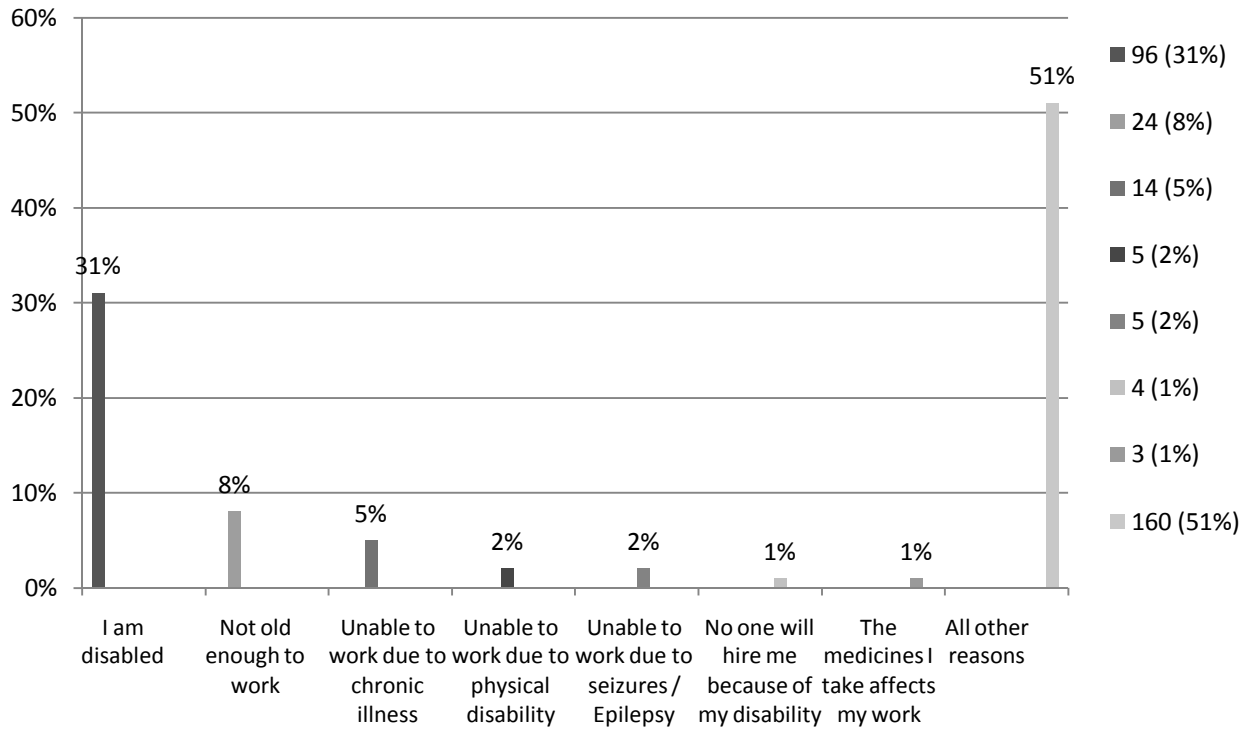

In regard to problems finding or keeping jobs, 29% state that they are not looking for a job, while 20% report that they cannot work as much as they need or want, 13% do not have transportation, and 11% maintain that they do not have any problems finding or keeping jobs. Additionally, 43% report that they have other problems with employment. Graph 54 displays the results regarding employment problems.

Graph 54. Employment Problems
(728 total cases)




Graph 55 shows the answers commonly provided in the "other" response category. In this context, the frequency with which respondents indicated that they are unemployed because they are disabled and/or receive Social Security Disability and are, therefore, unable to work or unable to work as much as they would like deserves further consideration. Initially, the decision was made to leave out a response option reflecting this situation so as not to validate the misconception that people with disabilities are automatically unable to work or that collecting disability always prevents people from working. In reality, many people who receive disability income are permitted to work without reducing the amount they collect. This finding, however, evidences that the belief that people collecting disability are unable to work is still prevalent. A complete account of these answers can be found in Appendix D.

Graph 55. Other Problems with Employment
(311 total cases)



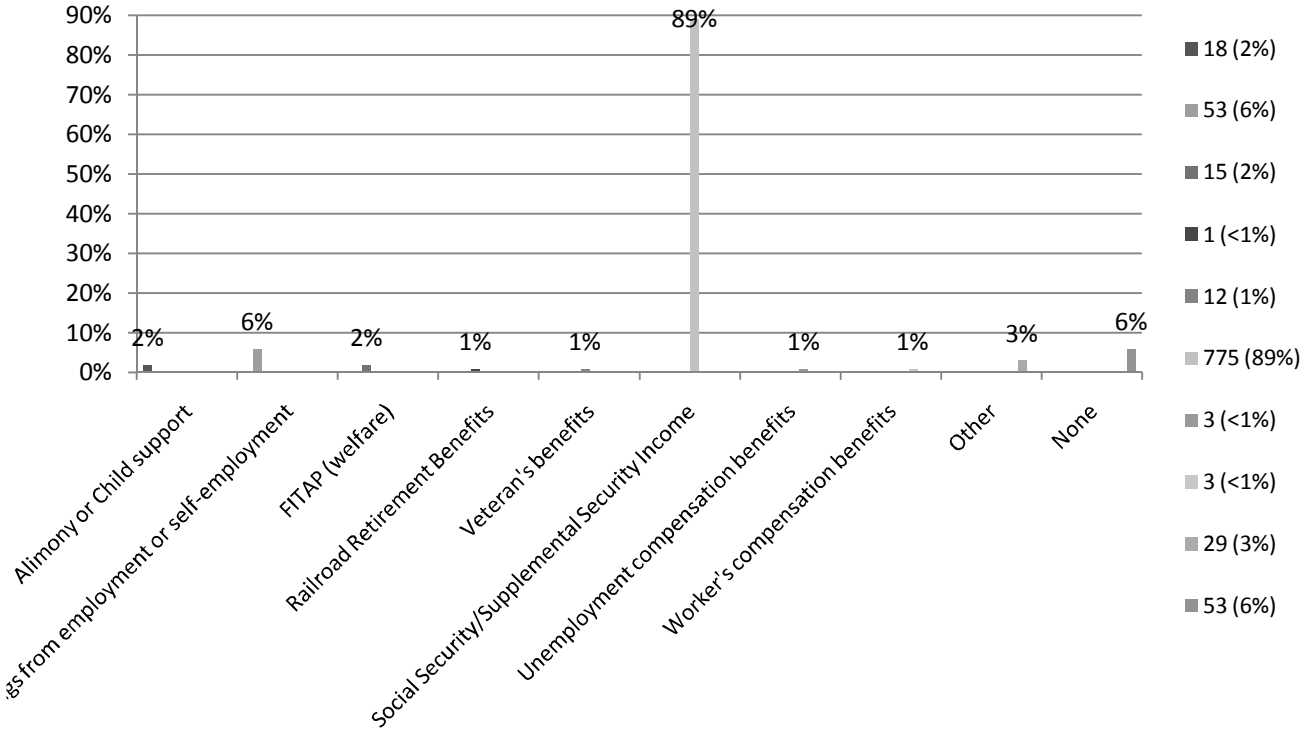
## FINANCES

The 2008 survey requested much more information about income and finances than did the 2004 survey. For this reason, many included in the sample may have been hesitant to participate. Since the majority of cases included in the sample were drawn from the list of those eligible for Medicaid, and Medicaid eligibility is determined in part by income and assets, this scenario seems likely. Adding further weight to this argument is the frequency with which respondents indicated that they believed their responses to be identifiable as their own. Although it is impossible to determine whether this is because they did not fully read or comprehend the survey directions and cover letter or because they did not believe the guarantees of anonymity found there, these observed trends should not be ignored.

Responses provided for several of the finance questions indicate hesitancy on the part of respondents to reveal too much information. Specifically, items asking about personal monthly income and personal resources yielded low response rates and/or noteworthy response patterns. These observed trends will be discussed as the data are presented.

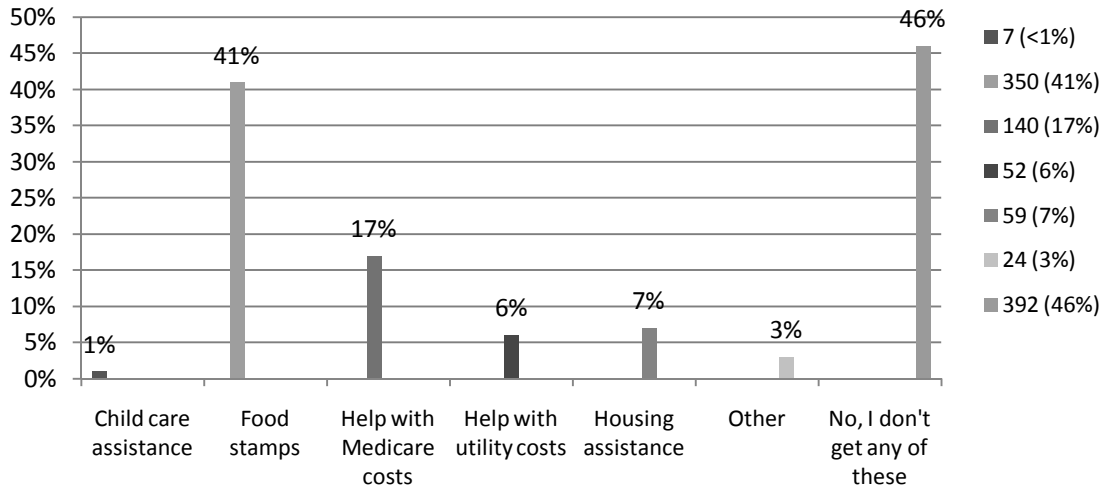
Graph 56 shows the sources of respondents' incomes. The vast majority of respondents (89%) indicate that they receive Social Security or Supplemental Security income, although some (6%) report earnings from employment, or having no income (6%).

Graph 56. Source of Income
(868 total cases)



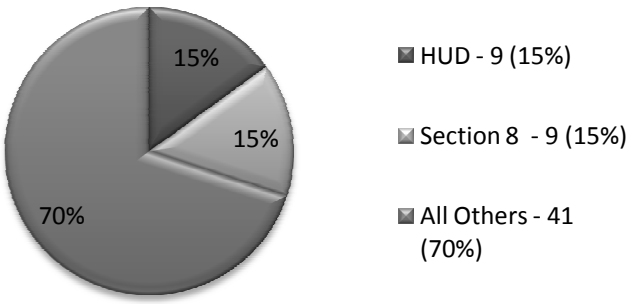
Many respondents report receiving financial assistance from the government, although nearly half (46%) maintain that they receive no additional financial assistance. In regard to those who do claim to receive assistance, 41% receive Food Stamps, 17% receive help with Medicare costs, 7% receive housing assistance (specifically HUD and Section 8, which 18 respondents report using), and 6% receive help with utility costs. Graph 57 displays the breakdown of financial assistance received by respondents and Graph 58 provides an overview of the types of housing assistance mentioned. A complete list of the types of housing assistance used by respondents can be found in Appendix D.

Graph 57. Financial Assistance
(851 total cases)




Although Food Stamps are one of the most commonly cited sources of assistance, it is important to note that many of the respondents who mention Food Stamps also report having the amount they receive reduced in recent months. Notably, most of those commenting on the reduction of Food Stamps state that their benefits have been reduced to $10 per month and that they now have trouble feeding themselves.

Graph 58. Types of Housing Assistance
(59 total cases)

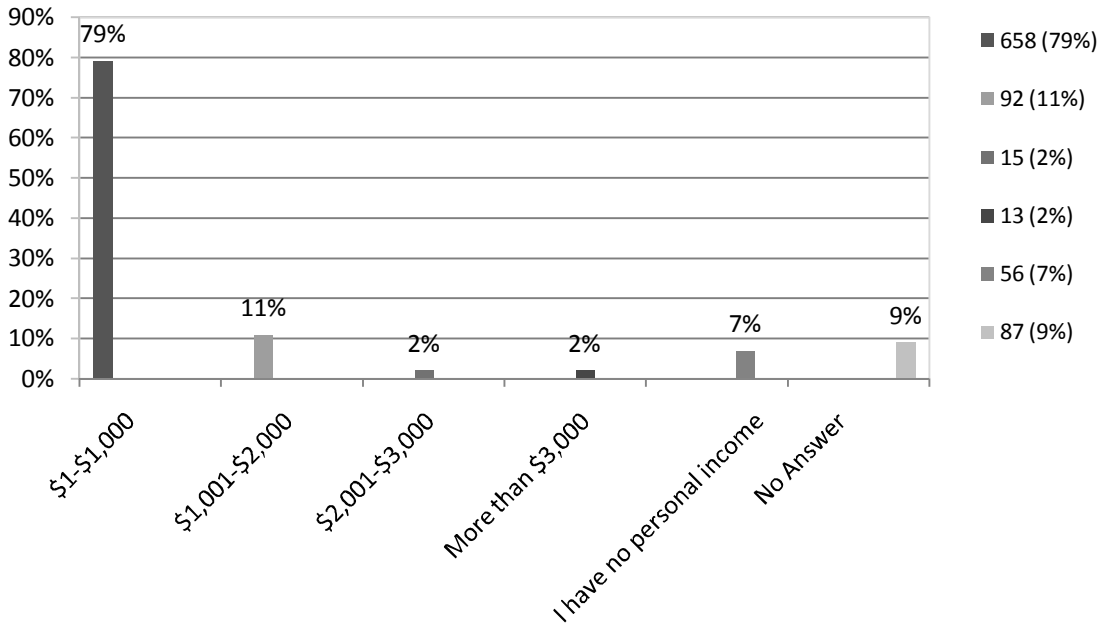



The remaining questions in this section ask specifically about personal income and resources. Given that the majority of respondents receive Medicaid, the eligibility criteria for which is determined by income and assets, these results may not be entirely accurate. The response rates for these items are definitely lower than those for the other questions in this section, and individual respondents' answers to the items in this section were often not consistent with one

another. The most commonly identified discrepancy was for respondents to report receiving Social Security or Supplemental Security income, but claim to have no personal income. In the cases of respondents claiming only Social Security or Supplemental Security income, we were able to remedy this situation, for these benefits are known to amount to less than $1000 per month.

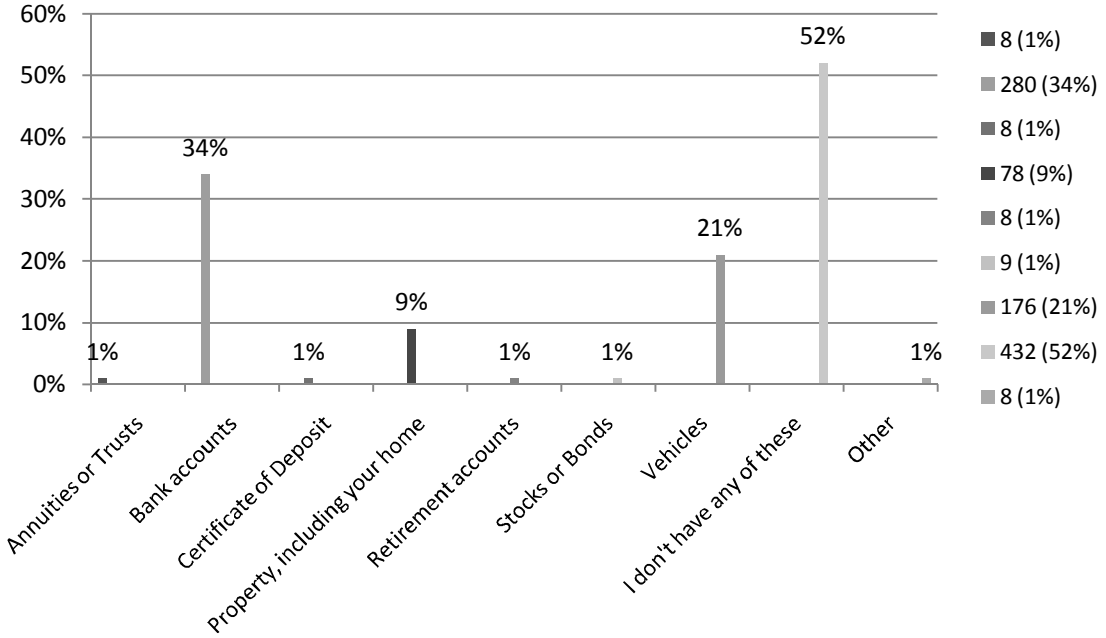
Graph 59 displays the breakdown of respondents' monthly incomes. The vast majority (79%) report receiving $1 – 1000 per month, while 11% report $1001 – 2000 per month, 3% report $2001 or more, and 7% report having no personal income. It is important to note that the aforementioned checks for internal consistency and efforts to fill in missing data for those reporting only Social Security or Supplemental Security income had great bearing on these results.

Graph 59. Monthly Income
(834 total cases)



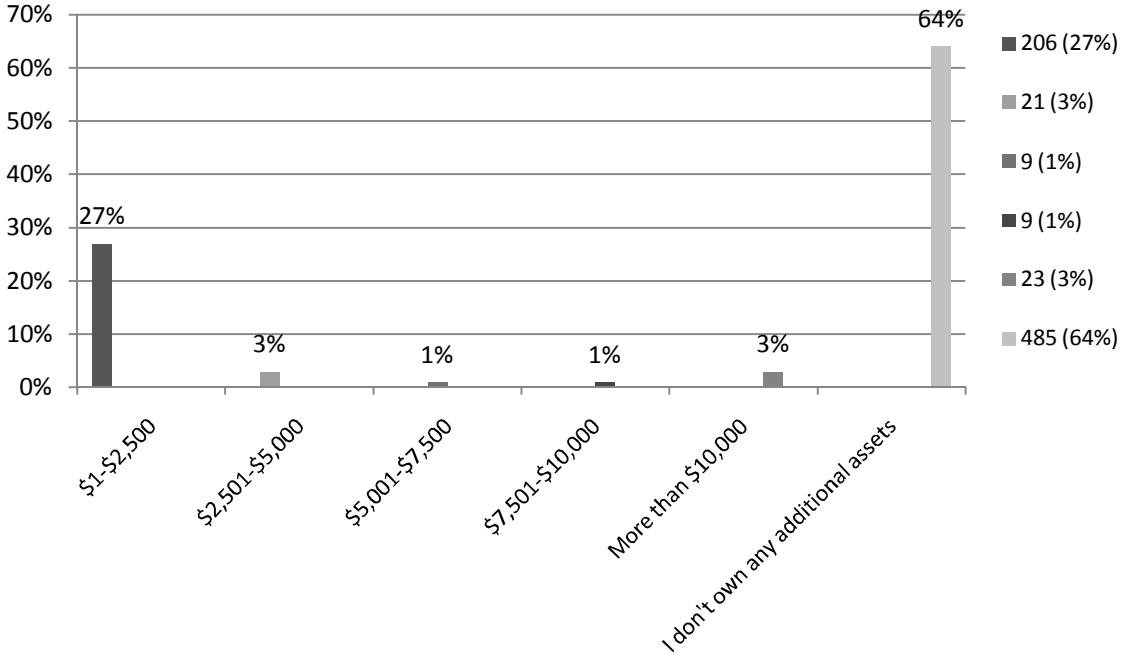

Graph 60 shows the assets owned by respondents. More than half of respondents (52%) report owning no assets. Among those who indicate they do own assets, the most commonly provided response is bank accounts (34%). This figure, however, may be misleading, as many respondents explained that these were the checking accounts required for the direct deposit of monthly Social Security checks. For this reason, it is likely that many of the checking accounts represented here are only assets insofar as Social Security checks are counted as assets. Other assets commonly reported by respondents include vehicles (21%) and a home or other property (9%). As previously mentioned, respondents reporting these assets also often specified that vehicles did not run or that they were owned jointly with another person and that houses still had outstanding mortgages.

Graph 60. Assets
(829 total cases)




While the majority of respondents (64%) report not owning any assets other than a home or car, nearly one third (27%) estimate the value of their assets to be $2500 or less. Graph 61 shows the breakdown of the value of respondents' assets.

Graph 61. Value of Assets
(753 total cases)



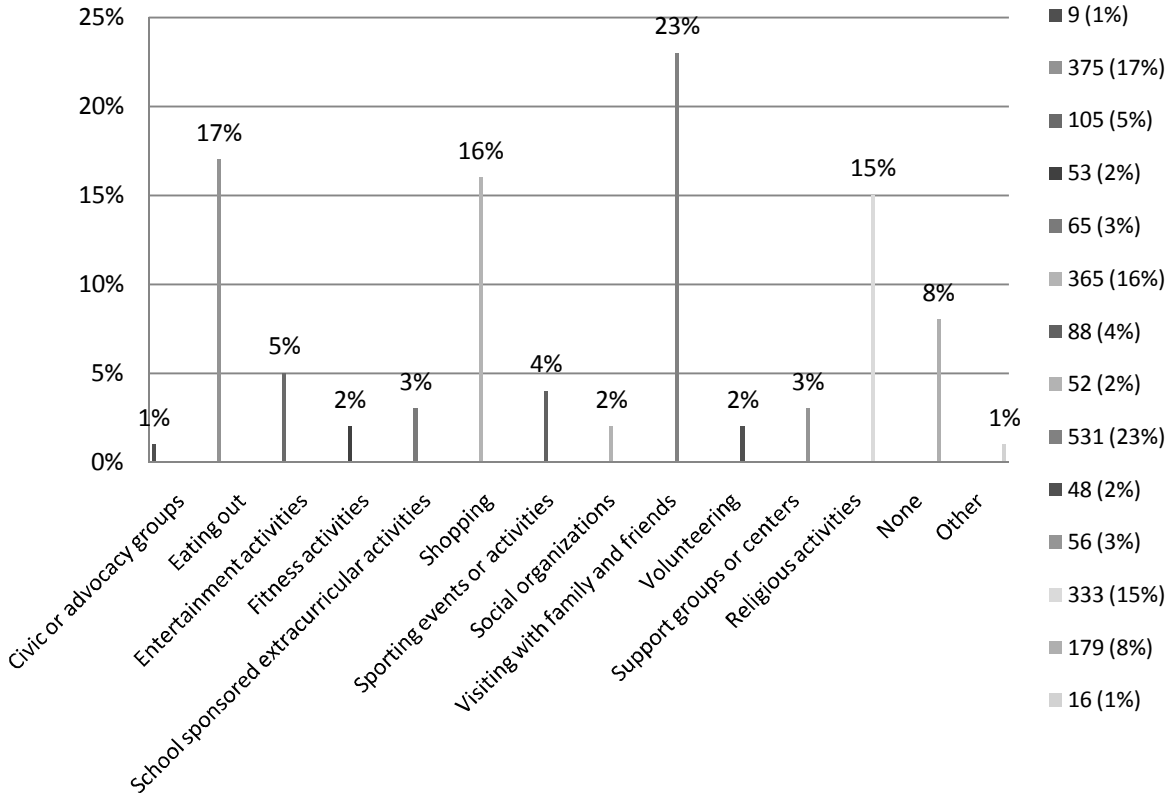
Although the accuracy of information respondents provided on income and assets remains questionable, this section did yield some valuable data. Specifically, many respondents receiving Food Stamps indicate that their benefit levels have been reduced to somewhat miniscule levels and that they have struggled since this reduction. In light of current predictions by the World Bank that food prices will continue to rise globally for some time to come, the Food Stamp situation may merit further investigation.

## COMMUNITY INVOLVEMENT

Respondents were asked about their involvement in their communities, the activities they would like to participate in but cannot, and what makes it hard for them to participate in their communities. Responses indicate that many respondents lead active lives, although a majority says their disabilities make it hard to participate in community activities. Considering that many of those who report being limited by their disability also report taking part in one or more activities, these findings seem to imply that community involvement is one area in which this population is faring well.

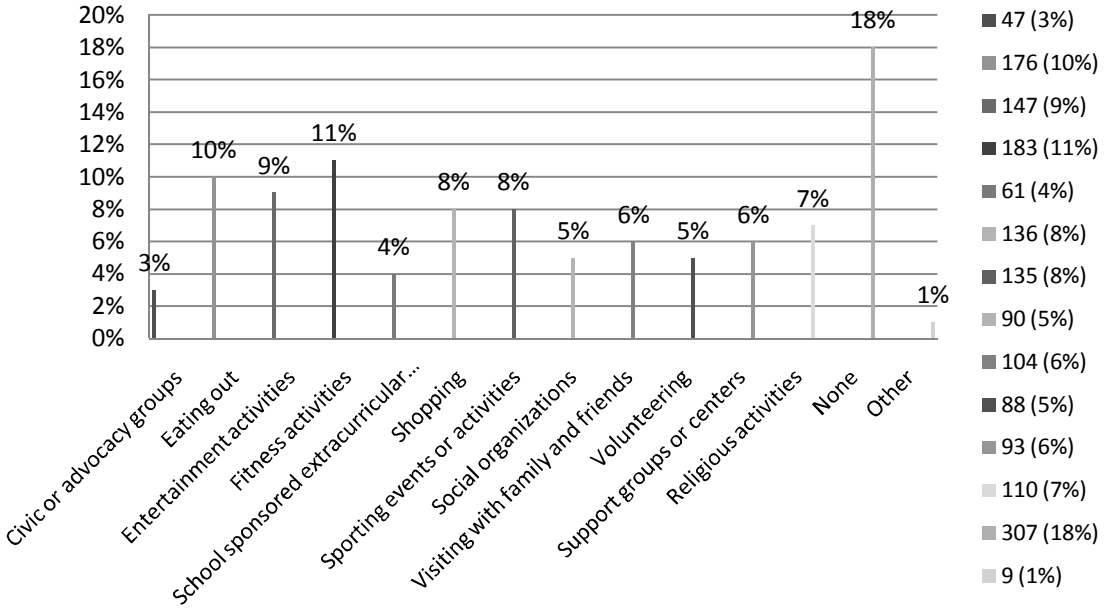
Although 21% report not participating in community activities, the remainder of respondents commonly report visiting family and friends (62%), eating out (44%), shopping (43%), and participating in religious activities (39%). Graph 62 displays the complete results for this item.

Graph 62. What activities do you participate in within your community?
(2275 total cases)



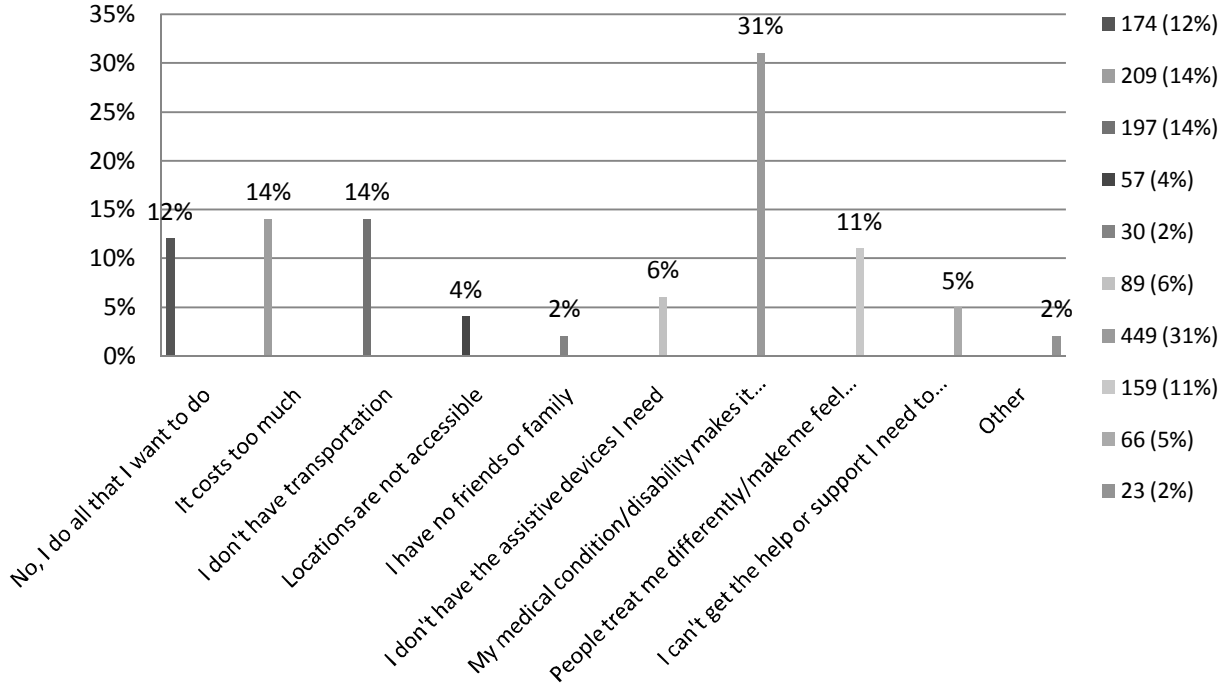

In regard to activities they want to participate in but cannot, respondents most commonly report that there are none (40%), although 24% report wanting to participate in fitness activities, 23% state that they would like to eat out, 19% say they would like to participate in entertainment activities, 18% report wanting to go shopping, and 18% say they would like to attend sporting events. The complete results for this item are displayed in Graph 63.

Graph 63. What activities would you like to participate in but cannot?
(1686 total cases)




Graph 64 shows the factors that make it hard for respondents to participate in their communities. While 21% state that they have no problems, more than half (54%) report that their medical condition or disability makes participation difficult. Other popular responses include high cost (25%), no transportation (23%), and being treated differently by other people (19%

Graph 64. Is there anything that makes it hard for you to do the things you want?
(1453 total cases)

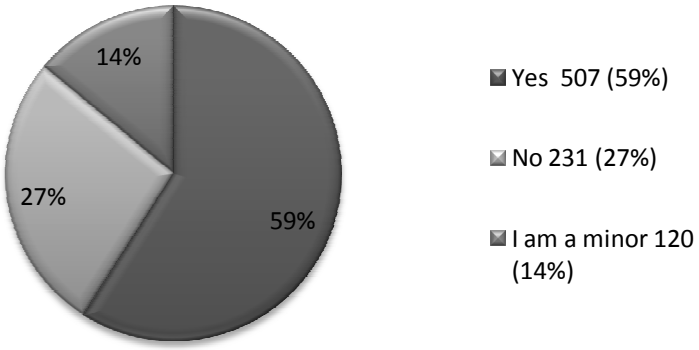


## CIVIC INVOLVEMENT

Respondents were asked about their voter registration status as well as their use of newly implemented voting services and any problems they experience when voting or registering to vote. Responses indicate that, although most are registered to vote and few experience problems voting or registering, not many are aware of special voting services.

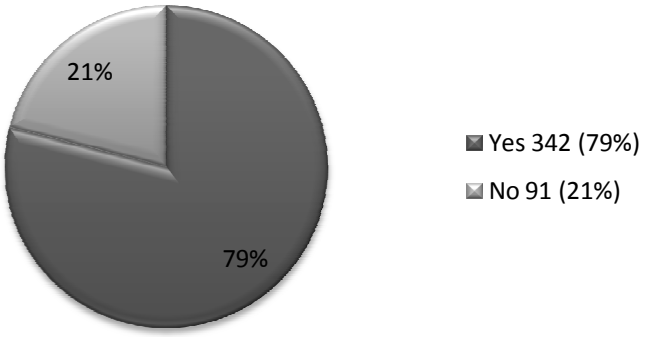
Graph 65 shows the breakdown of respondents in regard to voter registration status. The majority (59%) report that they are adults who are registered to vote, while 27% are unregistered adults, and 14% are minors and, therefore, ineligible to vote.

Graph 65. Are you registered to vote?
(858 total cases)



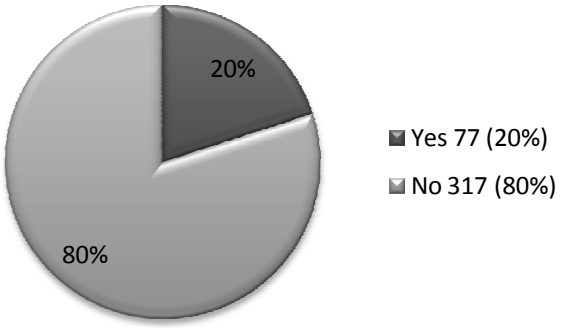

Graph 66 shows the breakdown of respondents in regard to recent civic participation. The majority of respondents (79%) report voting in the past four years, while 21% report not voting within this time period. Only the responses of those indicating that they were registered adults were included in this analysis.

Graph 66. Have you voted in the past four years?
(433 total cases)



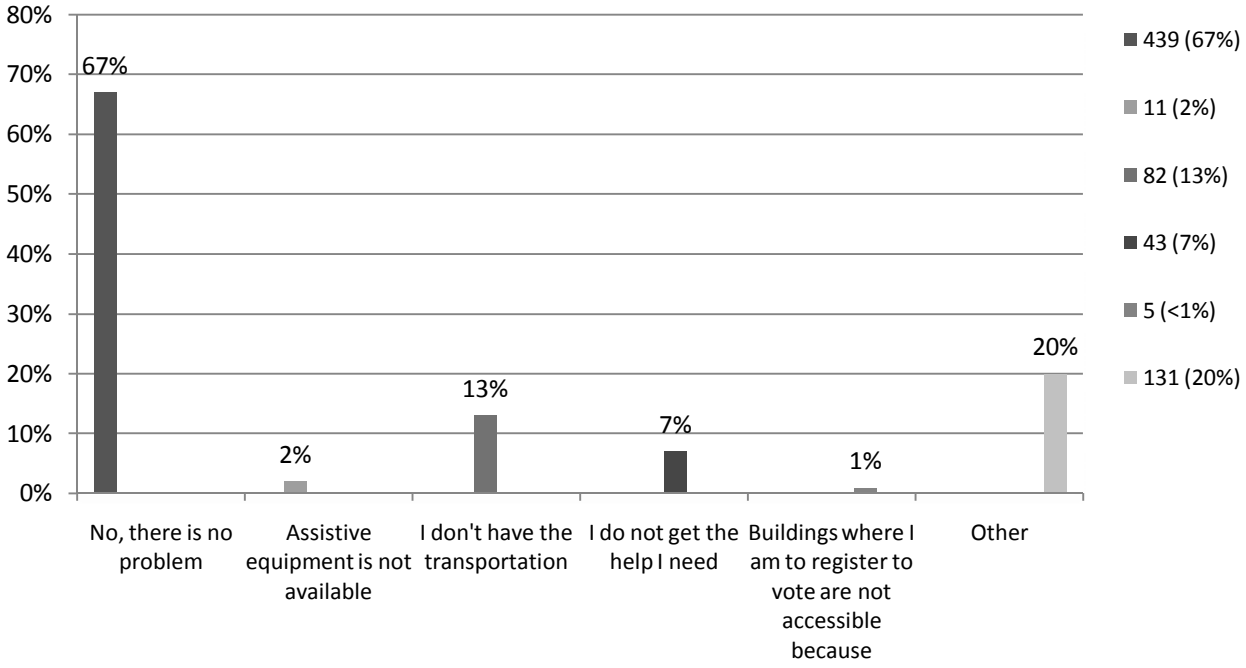
Graph 67 shows the percentage of respondents who report using special voting services such as vote by mail or early voting. Only 20% report having used these services and several respondents even state that they did not know the services existed, but would like to start using them. Only the responses of those indicating that they were registered adults were included in this analysis.

Graph 67. Have you used special voting services such as vote by mail or early voting?
(394 total cases)




Graph 68 displays the factors that make it hard for respondents to vote. The majority of respondents (67%) report that they have no difficulties voting, although 13% say they don't have transportation, 7% say they do not get the help they need and 20% report having some other problem voting. Only respondents over the age of 17 were included in this analysis.

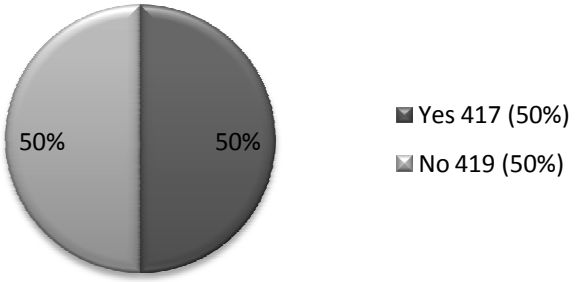
Graph 68. Is there anything that makes it hard for you to vote?
(657 total cases)



**EMERGENCY PREPAREDNESS**

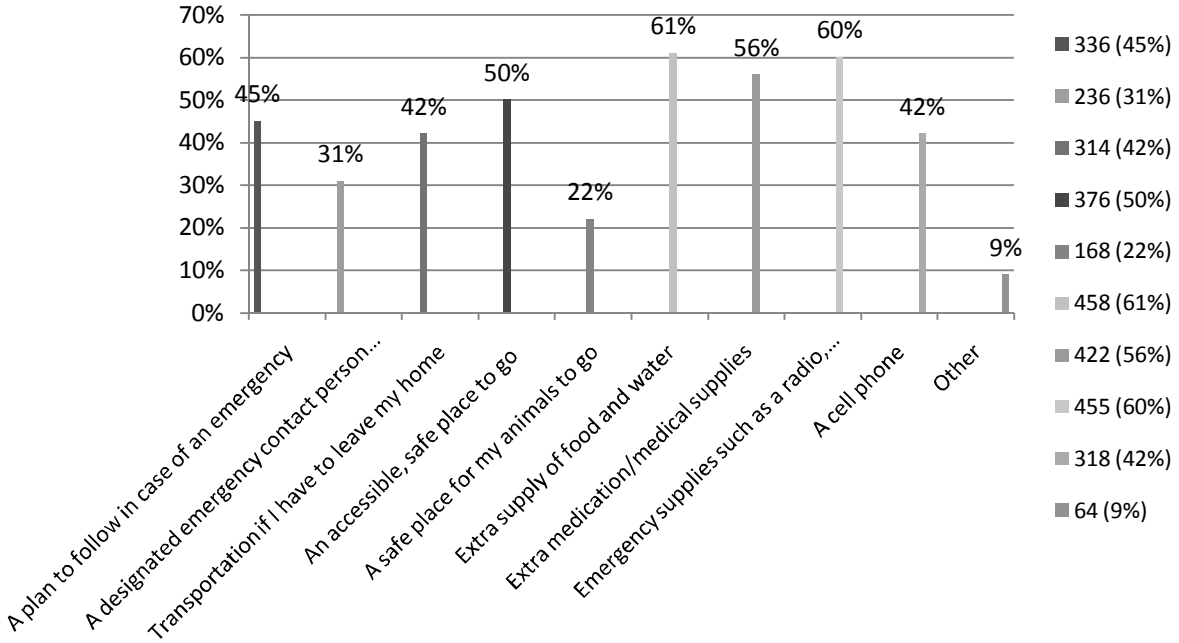
The Emergency Preparedness section was a new addition to the 2008 survey and was developed with the hope that it could begin to identify some of the possible concerns people with disabilities have regarding future emergency situations. Ultimately, the data evidence no particular trends, but imply that similar numbers of respondents feel that each strategy included as a response category is important. As Graph 69 illustrates, nearly as many respondents (417) report having a plan in place to deal with an emergency situation as report not having a plan (419).

Graph 69. Do you have a plan in place to deal with an emergency situation?
(836 total cases)




Graph 70 displays the things respondents would need to feel prepared for a future emergency. Respondents most commonly cite an extra supply of food and water (61%), emergency supplies (60%), extra medication and medical supplies (55%), and an accessible, safe place to go (50%), but all responses were frequently selected.

Graph 70. What would you need to be prepared for a future emergency?
(755 total cases)



General Comments

The final section of the survey asked respondents to share any information that would help DHH help people living with disabilities. This was an open response question and answers are listed in Appendix E. Some of the longer responses exceed the maximum length allowed by the software utilized for this analysis and, as a result, have been truncated.

# TABLES – ENTIRE SURVEY

Number of Responses by DHH Administrative Region

| | Number | Percent |
|---|---|---|
| Region 1 | 115 | 13% |
| Region 2 | 110 | 13% |
| Region 3 | 81 | 9% |
| Region 4 | 122 | 14% |
| Region 5 | 57 | 6% |
| Region 6 | 75 | 9% |
| Region 7 | 125 | 15% |
| Region 8 | 83 | 10% |
| Region 9 | 91 | 11% |
| **Total Cases** | 859 | |

Number of Responses by Mailing List

| | Number | Percent |
|---|---|---|
| Office of Mental Health | 13 | 1% |
| Office of Citizens with Developmental Disabilities | 19 | 2% |
| Rejected for Medicaid | 49 | 5% |
| No/Invalid ID Provided | 208 | 23% |
| Eligible for Medicaid | 632 | 69% |
| **Total Cases** | 921 | |

Number of Responses by Format

| | Number | Percent |
|---|---|---|
| Paper | 827 | 90% |
| Internet | 76 | 8% |
| Telephone | 18 | 2% |
| **Total Cases** | 921 | |

## GENERAL INFORMATION

Who is filling out this survey?

| | Number | Percent |
|---|---|---|
| A person with a disability | 492 | 55% |
| A helper/friend of a person with a disability | 100 | 11% |
| The parent/guardian of a minor with a disability | 140 | 16% |
| The parent/guardian of an adult with a disability | 132 | 15% |
| A court appointed guardian, curator, tutor, agent | 4 | 1% |
| A professional or advocate | 20 | 2% |
| **Total Cases** | 888 | |

Why is someone helping you fill out this survey?[1]

| | Number | Percent |
|---|---|---|
| This does not apply to me – I am answering by myself | 492 | 55% |
| I am providing the answers/this person is recording them | 100 | 11% |
| I am unable to answer this survey | 140 | 16% |
| I am under 18 and this person is my parent/guardian | 132 | 15% |
| Other | 4 | 1% |
| **Total Cases** | 876 | |

Crosstabulation of "Who is filling out this survey?" with "Why is someone helping you fill out this survey?"

| | Answering myself | Providing answers | Unable | Under 18 | Other | Total cases |
|---|---|---|---|---|---|---|
| Person with a disability | 414 | 22 | 4 | 1 | 8 | 445 |
| Helper/friend of a person with a disability | 3 | 62 | 35 | 1 | 12 | 95 |
| The parent/guardian of a minor with a disability | 16 | 3 | 12 | 111 | 2 | 133 |
| The parent/guardian of an adult with a disability | 5 | 37 | 80 | 1 | 13 | 124 |
| Court appointed guardian, curator, tutor, agent | 0 | 0 | 2 | 0 | 0 | 2 |
| Professional or advocate | 0 | 7 | 15 | 0 | 1 | 20 |
| **Total Cases** | 819 | | | | | |

[1] The response option "I do not want to participate" is not shown here since all respondents who answered in this manner were excluded from this analysis. Respondents who answered this way on the online survey or over the telephone were thanked for their interest, but informed that, since the intended respondent did not choose to participate, continuing with the survey would be unethical.

What is the type of your disability?

| | Number | Percent |
|---|---|---|
| Mental health/emotional disorder | 329 | 39% |
| Physical | 385 | 46% |
| Learning/cognitive | 200 | 24% |
| Speech Communication | 121 | 14% |
| Sensory | 40 | 5% |
| Chronic Health Condition | 281 | 33% |
| **Total Cases** | 842 | |

How long have you lived with your disability?

Range: 1 – 70 Mean: 18.75

| | Number | Percent |
|---|---|---|
| 1-10 years | 330 | 39% |
| 11-20 years | 235 | 27% |
| 21-30 years | 122 | 14% |
| 31-40 years | 75 | 9% |
| 41-50 years | 60 | 7% |
| 51-60 years | 24 | 3% |
| 61-70 years | 7 | 1% |
| **Total Cases** | 853 | |

How would you judge your condition?

| | Number | Percent |
|---|---|---|
| It is getting better | 63 | 7% |
| It comes and goes | 107 | 13% |
| It only gets worse | 197 | 23% |
| It is ongoing with little or no change | 385 | 45% |
| It is ongoing with constant change | 233 | 27% |
| **Total Cases** | 858 | |

How long is your disability expected to last?

| | Number | Percent |
|---|---|---|
| It is permanent | 690 | 79% |
| It is temporary | 9 | 1% |
| I'm not sure | 175 | 20% |
| **Total Cases** | 874 | |

What is your race or ethnicity?

| | Number | Percent |
|---|---|---|
| African American/Black | 449 | 51% |
| Asian/Pacific Islander | 4 | 1% |
| Caucasian/White | 405 | 46% |
| Hispanic/Latino | 10 | 1% |
| Native American | 32 | 4% |
| Multi-Racial | 15 | 2% |
| Other | 5 | 1% |
| **Total Cases** | 887 | |

What is your gender?

| | Number | Percent |
|---|---|---|
| Female | 482 | 55% |
| Male | 403 | 45% |
| **Total Cases** | 885 | |

How old are you?

Range: 1 – 79 Mean: 40.4

| | Number | Percent |
|---|---|---|
| < 18 | 132 | 15% |
| 18-21 | 44 | 5% |
| 22-30 | 91 | 10% |
| 31-40 | 101 | 11% |
| 41-50 | 194 | 22% |
| 51-60 | 230 | 26% |
| 61-70 | 93 | 11% |
| 71-79 | 2 | < 1% |
| **Total Cases** | 887 | |

Which of the following do you use to find out about available services?

| | Number | Percent |
|---|---|---|
| Agencies | 256 | 30% |
| Healthcare providers | 471 | 54% |
| Internet | 118 | 14% |
| Library | 42 | 5% |
| Magazines | 84 | 10% |
| Mail | 226 | 26% |
| Newsletters | 119 | 14% |
| Newspapers | 148 | 17% |
| Radio | 88 | 10% |
| Relatives/friends | 441 | 51% |
| Television | 286 | 33% |
| Other | 72 | 8% |
| **Total Cases** | 866 | |

## HEALTH CARE

What type of health insurance do you have?

| | Number | Percent |
|---|---|---|
| None | 58 | 7% |
| Insurance through an employer | 39 | 4% |
| Medicaid | 640 | 72% |
| Medicare | 272 | 31% |
| Medicare prescription coverage | 227 | 26% |
| Private Insurance | 36 | 4% |
| Other | 34 | 4% |
| **Total Cases** | 886 | |

About how much do you or your family pay each month for this insurance?

Range $0 – 1200 Mean: $43.30

| | Number | Percent |
|---|---|---|
| 0 | 432 | 74% |
| $1-10 | 13 | 2% |
| $11-20 | 9 | 1% |
| $21-30 | 11 | 2% |
| $31-40 | 12 | 2% |
| $41-50 | 5 | 1% |
| $51-60 | 2 | < 1% |
| $61-70 | 2 | < 1% |
| $71-80 | 4 | 1% |
| $81-90 | 2 | < 1% |
| $91-100 | 26 | 4% |
| $101-200 | 30 | 5% |
| $201-300 | 9 | 1% |
| > $300 | 27 | 5% |
| **Total Cases** | 584 | |

About how much of your or your family's money is spent each month for medical expenses other than insurance?

Range: $0 – 1500 Mean: $80.62

| | Number | Percent |
|---|---|---|
| 0 | 206 | 74% |
| $1-10 | 39 | 6% |
| $11-20 | 54 | 8% |
| $21-30 | 56 | 9% |
| $31-40 | 18 | 3% |
| $41-50 | 45 | 7% |
| $51-60 | 11 | 2% |
| $61-70 | 12 | 2% |
| $71-80 | 19 | 3% |
| $81-90 | 2 | < 1% |
| $91-100 | 52 | 8% |
| $101-200 | 57 | 9% |
| $201-300 | 25 | 4% |
| > $300 | 40 | 6% |
| **Total Cases** | 636 | |

What medical services do you use on a regular basis?

| | Number | Percent |
|---|---|---|
| Primary care doctor | 722 | 82% |
| Specialist doctor | 293 | 33% |
| Medical supplies | 195 | 22% |
| Prescription medications | 674 | 76% |
| Mental health services | 167 | 19% |
| Hospital care | 100 | 11% |
| Home health services | 77 | 9% |
| Emergency care | 122 | 14% |
| Nutrition services | 41 | 5% |
| Substance abuse counseling | 9 | 1% |
| Nursing services | 43 | 5% |
| Dialysis | 14 | 2% |
| Hearing services | 34 | 4% |
| Dental services | 196 | 22% |
| Eye/vision | 229 | 26% |
| Therapy services | 100 | 11% |
| Rehabilitation services | 44 | 5% |
| Orthotics | 36 | 4% |
| None | 18 | 2% |
| Other | 24 | 3% |
| **Total Cases** | 881 | |

What medical services do you need but not get?

| | Number | Percent |
|---|---|---|
| Primary care doctor | 53 | 7% |
| Specialist doctor | 116 | 15% |
| Medical supplies | 68 | 9% |
| Prescription medications | 61 | 7% |
| Mental health services | 77 | 10% |
| Hospital care | 25 | 3% |
| Home health services | 61 | 8% |
| Emergency care | 24 | 3% |
| Nutrition services | 75 | 10% |
| Substance abuse counseling | 11 | 1% |
| Nursing services | 16 | 2% |
| Dialysis | 6 | 1% |
| Hearing services | 57 | 7% |
| Dental services | 337 | 43% |
| Eye/vision | 222 | 28% |
| Therapy services | 117 | 15% |
| Rehabilitation services | 46 | 6% |
| Orthotics | 26 | 3% |
| None | 197 | 25% |
| Other | 40 | 5% |
| **Total Cases** | 789 | |

Why don't you get the medical care you need?

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 255 | 32% |
| It costs too much | 222 | 28% |
| It's not available where I live | 82 | 10% |
| I don't have transportation | 136 | 17% |
| Support services are limited | 108 | 14% |
| It's hard to find out where to get services | 196 | 25% |
| Care options are limited | 92 | 12% |
| Medical facilities are not accessible | 41 | 5% |
| I get the care I need so this doesn't apply to me | 261 | 33% |
| Other | 38 | 5% |
| **Total Cases** | 795 | |

Crosstabulation of “What medical services do you use on a regular basis?” and Age

| | **≤ 21** | **22-30** | **31-40** | **41-50** | **51-60** | **61-79** |
|---|---|---|---|---|---|---|
| Primary care doctor | 138 | 62 | 79 | 161 | 192 | 79 |
| Specialist doctor | 60 | 21 | 29 | 70 | 73 | 36 |
| Medical supplies | 41 | 13 | 19 | 42 | 57 | 22 |
| Prescription medications | 114 | 56 | 71 | 159 | 187 | 78 |
| Mental health services | 24 | 17 | 19 | 47 | 47 | 9 |
| Hospital care | 16 | 7 | 13 | 29 | 21 | 13 |
| Home health services | 15 | 4 | 8 | 10 | 24 | 16 |
| Emergency care | 21 | 9 | 14 | 34 | 35 | 6 |
| Nutrition services | 11 | 3 | 8 | 9 | 9 | 1 |
| Substance abuse counseling | 0 | 0 | 2 | 4 | 3 | 0 |
| Nursing services | 10 | 3 | 5 | 11 | 8 | 5 |
| Dialysis | 0 | 0 | 5 | 3 | 5 | 1 |
| Hearing services | 15 | 2 | 2 | 7 | 5 | 2 |
| Dental services | 78 | 26 | 22 | 39 | 18 | 9 |
| Eye/vision | 49 | 21 | 21 | 61 | 54 | 20 |
| Therapy services | 43 | 6 | 7 | 19 | 19 | 6 |
| Rehabilitation services | 7 | 6 | 9 | 13 | 6 | 3 |
| Orthotics | 17 | 0 | 2 | 4 | 10 | 3 |
| None | 2 | 5 | 5 | 1 | 5 | 0 |
| Other | 4 | 4 | 2 | 3 | 8 | 3 |
| **Total Cases (868)** | 168 | 89 | 99 | 193 | 226 | 93 |

Crosstabulation of "What medical services do you need but not get?" and Age

| | ≤ 21 | 22-30 | 31-40 | 41-50 | 51-60 | 61-79 |
|---|---|---|---|---|---|---|
| Primary care doctor | 5 | 4 | 7 | 14 | 15 | 8 |
| Specialist doctor | 9 | 11 | 11 | 38 | 38 | 8 |
| Medical supplies | 2 | 3 | 5 | 20 | 28 | 8 |
| Prescription medications | 6 | 1 | 9 | 18 | 17 | 9 |
| Mental health services | 18 | 5 | 12 | 24 | 13 | 4 |
| Hospital care | 1 | 3 | 1 | 5 | 11 | 4 |
| Home health services | 9 | 6 | 7 | 11 | 19 | 8 |
| Emergency care | 0 | 3 | 2 | 5 | 12 | 2 |
| Nutrition services | 11 | 3 | 8 | 9 | 9 | 1 |
| Substance abuse counseling | 2 | 1 | 1 | 3 | 4 | 0 |
| Nursing services | 5 | 0 | 2 | 2 | 6 | 1 |
| Dialysis | 2 | 0 | 1 | 2 | 1 | 0 |
| Hearing services | 5 | 5 | 4 | 11 | 20 | 9 |
| Dental services | 16 | 31 | 50 | 94 | 106 | 35 |
| Eye/vision | 8 | 17 | 25 | 70 | 78 | 24 |
| Therapy services | 18 | 18 | 11 | 26 | 32 | 8 |
| Rehabilitation services | 5 | 5 | 3 | 14 | 16 | 3 |
| Orthotics | 1 | 2 | 2 | 10 | 10 | 0 |
| None | 72 | 19 | 17 | 35 | 40 | 14 |
| Other | 10 | 0 | 4 | 9 | 14 | 3 |
| **Total Cases (779)** | 144 | 78 | 87 | 180 | 209 | 81 |

Crosstabulation of "Why don't you get the medical care you need?" and Age

| | ≤ 21 | 22-30 | 31-40 | 41-50 | 51-60 | 61-79 |
|---|---|---|---|---|---|---|
| Not covered by insurance | 16 | 20 | 35 | 74 | 77 | 23 |
| Costs too much | 16 | 18 | 23 | 58 | 71 | 28 |
| Not available where I live | 20 | 6 | 9 | 18 | 21 | 7 |
| I don't have transportation | 17 | 15 | 15 | 29 | 40 | 14 |
| Support services limited | 15 | 17 | 14 | 29 | 23 | 8 |
| Hard to find services | 29 | 21 | 19 | 50 | 55 | 13 |
| Care options limited | 14 | 8 | 11 | 25 | 24 | 9 |
| Facilities not accessible | 1 | 4 | 4 | 10 | 13 | 6 |
| I get the care I need | 78 | 26 | 28 | 46 | 48 | 27 |
| Other | 6 | 4 | 5 | 10 | 9 | 3 |
| **Total Cases (767)** | 148 | 79 | 91 | 173 | 199 | 77 |

Crosstabulation of “About how much do you or your family pay each month for this insurance?” and Age

| | **≤ 21** | **22-30** | **31-40** | **41-50** | **51-60** | **61-79** |
|---|---|---|---|---|---|---|
| $0 | 102 | 41 | 54 | 100 | 92 | 39 |
| $1 - 50 | 4 | 2 | 5 | 14 | 14 | 9 |
| $51 - 100 | 3 | 2 | 4 | 8 | 13 | 11 |
| $101 - 200 | 7 | 1 | 3 | 2 | 10 | 3 |
| $201 - 300 | 4 | 0 | 1 | 2 | 10 | 1 |
| > $300 | 12 | 6 | 4 | 6 | 3 | 1 |
| **Total Cases (578)** | 132 | 52 | 71 | 132 | 132 | 59 |

Crosstabulation of “About how much of your or your family’s money is spent each month for medical expenses other than insurance?” and Age

| | **≤ 21** | **22-30** | **31-40** | **41-50** | **51-60** | **61-79** |
|---|---|---|---|---|---|---|
| $0 | 70 | 20 | 31 | 45 | 27 | 12 |
| $1 - 50 | 18 | 24 | 21 | 62 | 57 | 28 |
| $51 - 100 | 15 | 9 | 12 | 18 | 35 | 9 |
| $101 - 200 | 7 | 4 | 5 | 8 | 20 | 12 |
| $201 - 300 | 2 | 2 | 5 | 6 | 7 | 2 |
| > $300 | 7 | 3 | 3 | 8 | 12 | 6 |
| **Total Cases (630)** | 119 | 62 | 75 | 147 | 158 | 69 |

## INDEPENDENT LIVING

What services and supports do you use?

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 158 | 13% |
| Personal care attendant | 111 | 9% |
| Support/counseling from a peer or professional | 110 | 9% |
| Transportation services | 154 | 13% |
| Skills training to live independently | 60 | 5% |
| Financial assistance | 126 | 10% |
| Interpreter/communication services | 15 | 1% |
| Advocacy | 20 | 2% |
| Assistive technology devices | 31 | 3% |
| I do not use any of these | 396 | 33% |
| Other | 33 | 3% |
| **Total Cases** | 1214 | |

Who provides these supports and services to you?

| | Number | Percent |
|---|---|---|
| Office for Citizens with Developmental Disabilities (OCDD) | 105 | 10% |
| Office for Aging and adult Services (OAAS) | 12 | 1% |
| Office of Mental Health (OMH) | 77 | 7% |
| Louisiana Rehabilitation Services (LRS) | 37 | 3% |
| Governor's Office of Disability Affairs (GODA) | 29 | 3% |
| Independent living centers | 15 | 1% |
| Office for Addictive Disorders and Counseling (OADC) | 3 | <1% |
| Louisiana Assistive Technology Access Network (LATAN) | 9 | <1% |
| Work Incentive Planning Assistance (WIPA) | 2 | <1% |
| Louisiana Department of Education | 29 | 3% |
| Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) | 5 | <1% |
| Medicaid | 379 | 34% |
| Other | 119 | 11% |
| I don’t receive any of these services | 290 | 26% |
| **Total Cases** | 1111 | |

What services and supports do you need but do not get?

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 274 | 21% |
| Personal care attendant | 78 | 6% |
| Support-counseling from a peer or professional | 80 | 6% |
| Transportation services | 166 | 13% |
| Skills training to live independently | 78 | 6% |
| Financial assistance | 209 | 16% |
| Interpreter/communication services | 20 | 2% |
| Advocacy | 30 | 2% |
| Assistive technology devices | 35 | 3% |
| I do not use any of these | 270 | 21% |
| Other | 38 | 3% |
| **Total Cases** | 1278 | |

Why don't you get the services and supports you need?

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 181 | 14% |
| It costs too much | 178 | 14% |
| It's not available where I live | 82 | 6% |
| Transportation is not available | 96 | 8% |
| I don't know where to get services | 265 | 21% |
| Facilities/offices are not accessible | 48 | 4% |
| Support services are limited | 131 | 10% |
| Available care options are limited | 100 | 8% |
| I live how I want to live so this does not apply to me | 153 | 12% |
| Other | 39 | 3% |
| **Total Cases** | 1273 | |

Who plans most of the care you get?

| | Number | Percent |
|---|---|---|
| I do | 467 | 53% |
| A relative | 371 | 42% |
| A friend | 35 | 4% |
| An agency | 79 | 9% |
| Other | 45 | 5% |
| **Total Cases** | 885 | |

How much choice do you have when planning for the services or care that you get?

| | Number | Percent |
|---|---|---|
| I have most control | 487 | 58% |
| I do not get to participate in planning | 153 | 18% |
| I have little control | 196 | 23% |
| **Total Cases** | 836 | |

## ASSISTIVE TECHNOLOGY

Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?

| | Number | Percent |
|---|---|---|
| Yes | 205 | 27% |
| No | 552 | 73% |
| **Total Cases** | 757 | |

What sort of assistive technology do you use?

| | Number | Percent |
|---|---|---|
| Recreation/sports/leisure | 22 | 7% |
| Hearing | 20 | 6% |
| Environmental adaptations | 17 | 5% |
| Speech communication | 32 | 10% |
| Learning/cognitive/development | 36 | 11% |
| Daily living aids | 34 | 10% |
| Mobility/Seating/positioning | 55 | 17% |
| Vision | 37 | 11% |
| Vehicle modification/transportation | 31 | 9% |
| Computers and related | 37 | 11% |
| Other | 12 | 4% |
| **Total Cases** | 333 | |

What sort of assistive technology do you need but not get?

| | Number | Percent |
|---|---|---|
| Recreation/sports/leisure | 32 | 9% |
| Hearing | 18 | 5% |
| Environmental adaptations | 23 | 7% |
| Speech communication | 19 | 5% |
| Learning/cognitive/development | 21 | 6% |
| Daily living aids | 30 | 9% |
| Mobility/Seating/positioning | 34 | 10% |
| Vision | 41 | 12% |
| Vehicle modification/transportation | 40 | 12% |
| Computers and related | 42 | 12% |
| None | 41 | 12% |
| Other | 8 | 2% |
| **Total Cases** | 349 | |

If you don’t have access to assistive technology, what is the reason?

| | Number | Percent |
|---|---|---|
| I can't afford it | 84 | 33% |
| I need help to use it | 20 | 8% |
| I need training to use it | 22 | 9% |
| It is not available in my community | 21 | 8% |
| It is not covered by my health insurance | 47 | 19% |
| This does not apply to me | 43 | 17% |
| Other | 17 | 7% |
| **Total Cases** | 254 | |

How would you describe your use of assistive technology?

| | Number | Percent |
|---|---|---|
| I have all the assistive technology I need | 25 | 11% |
| I have some but not all of the assistive technology I need | 53 | 23% |
| I do not have any of the assistive technology I need | 37 | 16% |
| The assistive technology I use is in good condition | 24 | 10% |
| The assistive technology I use is outdated or in need of repair | 18 | 8% |
| I don't think I know about the assistive technology available | 59 | 25% |
| I find it difficult to learn to use new assistive technology | 20 | 9% |
| **Total Cases** | 236 | |

## TRANSPORTATION

What means of transportation are available to you?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 174 | 12% |
| I have my own vehicle | 274 | 19% |
| Rides from friends/family | 545 | 37% |
| Public transportation | 148 | 10% |
| Para transit | 18 | 1% |
| Taxi service | 99 | 7% |
| Medicaid transportation service | 157 | 11% |
| None | 20 | 1% |
| Other | 49 | 3% |
| **Total Cases** | 1484 | |

What means of transportation do you use?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 156 | 12% |
| I have my own vehicle | 268 | 20% |
| Rides from friends/family | 533 | 40% |
| Public transportation | 111 | 8% |
| Para transit | 11 | <1% |
| Taxi service | 70 | 5% |
| Medicaid transportation service | 111 | 8% |
| None | 21 | 2% |
| Other | 41 | 3% |
| **Total Cases** | 1322 | |

What problems do you have with transportation?

| | Number | Percent |
|---|---|---|
| I don't have any problems with transportation | 474 | 42% |
| It is too far away | 61 | 6% |
| There are not enough options | 73 | 7% |
| It is not reliable | 97 | 9% |
| It is not available when I need it | 113 | 10% |
| It does not go where I need to go | 70 | 6% |
| It costs too much | 148 | 13% |
| It is not available or accessible for someone with my disability | 38 | 3% |
| Other | 45 | 4% |
| **Total Cases** | 1119 | |

For which purposes do you use public transportation?

| | Number | Percent |
|---|---|---|
| To go to work | 22 | 2% |
| To go to school/training program | 65 | 6% |
| To go to social activities | 47 | 4% |
| To go to medical appointments | 248 | 23% |
| To do personal errands | 118 | 11% |
| To go to religious activities | 55 | 5% |
| I do not use public transportation | 519 | 48% |
| Other | 10 | <1% |
| **Total Cases** | 1084 | |

## HOUSING

Where do you live?

| | Number | Percent |
|---|---|---|
| House, apartment, or mobile home | 843 | 94% |
| Facility such as a nursing home, group home, or other institution | 33 | 4% |
| Shelter | 4 | <1% |
| Other | 16 | 2% |
| **Total Cases** | 896 | |

Who do you live with?

| | Number | Percent |
|---|---|---|
| I live alone | 214 | 24% |
| Family | 466 | 53% |
| Spouse/significant other | 121 | 14% |
| Paid caretaker or care attendant | 9 | 1% |
| Unpaid caretaker or care attendant | 13 | 2% |
| Roommate(s)/friend(s) | 34 | 4% |
| Other residents or nursing home/group home/shelter or other institution | 31 | 4% |
| **Total Cases** | 888 | |

How much do you pay for housing each month, not including utilities?

| | Number | Percent |
|---|---|---|
| $1-$250 | 234 | 25% |
| $251-$500 | 252 | 27% |
| $501-$750 | 82 | 9% |
| $751-$1,000 | 28 | 3% |
| More than $1,000 | 16 | 2% |
| I do not pay anything/my family pays for my housing | 225 | 24% |
| Missing | 84 | 9% |
| **Total Cases** | 921 | |

Are you currently living in your preferred living arrangement?

| | Number | Percent |
|---|---|---|
| Yes | 607 | 74% |
| No | 211 | 26% |
| **Total Cases** | 819 | |

If no, what would you need to live where you want to live?

| | Number | Percent |
|---|---|---|
| Accessible housing options | 62 | 16% |
| Personal care attendant | 17 | 4% |
| Assistive technology | 12 | 3% |
| Community support services | 34 | 9% |
| Independent living skills | 31 | 8% |
| Affordable housing options | 137 | 34% |
| More available housing options | 85 | 21% |
| Other | 23 | 6% |
| **Total Cases** | 401 | |

## EDUCATION

What is the highest level of education or grade level that you have completed?

| | Number | Percent |
|---|---|---|
| Junior high or less | 220 | 26% |
| Some high school | 181 | 22% |
| High school certificate | 93 | 11% |
| GED | 53 | 6% |
| High school diploma | 110 | 13% |
| Business/technical/vocational school | 50 | 6% |
| Some college | 99 | 12% |
| College degree | 23 | 3% |
| Some postgraduate study | 1 | <1% |
| Graduate degree | 8 | 1% |
| **Total Cases** | 838 | |

Do you want to or are you currently continuing your education?

| | Number | Percent |
|---|---|---|
| Yes | 260 | 32% |
| No | 544 | 68% |
| **Total Cases** | 804 | |

What are your current educational goals?

| | Number | Percent |
|---|---|---|
| Get a high school diploma | 73 | 22% |
| Get a GED | 52 | 16% |
| Get a high school certificate | 35 | 11% |
| Get job training | 52 | 16% |
| Attend or complete business/vocational/technical school | 54 | 16% |
| Attend or complete college | 54 | 16% |
| Attend or complete graduate school | 11 | 3% |
| **Total Cases** | 331 | |

Are you currently enrolled in school or in a training program?

| | Number | Percent |
|---|---|---|
| Yes | 111 | 46% |
| No | 130 | 54% |
| **Total Cases** | 241 | |

What type of school or program are you enrolled in?

| | Number | Percent |
|---|---|---|
| Home school | 6 | 6% |
| Private school | 6 | 6% |
| Public school | 81 | 76% |
| College or university | 6 | 6% |
| Business/vocational/technical school | 5 | 5% |
| Correspondence courses or online instruction | 2 | 2% |
| **Total Cases** | 106 | |

What keeps you from getting the education or training you need?

| | Number | Percent |
|---|---|---|
| I don't have transportation | 56 | 14% |
| I don't know where to get it | 51 | 13% |
| I don't have assistive devices I need | 31 | 8% |
| I have trouble with tests | 59 | 15% |
| It costs too much | 73 | 18% |
| I don't know how to get it | 39 | 10% |
| I don't have any problems getting the education or training I need | 73 | 18% |
| Other | 24 | 6% |
| **Total Cases** | 406 | |

## EMPLOYMENT

Which of the following describe your employment situation?

| | Number | Percent |
|---|---|---|
| I work full-time | 17 | 2% |
| I am retired | 125 | 15% |
| I work part-time | 55 | 7% |
| I am unemployed | 391 | 48% |
| I am a student | 122 | 15% |
| I am currently looking for a job | 35 | 4% |
| I am not employed but volunteer regularly | 29 | 4% |
| I am self-employed | 7 | <1% |
| I work in a sheltered workshop, mobile crew, or enclave | 29 | 4% |
| **Total Cases** | 810 | |

What problem(s) you have finding or keeping a job?

| | Number | Percent |
|---|---|---|
| There are not enough jobs | 38 | 4% |
| There are not enough training opportunities | 44 | 4% |
| I do not have the assistive devices I need | 26 | 3% |
| I can’t work as much as I need or want | 145 | 14% |
| I don't have transportation | 93 | 9% |
| I do not have the supports I need | 42 | 4% |
| I can't find a job that will let me use my existing skills | 54 | 5% |
| I am not looking for  a job | 213 | 20% |
| I do not have a problem finding or keeping jobs | 82 | 8% |
| Other | 311 | 30% |
| **Total Cases** | 1048 | |

## FINANCES

How much is your individual (not family) monthly income?

| | Number | Percent |
|---|---|---|
| $1-$1,000 | 658 | 71% |
| $1,001-$2,000 | 92 | 10% |
| $2,001-$3,000 | 15 | 2% |
| More than $3,000 | 13 | 1% |
| I have no personal income | 56 | 6% |
| Missing | 87 | 9% |
| **Total Cases** | 921 | |

What is the source of your individual (not family) income?

| | Number | Percent |
|---|---|---|
| Alimony or Child support | 18 | 2% |
| Earnings from employment or self-employment | 53 | 6% |
| FITAP (welfare) | 15 | 2% |
| Railroad Retirement Benefits | 1 | <1% |
| Veteran's benefits | 12 | 1% |
| Social Security/Supplemental Security Income | 775 | 81% |
| Unemployment compensation benefits | 3 | <1% |
| Worker's compensation benefits | 3 | <1% |
| Other | 29 | 3% |
| None | 53 | 6% |
| **Total Cases** | 962 | |

Do you personally get financial help from any of the following programs?

| | Number | Percent |
|---|---|---|
| Child care assistance | 7 | <1% |
| Food stamps | 350 | 34% |
| Help with Medicare costs | 140 | 14% |
| Help with utility costs | 52 | 5% |
| Housing assistance | 59 | 6% |
| Other | 24 | 2% |
| No, I don't get any of these | 392 | 38% |
| **Total Cases** | 1024 | |

Which of the following kinds of assets or resources do you personally own? This means assets that are in your name.

| | Number | Percent |
|---|---|---|
| Annuities or Trusts | 8 | <1% |
| Bank accounts | 280 | 28% |
| Certificate of Deposit | 8 | <1% |
| Property, including your home | 78 | 8% |
| Retirement accounts | 8 | <1% |
| Stocks or Bonds | 9 | <1% |
| Vehicles | 176 | 18% |
| I don't have any of these | 432 | 43% |
| Other | 8 | <1% |
| **Total Cases** | 1007 | |

How much are your personal resources worth, other than your home or vehicle?

| | Number | Percent |
|---|---|---|
| $1-$2,500 | 206 | 22% |
| $2,501-$5,000 | 21 | 2% |
| $5,001-$7,500 | 9 | 1% |
| $7,501-$10,000 | 9 | 1% |
| More than $10,000 | 23 | 3% |
| I don't own any additional assets | 485 | 53% |
| Missing | 168 | 18% |
| **Total Cases** | 921 | |

## COMMUNITY INVOLVEMENT

What activities do you participate in within your community?

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 9 | <1% |
| Eating out | 375 | 17% |
| Entertainment activities | 105 | 5% |
| Fitness activities | 53 | 2% |
| School sponsored extracurricular activities | 65 | 3% |
| Shopping | 365 | 16% |
| Sporting events or activities | 88 | 4% |
| Social organizations | 52 | 2% |
| Visiting with family and friends | 531 | 23% |
| Volunteering | 48 | 2% |
| Support groups or centers | 56 | 3% |
| Religious activities | 333 | 15% |
| None | 179 | 8% |
| Other | 16 | <1% |
| **Total Cases** | 2275 | |

What activities would you like to participate in, but cannot?

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 47 | 3% |
| Eating out | 176 | 10% |
| Entertainment activities | 147 | 9% |
| Fitness activities | 183 | 11% |
| School sponsored extracurricular activities | 61 | 4% |
| Shopping | 136 | 8% |
| Sporting events or activities | 135 | 8% |
| Social organizations | 90 | 5% |
| Visiting with family and friends | 104 | 6% |
| Volunteering | 88 | 5% |
| Support groups or centers | 93 | 6% |
| Religious activities | 110 | 7% |
| None | 307 | 18% |
| Other | 9 | <1% |
| **Total Cases** | 1686 | |

Is there anything that makes it hard for you to do the things you want?

| | Number | Percent |
|---|---|---|
| No, I do all that I want to do | 174 | 12% |
| It costs too much | 209 | 14% |
| I don't have transportation | 197 | 14% |
| Locations are not accessible | 57 | 4% |
| I have no friends or family | 30 | 2% |
| I don't have the assistive devices I need | 89 | 6% |
| My medical condition/disability makes it too hard | 449 | 31% |
| People treat me differently/make me feel uncomfortable | 159 | 11% |
| I can't get the help or support I need to participate in community activities | 66 | 5% |
| Other | 23 | 2% |
| **Total Cases** | 1453 | |

## CIVIC INVOLVEMENT

Are you registered to vote?

| | Number | Percent |
|---|---|---|
| Yes, I am an adult who is registered to vote | 507 | 59% |
| No, I am an adult who is not registered to vote | 231 | 27% |
| No, I am a minor child and cannot vote | 120 | 14% |
| **Total Cases** | 858 | |

Have you voted in any election in the last four years?

| | Number | Percent |
|---|---|---|
| Yes | 342 | 79% |
| No | 91 | 21% |
| **Total Cases** | 433 | |

Have you used special voting services such as vote by mail or early voting?

| | Number | Percent |
|---|---|---|
| Yes | 77 | 20% |
| No | 317 | 81% |
| **Total Cases** | 394 | |

Is there anything that makes it hard for you to vote?

| | Number | Percent |
|---|---|---|
| No, there is no problem | 439 | 61% |
| Assistive equipment is not available | 11 | 2% |
| I don't have the transportation | 82 | 12% |
| I do not get the help I need | 43 | 6% |
| Buildings where I am to register to vote are not accessible because | 5 | <1% |
| Buildings where I vote are not accessible because | 5 | <1% |
| Other | 131 | 18% |
| **Total Cases** | 716 | |

## EMERGENCY PREPAREDNESS

Do you have an emergency plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?

| | Number | Percent |
|---|---|---|
| Yes | 417 | 50% |
| No | 419 | 50% |
| **Total Cases** | 836 | |

What would you need to be prepared for a future emergency situation?

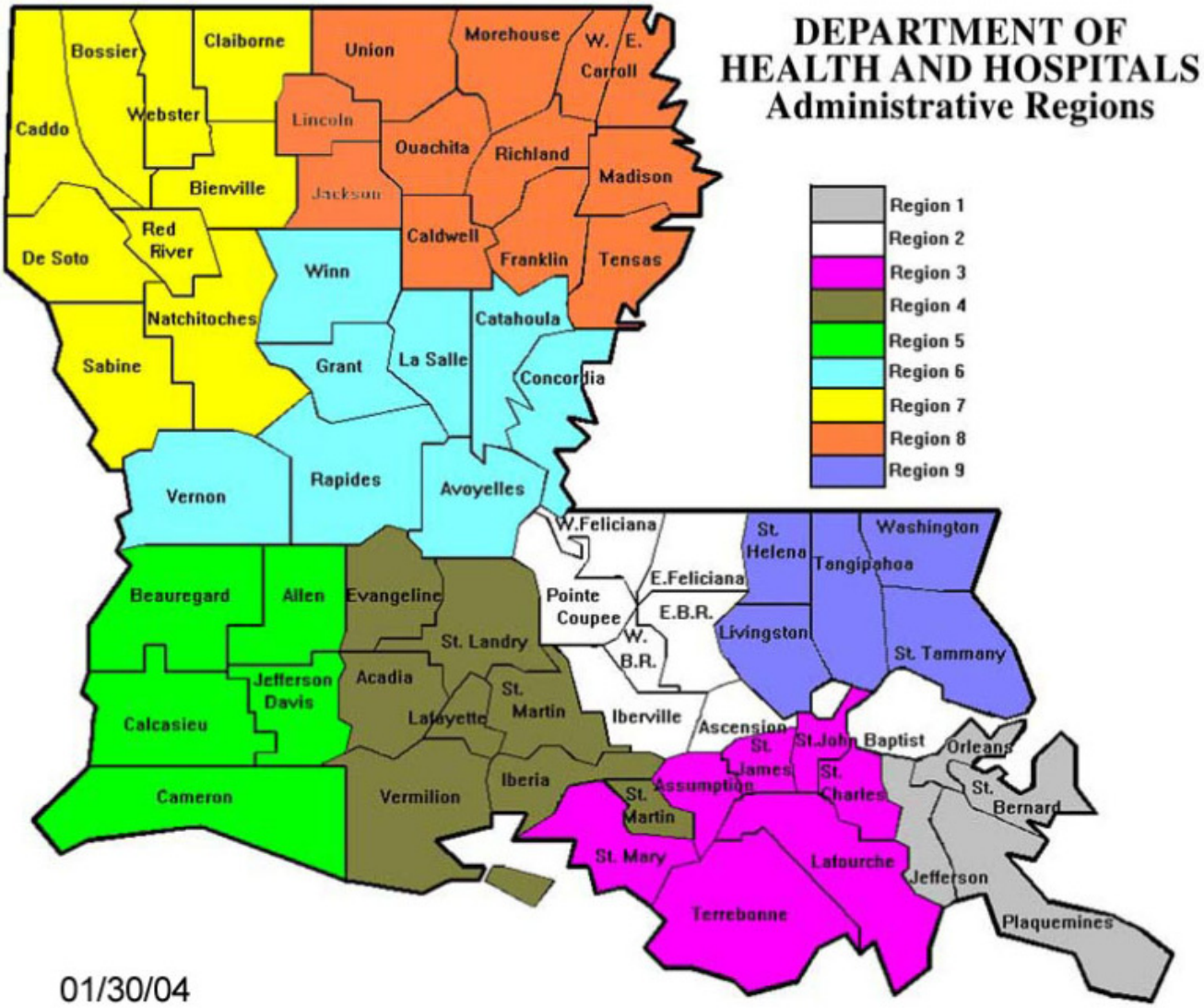
| | Number | Percent |
|---|---|---|
| A plan to follow in case of an emergency | 336 | 11% |
| A designated emergency contact person or agency | 236 | 8% |
| Transportation if I have to leave my home | 314 | 10% |
| An accessible, safe place to go | 376 | 12% |
| A safe place for my animals to go | 168 | 5% |
| Extra supply of food and water | 458 | 15% |
| Extra medication/medical supplies | 422 | 13% |
| Emergency supplies such as a radio, flashlight, first aid kit, or generator | 455 | 15% |
| A cell phone | 318 | 10% |
| Other | 64 | 2% |
| **Total Cases** | 3147 | |

# REGIONAL ANALYSES

The remainder of the report is comprised of the regional findings of the survey. Results for each region will be displayed in graphs and tables but will not be discussed in the same detail as the overall results. The main reason for utilizing this strategy is that individual regions do not contain enough respondents to allow a meaningful analysis. Since each region has fewer than 200 respondents, it is highly likely that regional results would be disproportionately swayed by one or more "extreme cases," or cases with exceptionally high or low responses to one or more questions.

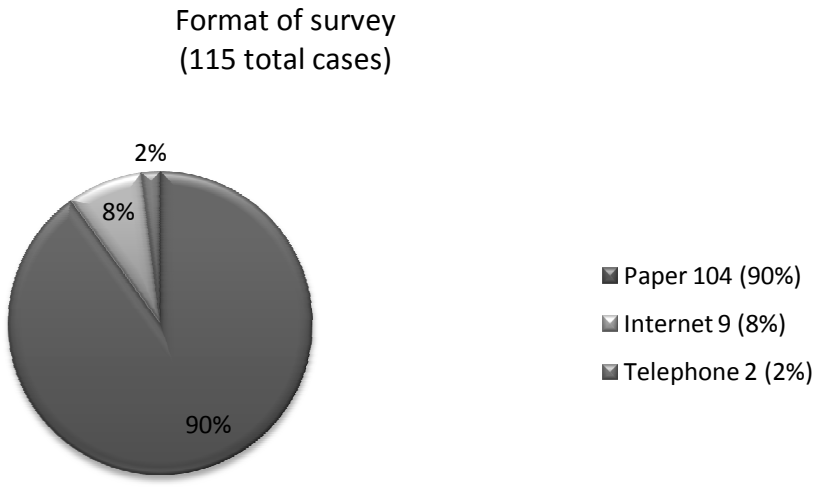
So why break down the analysis by region in the first place? The reason for including this additional step is that, like the general results, the regional results can potentially evidence important areas for future research. Since regional results are more susceptible to extreme cases, attempting to interpret findings or attach meaning to them is not necessarily a useful or productive exercise. Although these results should not be interpreted as statistically significant or as evidence of a causal relationship, they can still call attention to possible strengths and weaknesses and provide guidance for future endeavors.

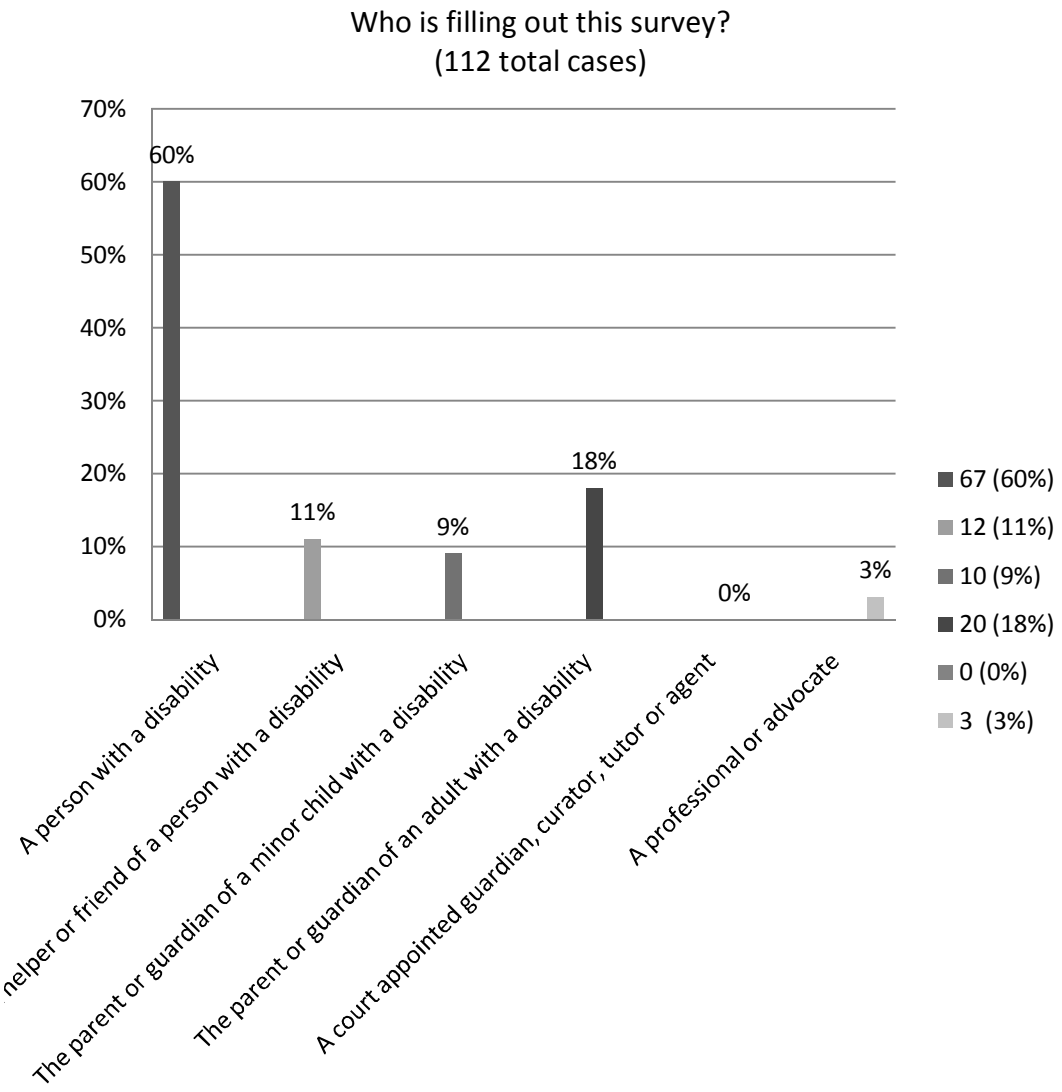
Figure 1. Map of Louisiana DHH Regions

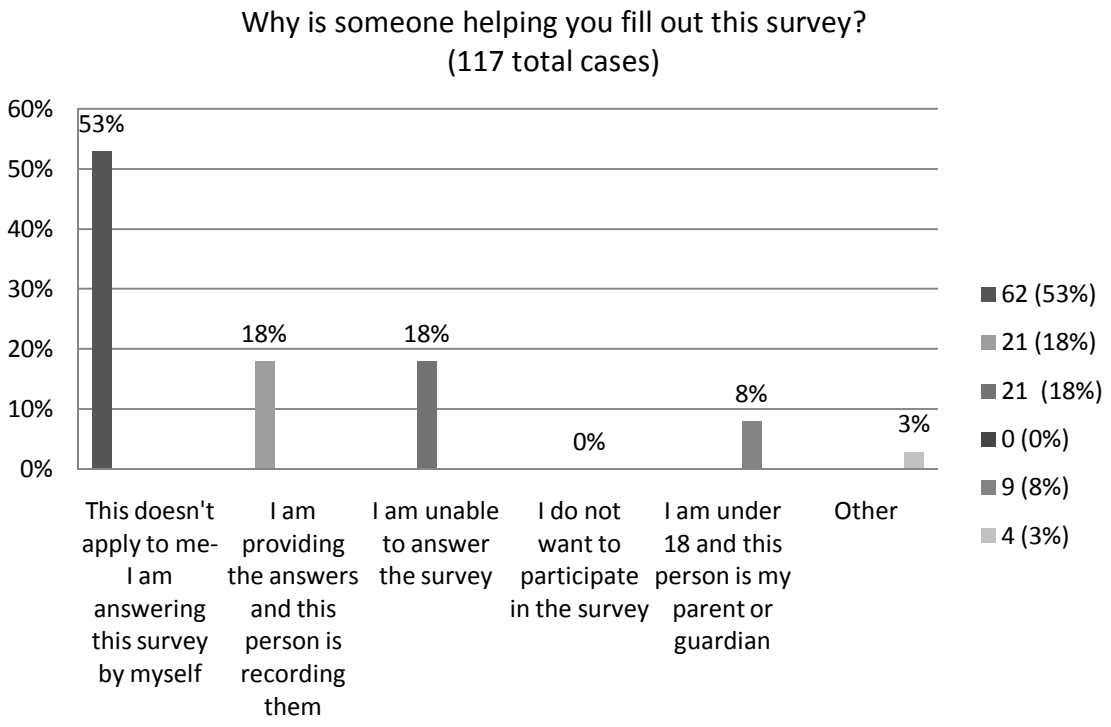


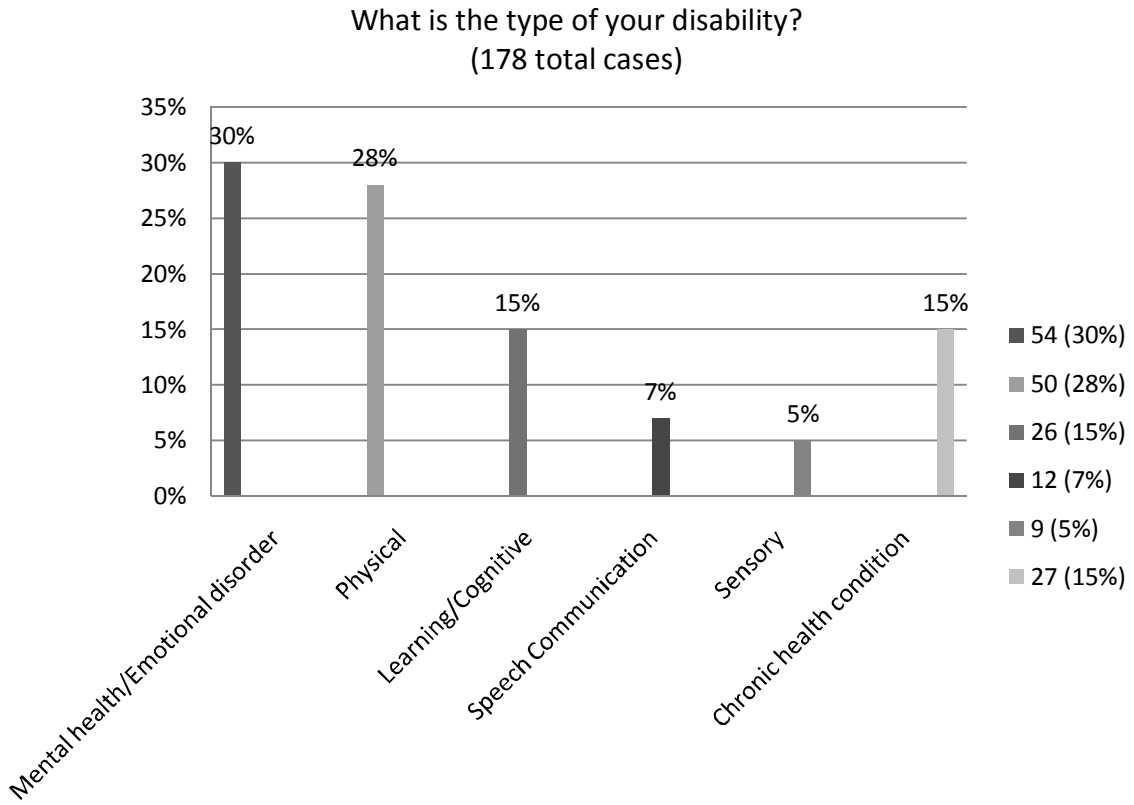
# REGION I - GRAPHS

## GENERAL INFORMATION

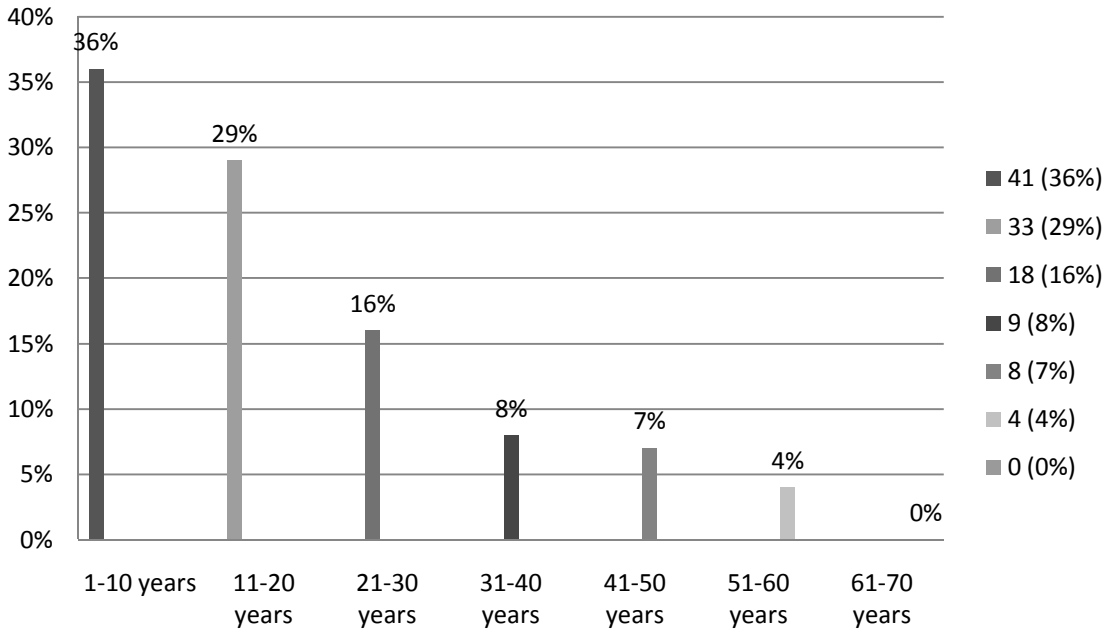



Who is filling out this survey?
(112 total cases)
70%
60%
50%
40%
30%
20%
10%
0%
60%
11%
9%
18%
0%
3%
A person with a disability
nelper or friend of a person with a disability
The parent or guardian of a minor child with a disability
The parent or guardian of an adult with a disability
A court appointed guardian, curator, tutor or agent
A professional or advocate
67 (60%)
12 (11%)
10 (9%)
20 (18%)
0 (0%)
3 (3%)

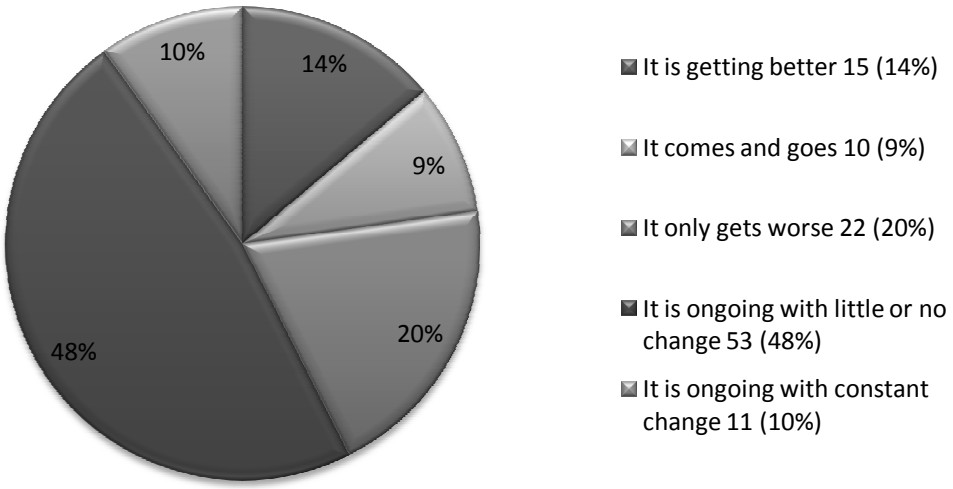

Why is someone helping you fill out this survey?
(117 total cases)
60%
50%
40%
30%
20%
10%
0%
53%
18%
18%
0%
8%
3%
This doesn't apply to me- I am answering this survey by myself
I am providing the answers and this person is recording them
I am unable to answer the survey
I do not want to participate in the survey
I am under 18 and this person is my parent or guardian
Other
62 (53%)
21 (18%)
21 (18%)
0 (0%)
9 (8%)
4 (3%)


What is the type of your disability?
(178 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
30%
28%
15%
7%
5%
15%
Mental health/Emotional disorder
Physical
Learning/Cognitive
Speech Communication
Sensory
Chronic health condition
54 (30%)
50 (28%)
26 (15%)
12 (7%)
9 (5%)
27 (15%)

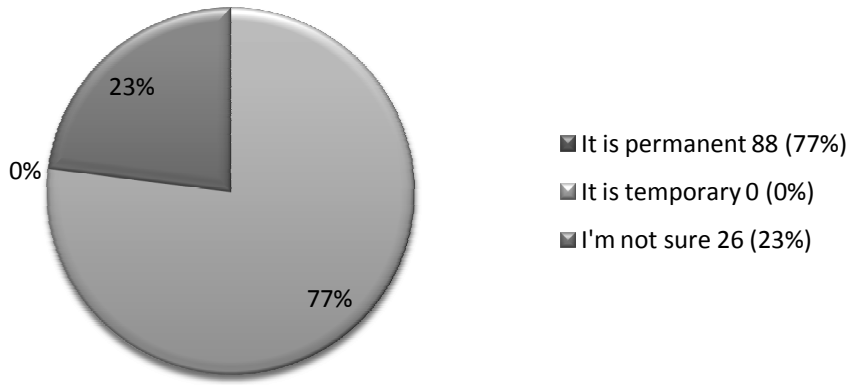
How long have you lived with you disability?
(113 total cases)



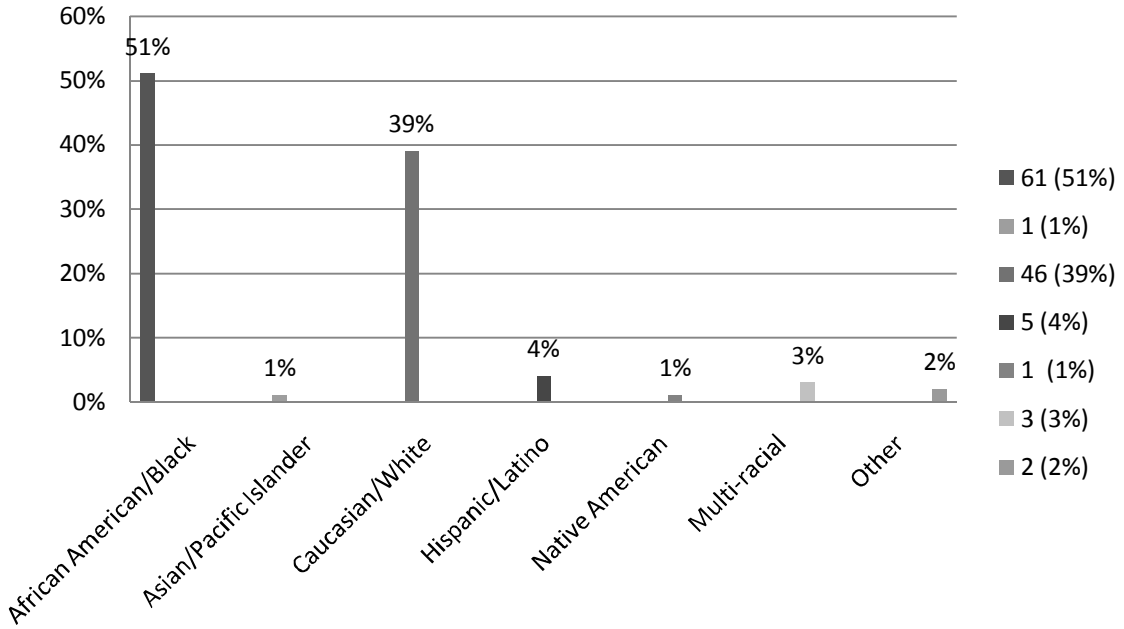

How would you judge your condition?
(111 total cases)



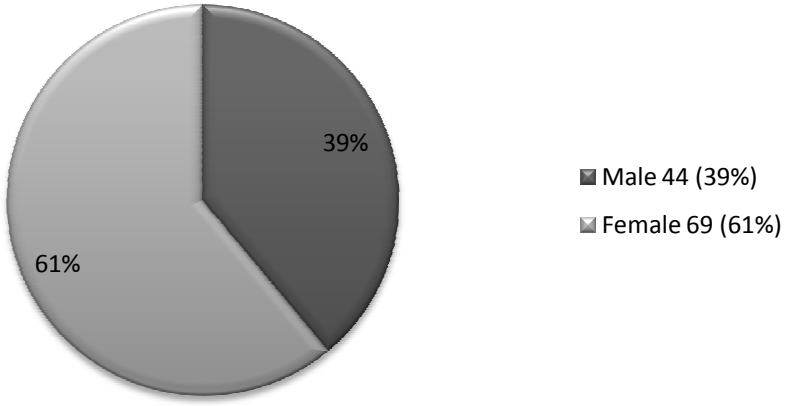
How long is your disability expected to last?
(114 total cases)



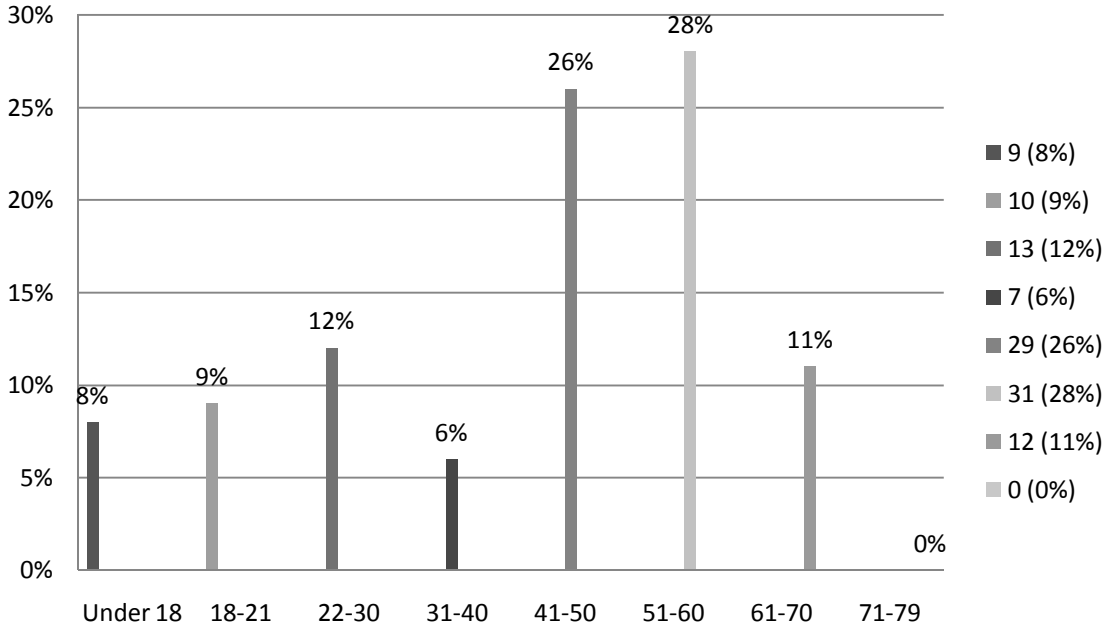

What is your race or ethnicity?
(119 total cases)

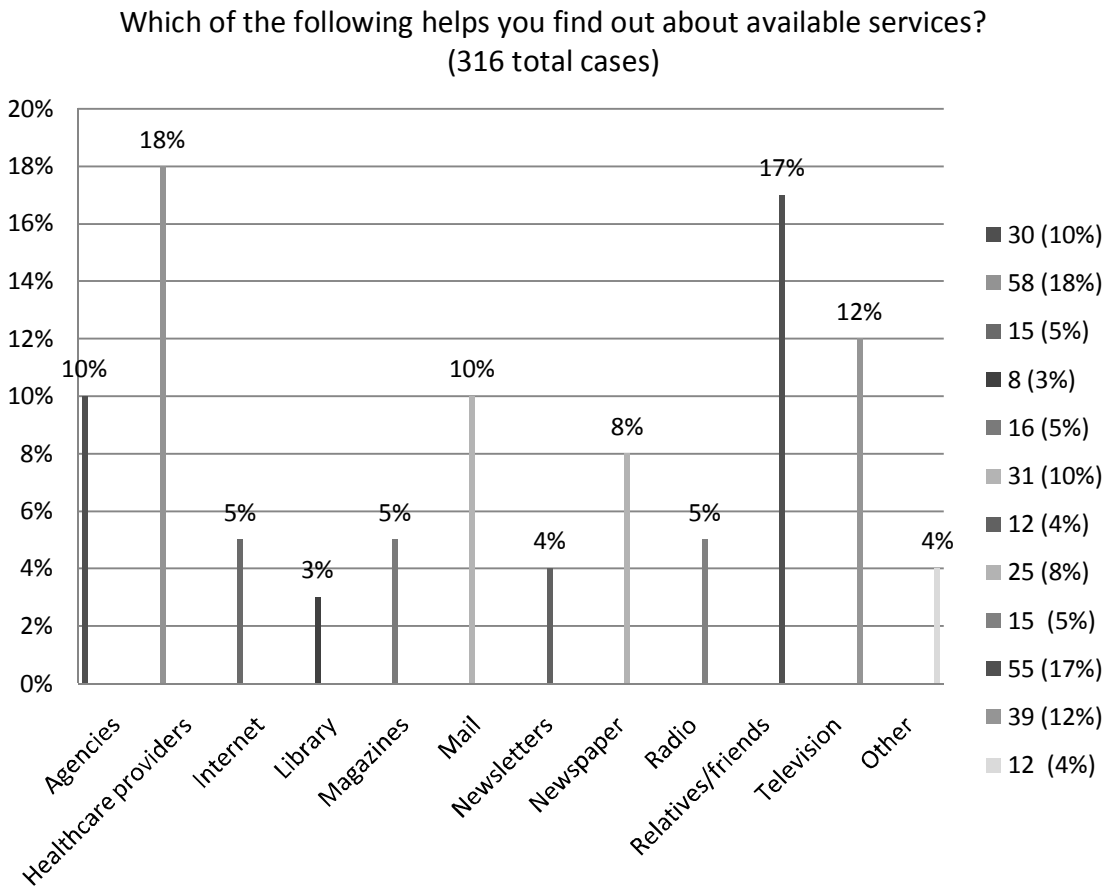


What is your gender?
(113 total cases)

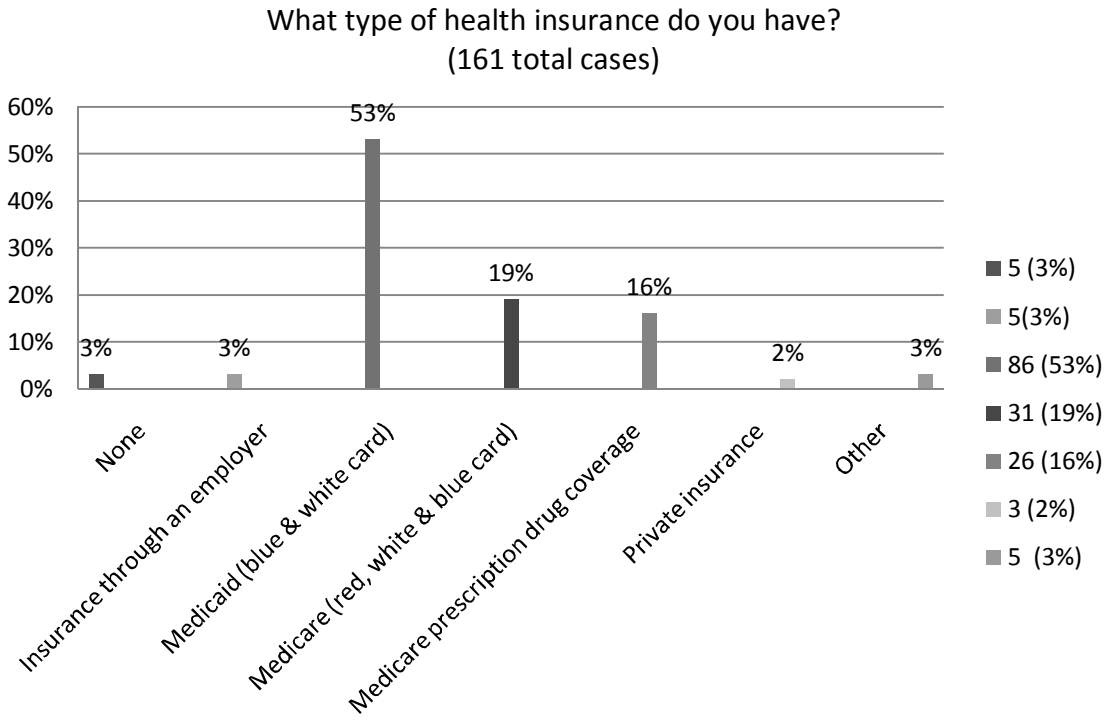


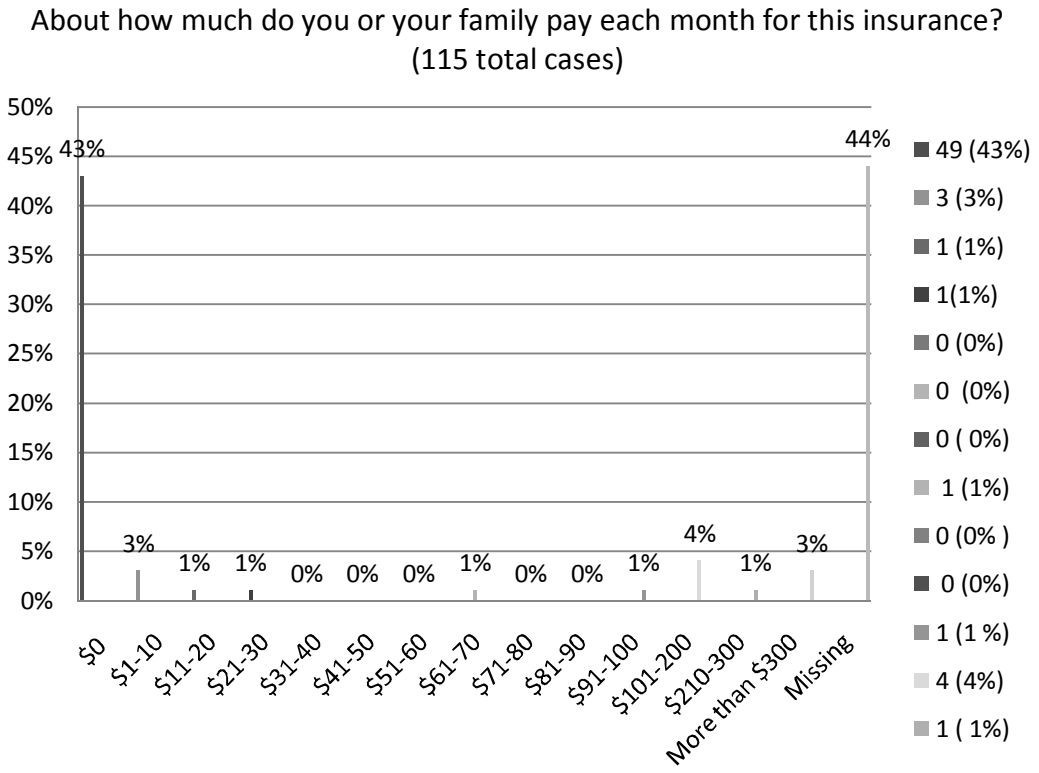

How old are you?
(111 total cases)



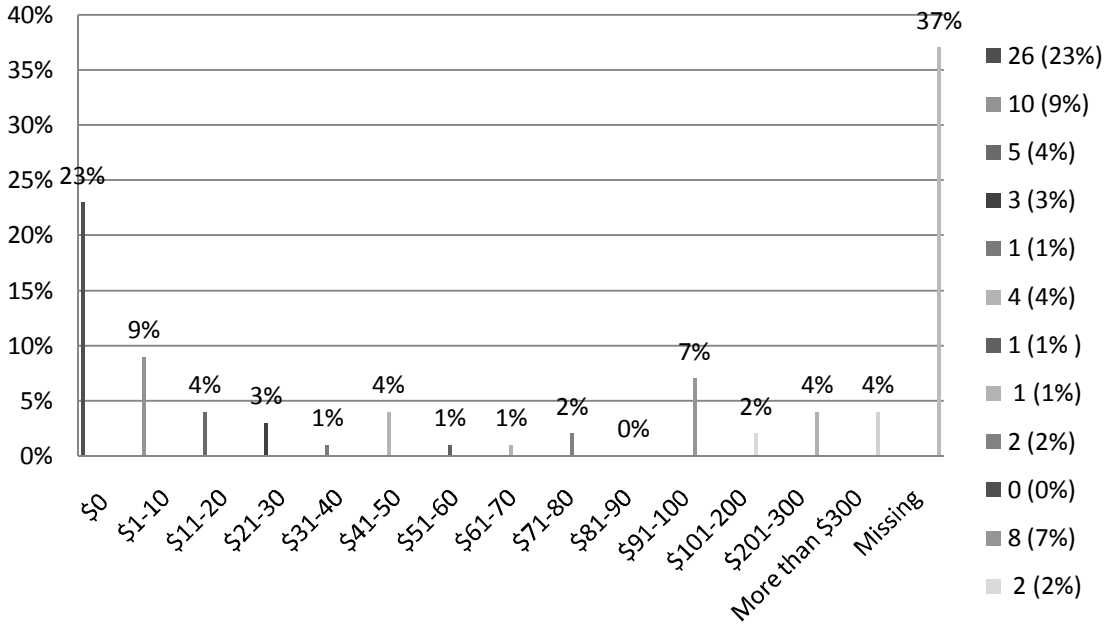

Which of the following helps you find out about available services?
(316 total cases)
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
10%
18%
5%
3%
5%
10%
4%
8%
5%
17%
12%
4%
Agencies
Healthcare providers
Internet
Library
Magazines
Mail
Newsletters
Newspaper
Radio
Relatives/friends
Television
Other
30 (10%)
58 (18%)
15 (5%)
8 (3%)
16 (5%)
31 (10%)
12 (4%)
25 (8%)
15 (5%)
55 (17%)
39 (12%)
12 (4%)

**HEALTH CARE**

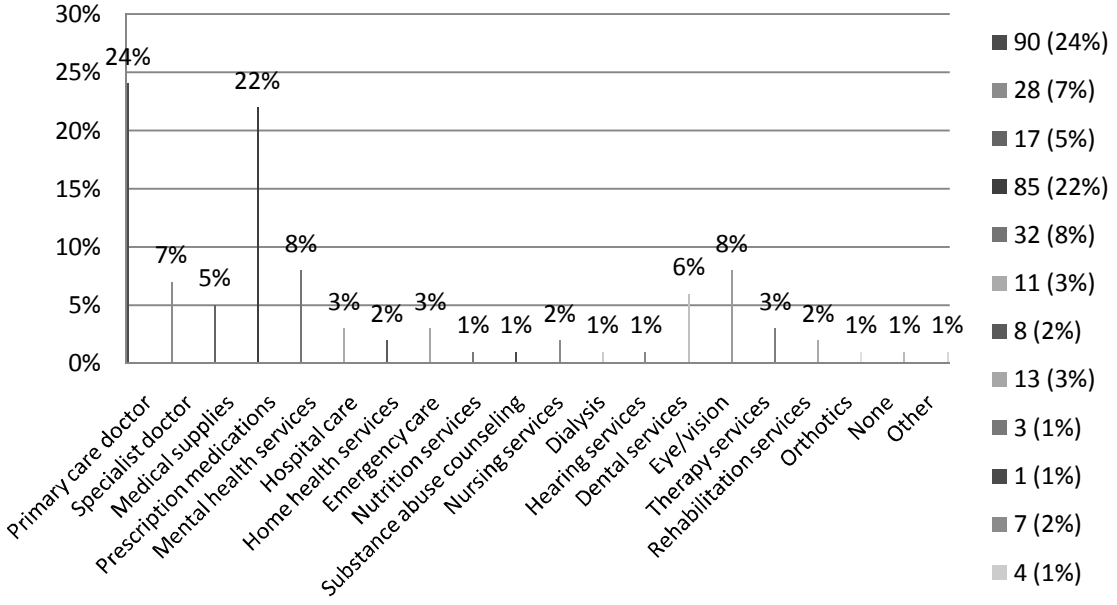

What type of health insurance do you have?
(161 total cases)
60%
50%
40%
30%
20%
10%
0%
3%
3%
53%
19%
16%
2%
3%
None
Insurance through an employer
Medicaid (blue & white card)
Medicare (red, white & blue card)
Medicare prescription drug coverage
Private insurance
Other
5 (3%)
5(3%)
86 (53%)
31 (19%)
26 (16%)
3 (2%)
5 (3%)

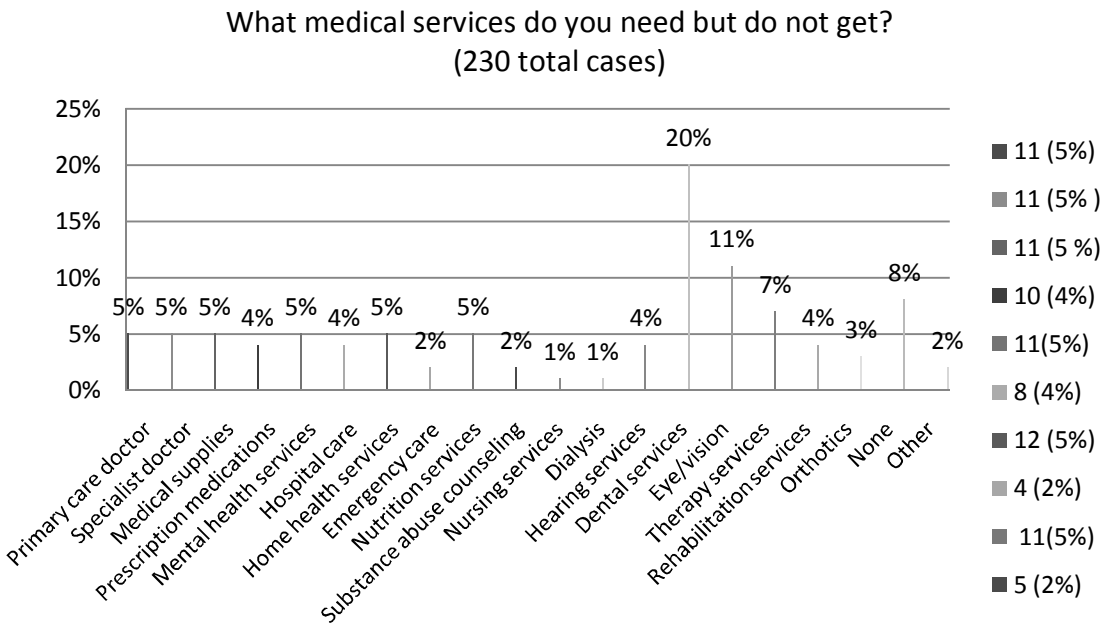

About how much do you or your family pay each month for this insurance?
(115 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
43%
3%
1%
1%
0%
0%
0%
1%
0%
0%
1%
4%
1%
3%
44%
$0
$1-10
$11-20
$21-30
$31-40
$41-50
$51-60
$61-70
$71-80
$81-90
$91-100
$101-200
$210-300
More than $300
Missing
49 (43%)
3 (3%)
1 (1%)
1(1%)
0 (0%)
0 (0%)
0 ( 0%)
1 (1%)
0 (0% )
0 (0%)
1 (1 %)
4 (4%)
1 ( 1%)

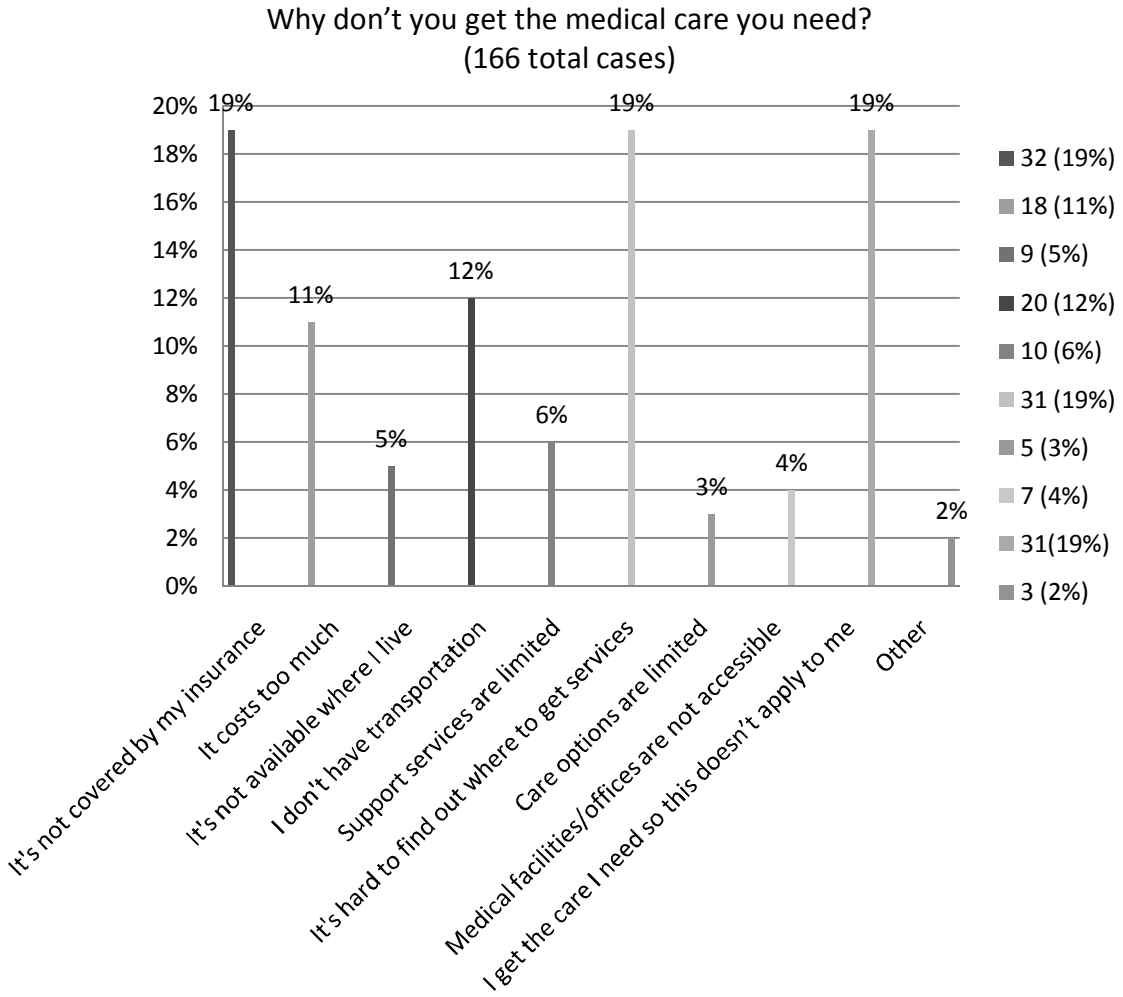
About how much of your own or your family's money is spent each month for medical expenses other than insurance?
(115 total cases)



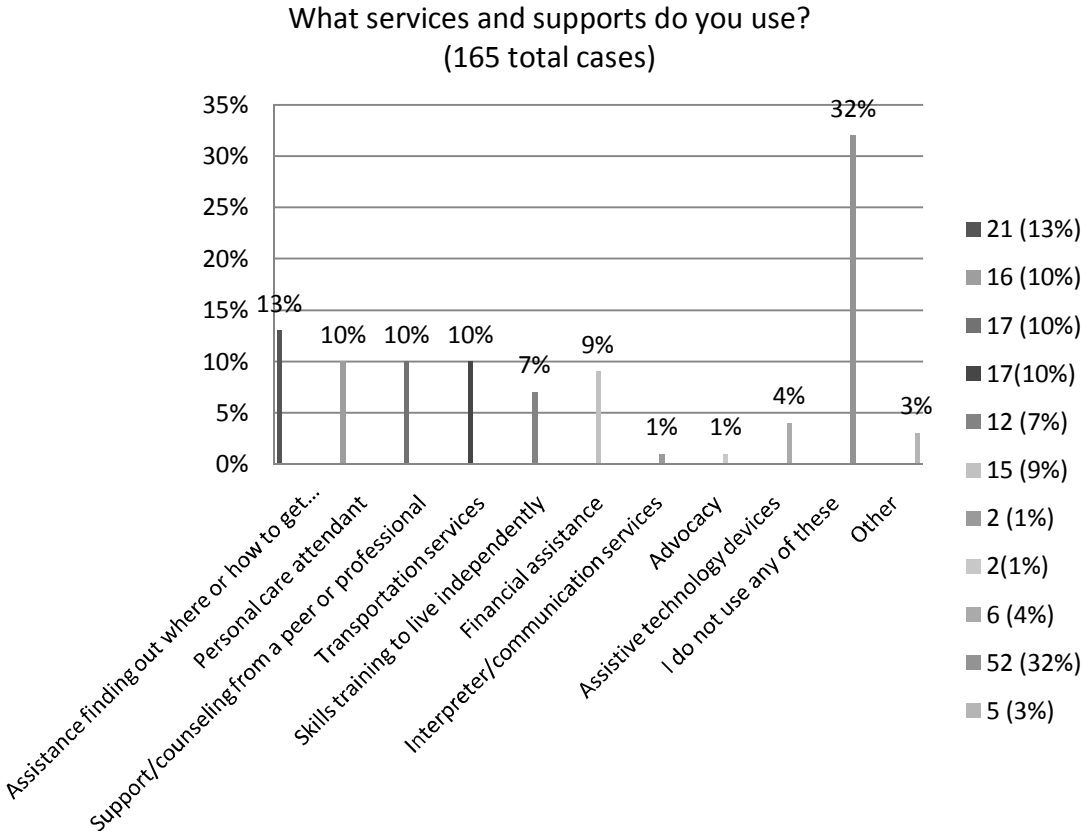

What medical services do you use on a regular basis?
(379 total cases)

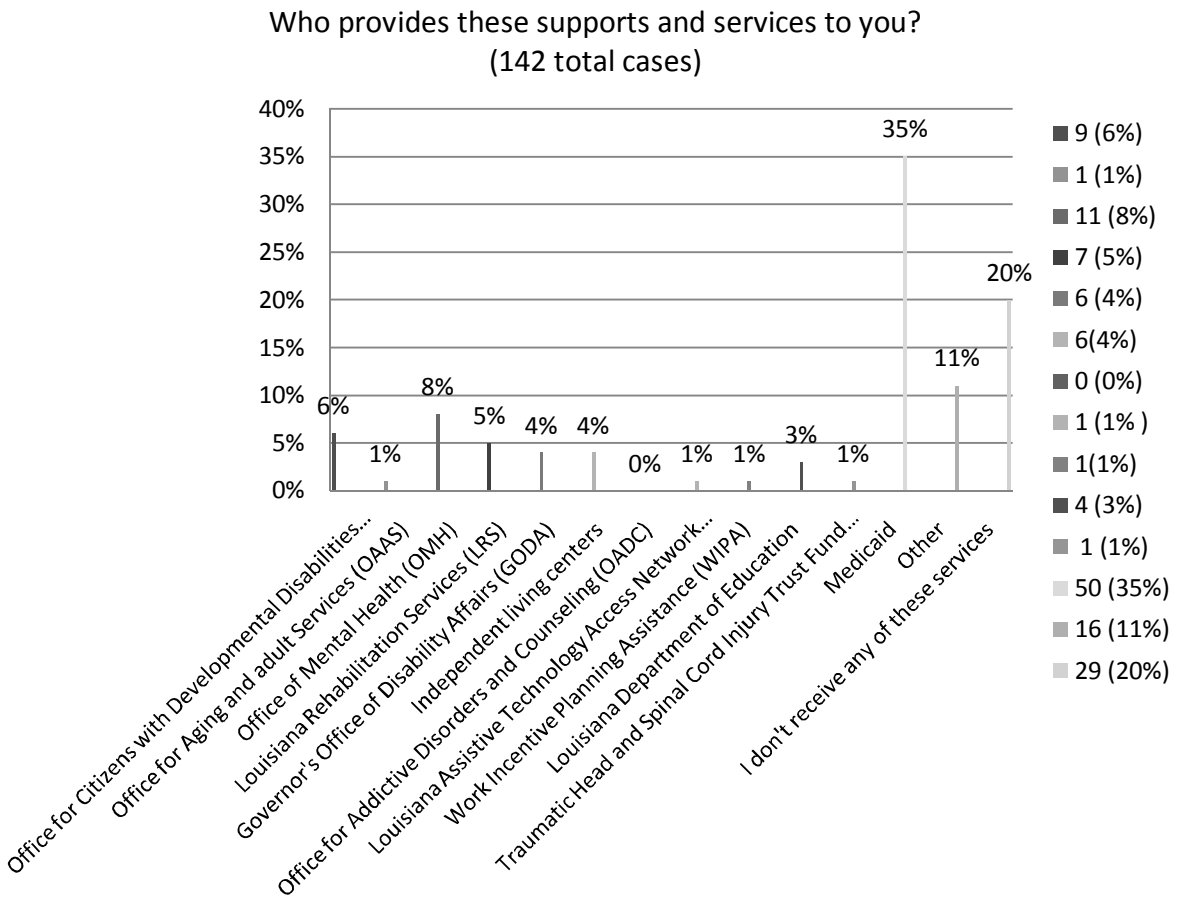


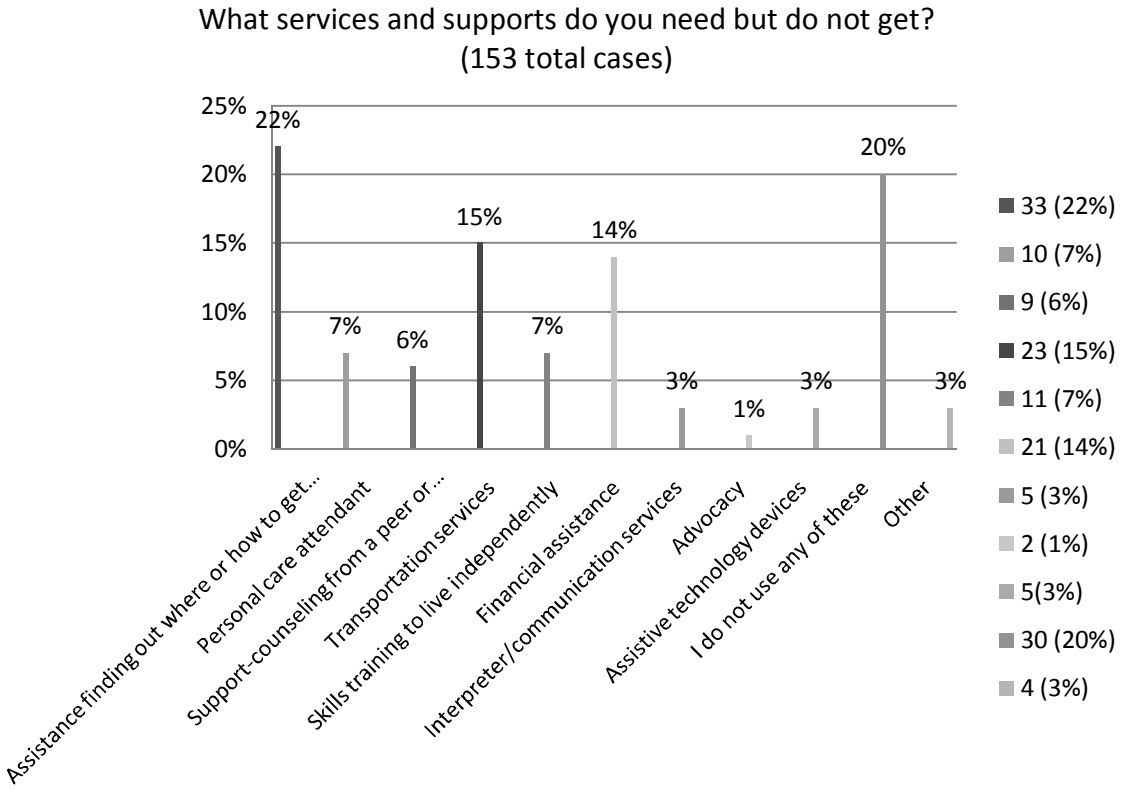

What medical services do you need but do not get?
(230 total cases)
25%
20%
15%
10%
5%
0%
5% 5% 5% 4% 5% 4% 5% 2% 5% 2% 1% 1% 4% 20% 11% 7% 4% 3% 8% 2%
Primary care doctor
Specialist doctor
Medical supplies
Prescription medications
Mental health services
Hospital care
Home health services
Emergency care
Nutrition services
Substance abuse counseling
Nursing services
Dialysis
Hearing services
Dental services
Eye/vision
Therapy services
Rehabilitation services
Orthotics
None
Other
11 (5%)
11 (5% )
11 (5 %)
10 (4%)
11(5%)
8 (4%)
12 (5%)
4 (2%)
11(5%)
5 (2%)

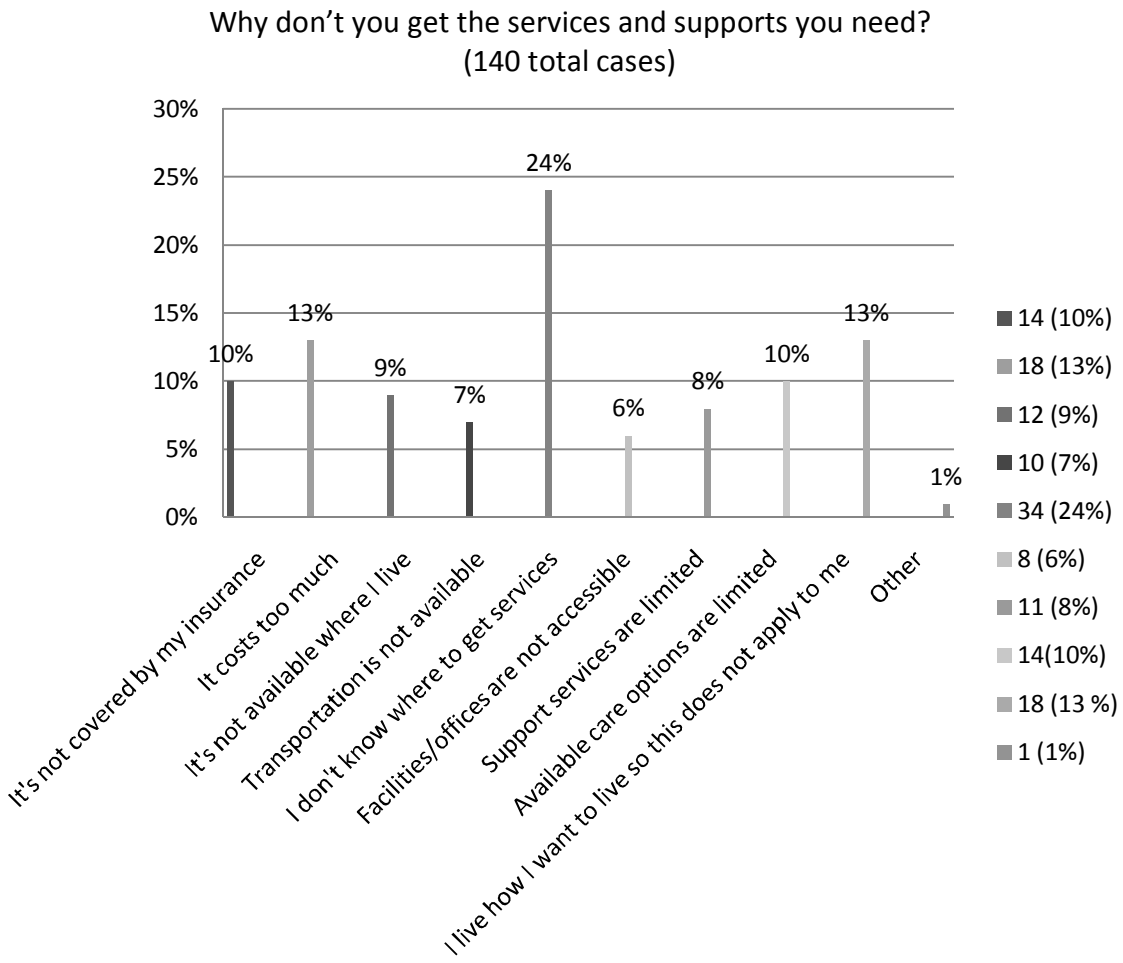

Why don't you get the medical care you need?
(166 total cases)
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
19% 11% 5% 12% 6% 19% 3% 4% 19% 2%
It's not covered by my insurance
It costs too much
It's not available where I live
I don't have transportation
Support services are limited
It's hard to find out where to get services
Care options are limited
Medical facilities/offices are not accessible
I get the care I need so this doesn't apply to me
Other
32 (19%)
18 (11%)
9 (5%)
20 (12%)
10 (6%)
31 (19%)
5 (3%)
7 (4%)
31(19%)
3 (2%)

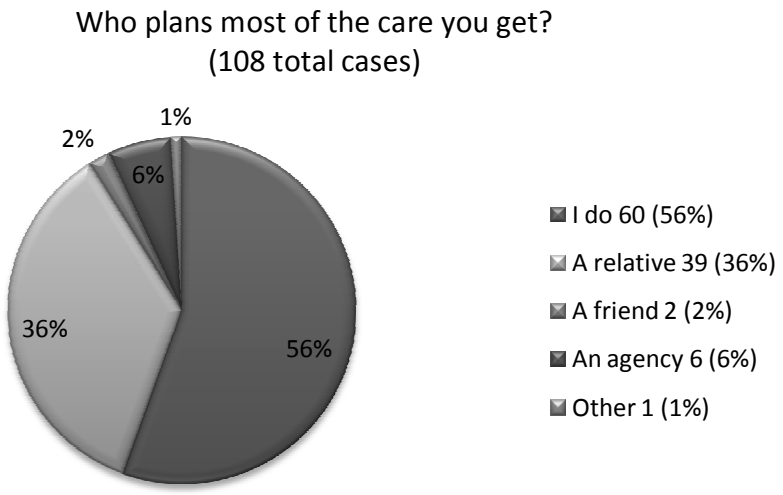
**INDEPENDENT LIVING**



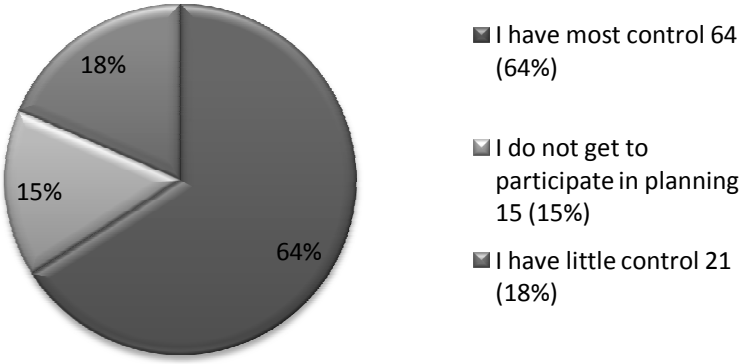

Who provides these supports and services to you?
(142 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
6%
1%
8%
5%
4%
4%
0%
1%
1%
3%
1%
35%
11%
20%
Office for Citizens with Developmental Disabilities...
Office for Aging and adult Services (OAAS)
Office of Mental Health (OMH)
Louisiana Rehabilitation Services (LRS)
Governor's Office of Disability Affairs (GODA)
Independent living centers
Office for Addictive Disorders and Counseling (OADC)
Louisiana Assistive Technology Access Network...
Work Incentive Planning Assistance (WIPA)
Louisiana Department of Education
Traumatic Head and Spinal Cord Injury Trust Fund...
Medicaid
Other
I don't receive any of these services
9 (6%)
1 (1%)
11 (8%)
7 (5%)
6 (4%)
6(4%)
0 (0%)
1 (1% )
1(1%)
4 (3%)
1 (1%)
50 (35%)
16 (11%)
29 (20%)


What services and supports do you need but do not get?
(153 total cases)
25%
20%
15%
10%
5%
0%
22%
7%
6%
15%
7%
14%
3%
1%
3%
20%
3%
Assistance finding out where or how to get...
Personal care attendant
Support-counseling from a peer or...
Transportation services
Skills training to live independently
Financial assistance
Interpreter/communication services
Advocacy
Assistive technology devices
I do not use any of these
Other
33 (22%)
10 (7%)
9 (6%)
23 (15%)
11 (7%)
21 (14%)
5 (3%)
2 (1%)
5(3%)
30 (20%)
4 (3%)


Why don't you get the services and supports you need?
(140 total cases)
30%
25%
20%
15%
10%
5%
0%
10%
13%
9%
7%
24%
6%
8%
10%
13%
1%
It's not covered by my insurance
It costs too much
It's not available where I live
Transportation is not available
I don't know where to get services
Facilities/offices are not accessible
Support services are limited
Available care options are limited
I live how I want to live so this does not apply to me
Other
14 (10%)
18 (13%)
12 (9%)
10 (7%)
34 (24%)
8 (6%)
11 (8%)
14(10%)
18 (13 %)
1 (1%)

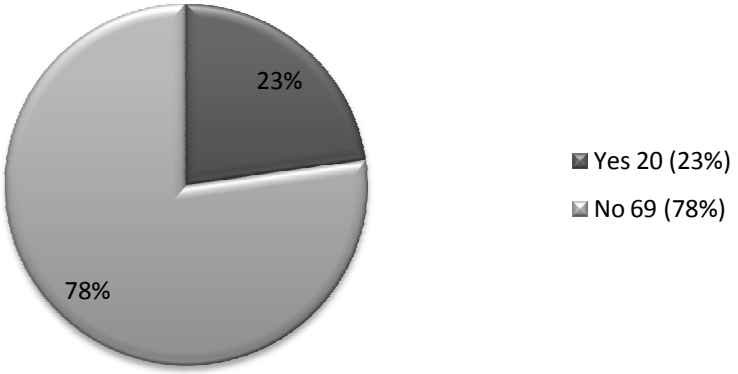

Who plans most of the care you get?
(108 total cases)
1%
2%
6%
36%
56%
I do 60 (56%)
A relative 39 (36%)
A friend 2 (2%)
An agency 6 (6%)
Other 1 (1%)

How much choice do you have when planning for the services or care that you get?
(100 total cases)

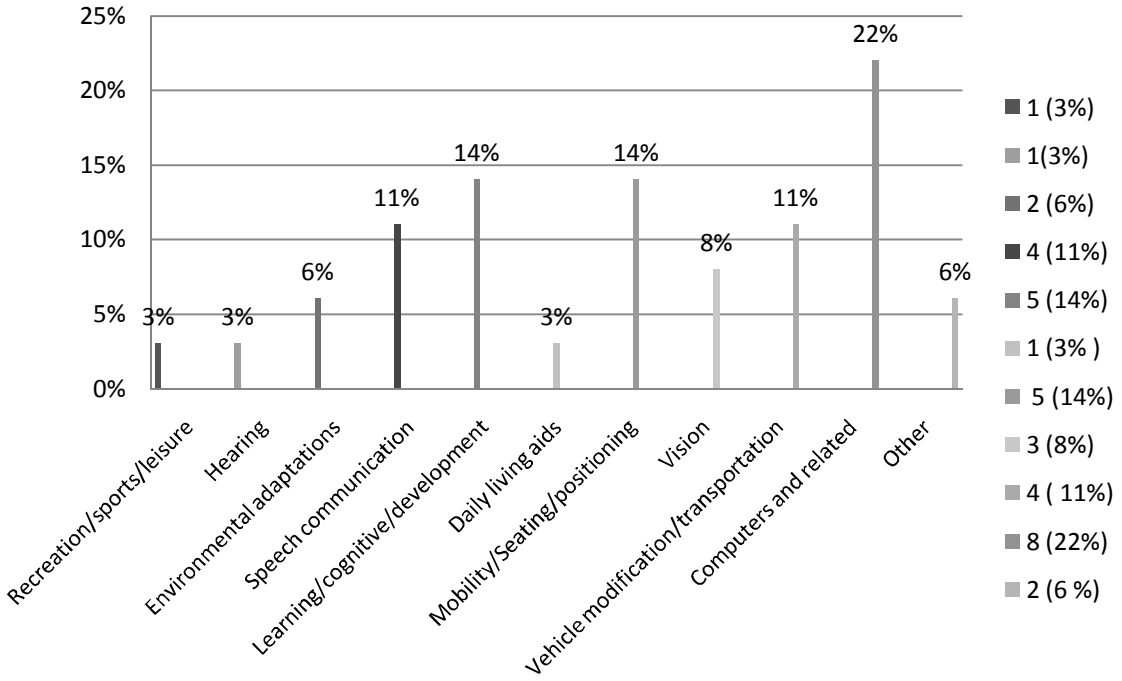


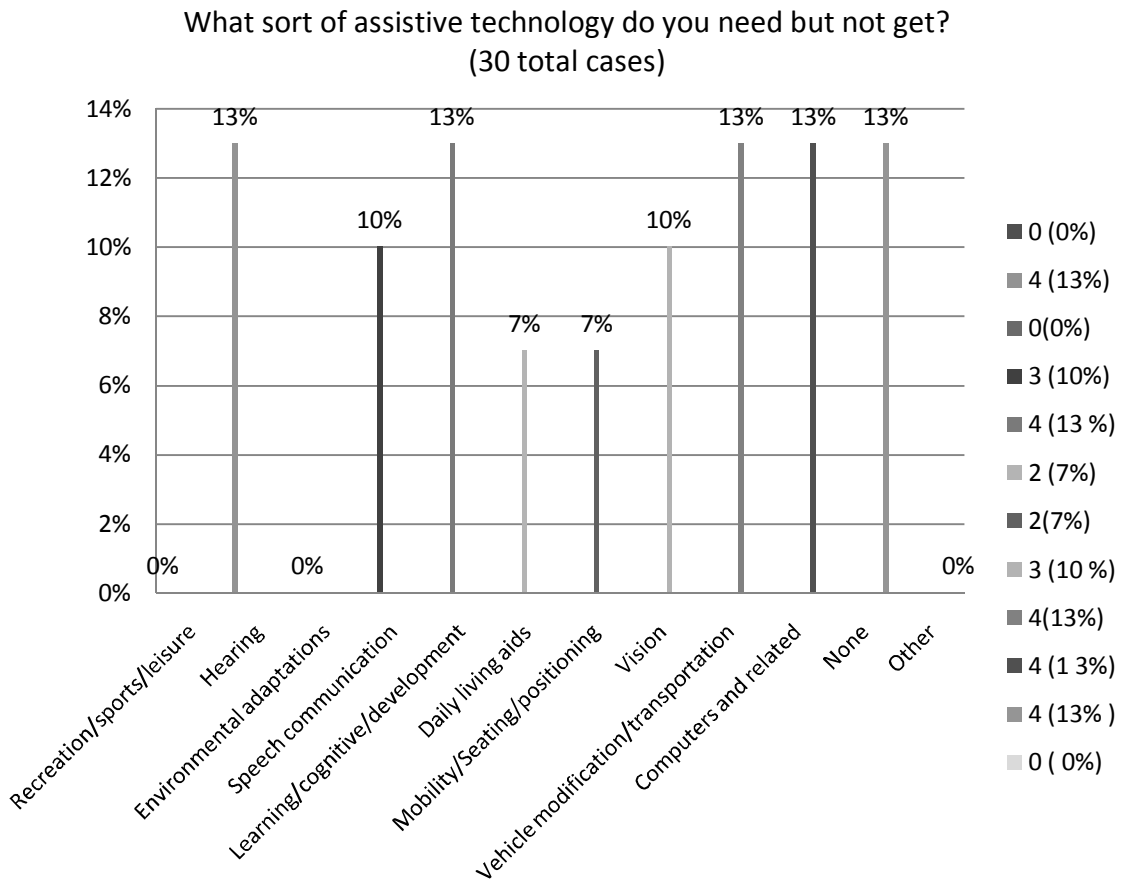
**ASSISTIVE TECHNOLOGY**

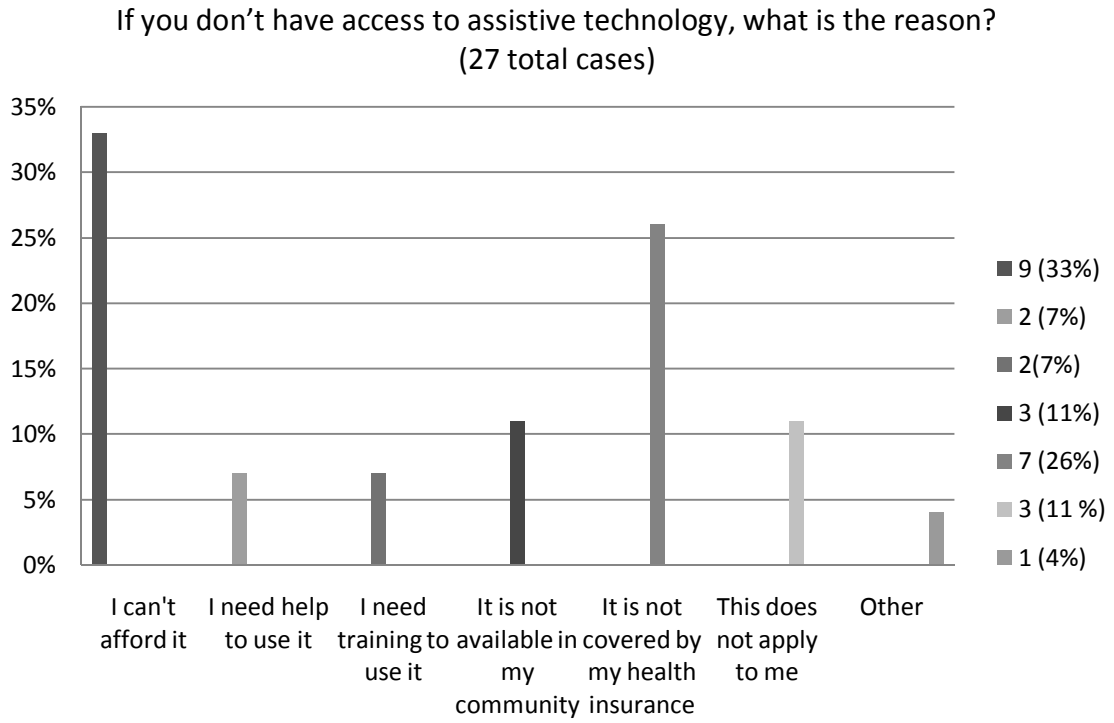
Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?
(89 total cases)

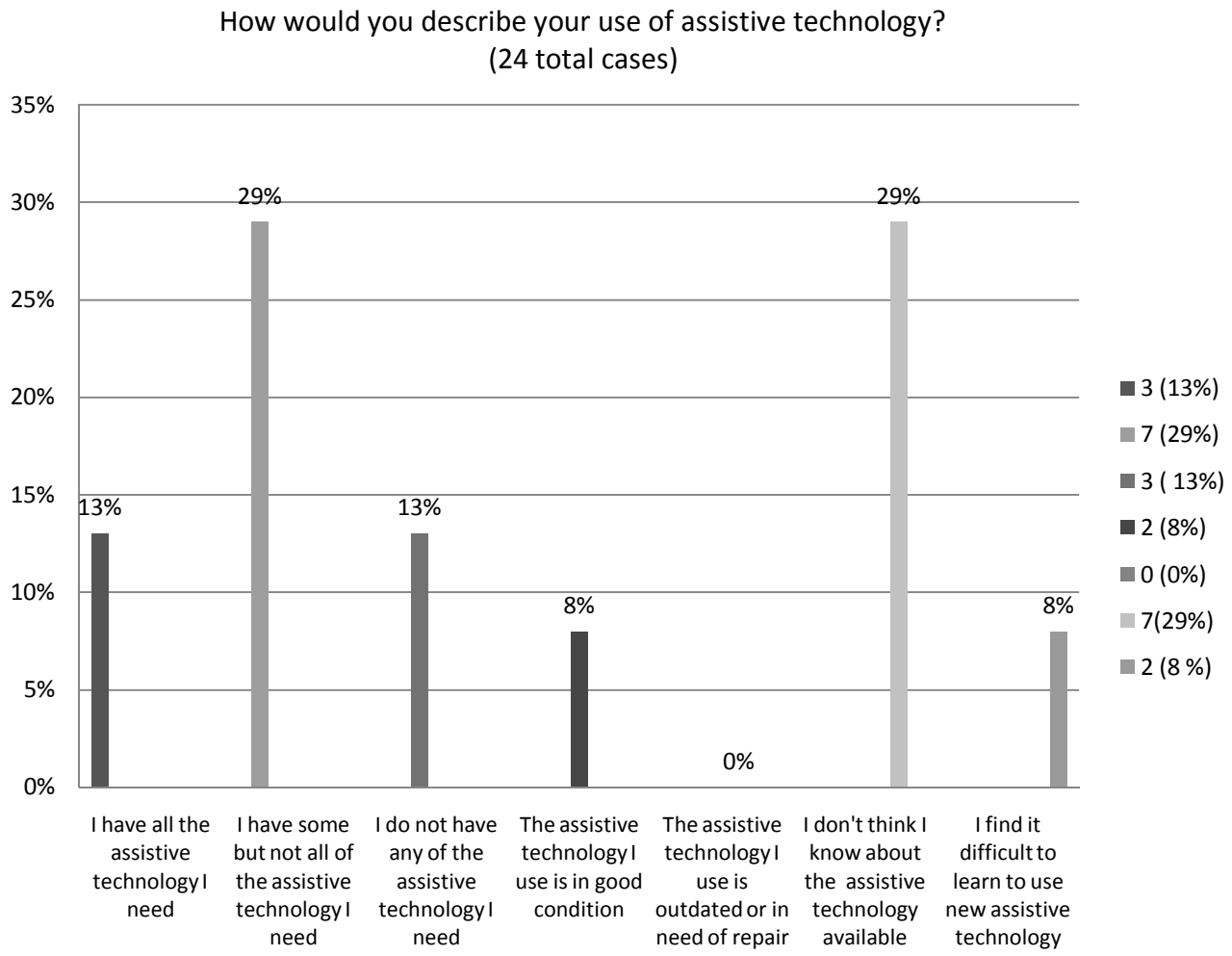



What sort of assistive technology do you use?
(36 total cases)

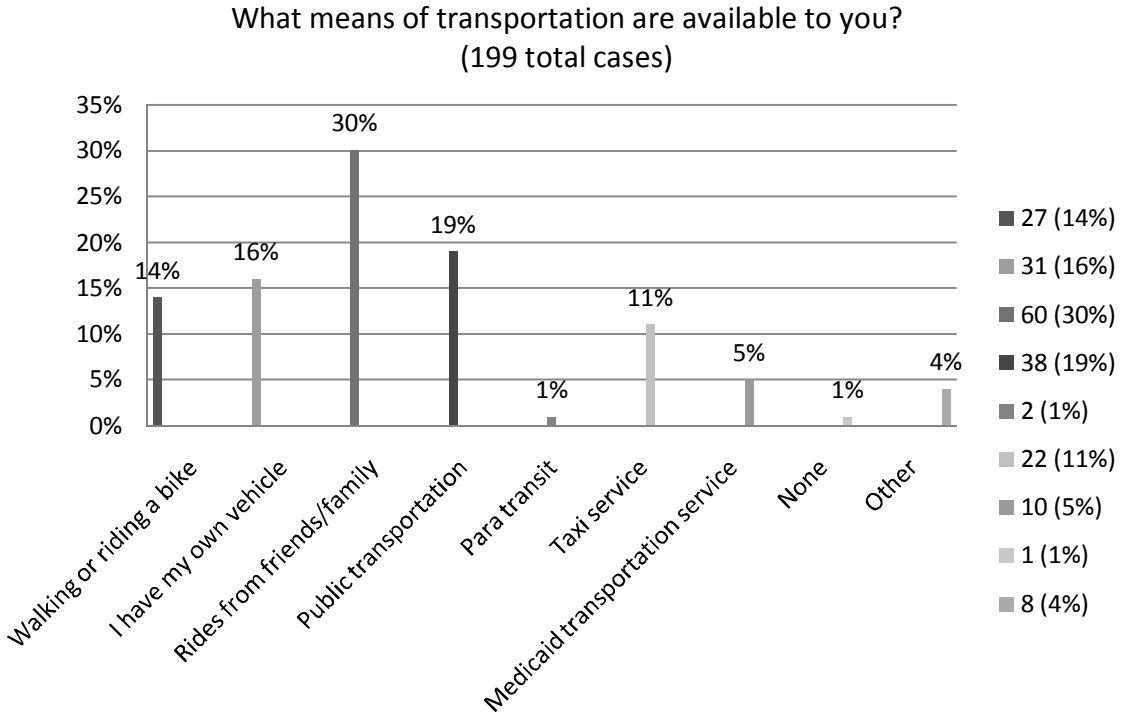


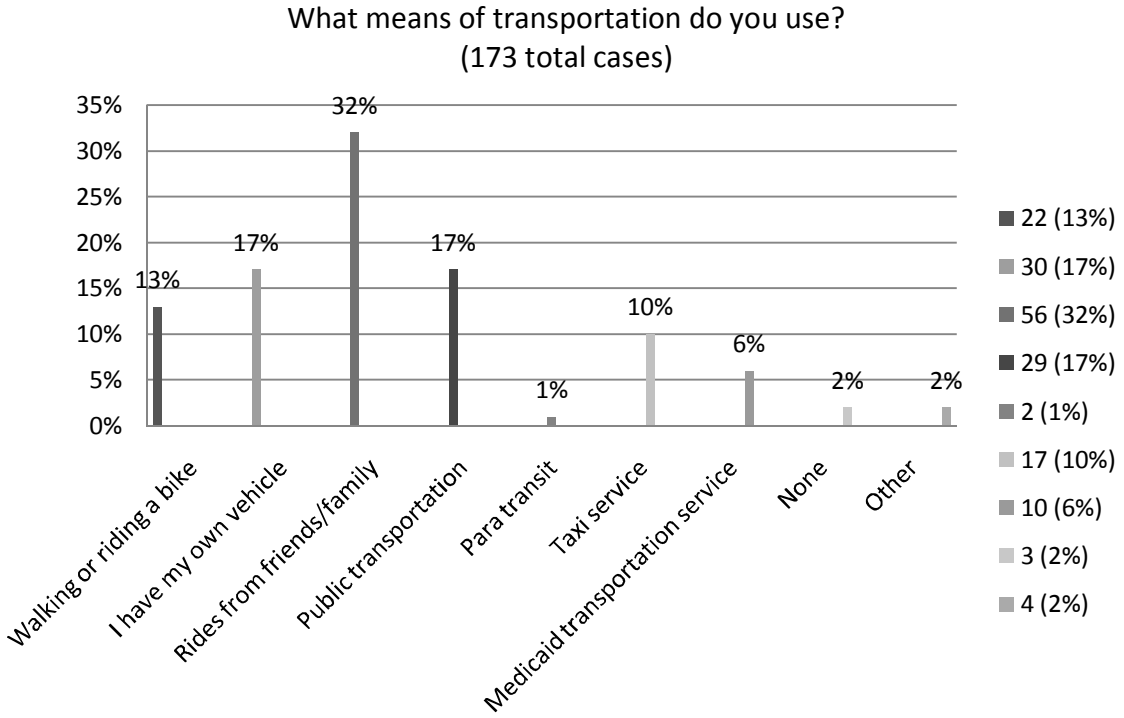

What sort of assistive technology do you need but not get?
(30 total cases)
14%
12%
10%
8%
6%
4%
2%
0%
13%
13%
13%
13%
13%
10%
10%
7%
7%
0%
0%
0%
Recreation/sports/leisure
Hearing
Environmental adaptations
Speech communication
Learning/cognitive/development
Daily living aids
Mobility/Seating/positioning
Vision
Vehicle modification/transportation
Computers and related
None
Other
0 (0%)
4 (13%)
0(0%)
3 (10%)
4 (13 %)
2 (7%)
2(7%)
3 (10 %)
4(13%)
4 (1 3%)
4 (13% )
0 ( 0%)

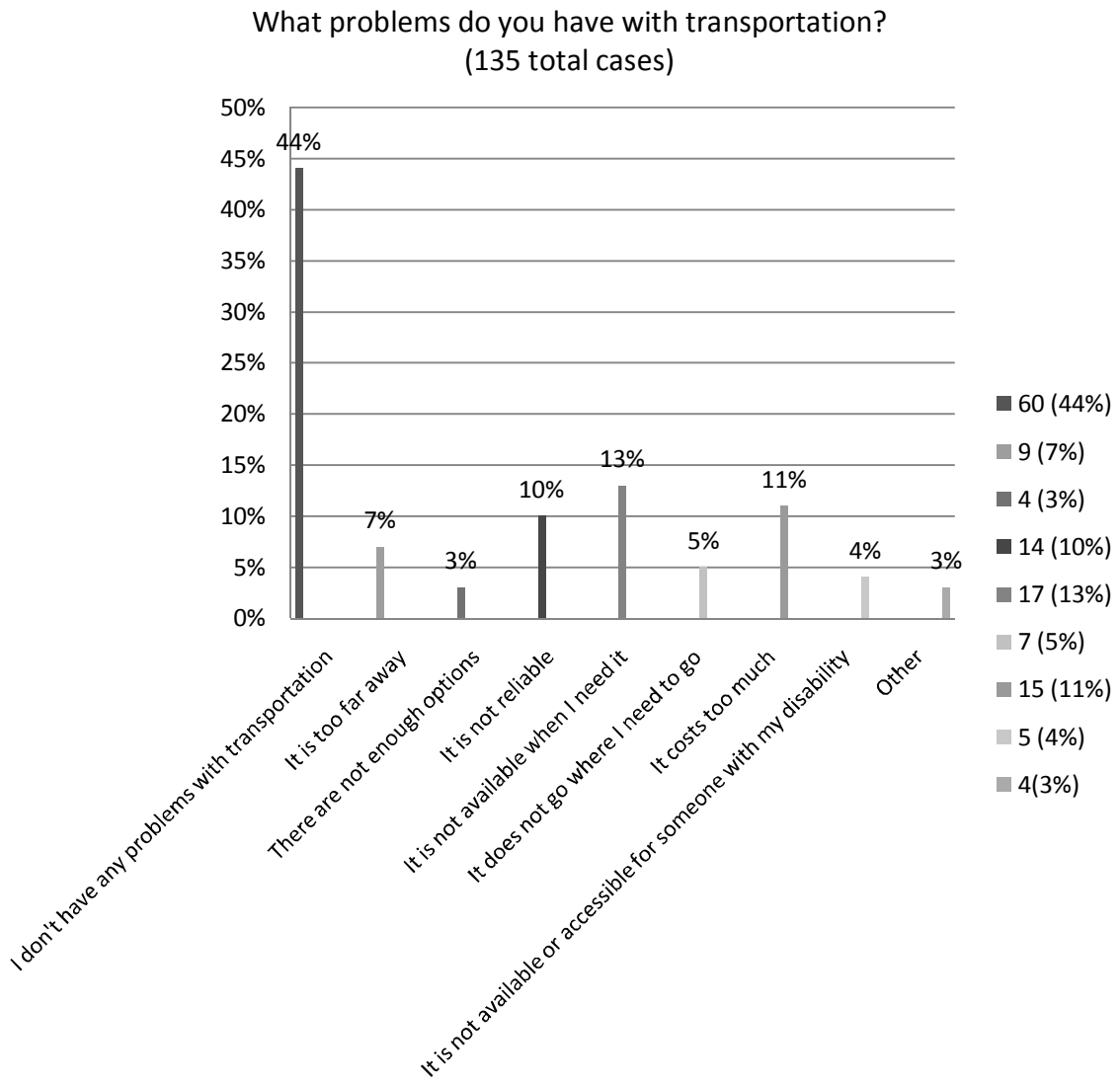

If you don't have access to assistive technology, what is the reason?
(27 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
I can't afford it
I need help to use it
I need training to use it
It is not available in my community
It is not covered by my health insurance
This does not apply to me
Other
9 (33%)
2 (7%)
2(7%)
3 (11%)
7 (26%)
3 (11 %)
1 (4%)

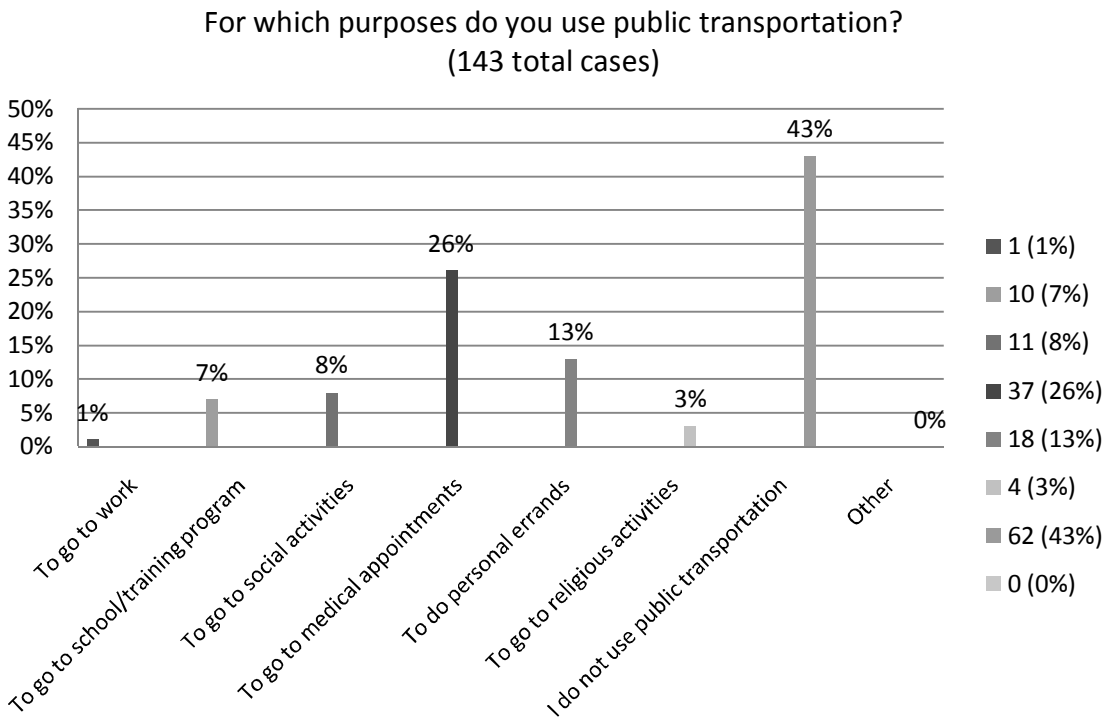

How would you describe your use of assistive technology?
(24 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
13%
29%
13%
8%
0%
29%
8%
I have all the assistive technology I need
I have some but not all of the assistive technology I need
I do not have any of the assistive technology I need
The assistive technology I use is in good condition
The assistive technology I use is outdated or in need of repair
I don't think I know about the assistive technology available
I find it difficult to learn to use new assistive technology
3 (13%)
7 (29%)
3 ( 13%)
2 (8%)
0 (0%)
7(29%)
2 (8 %)

**TRANSPORTATION**

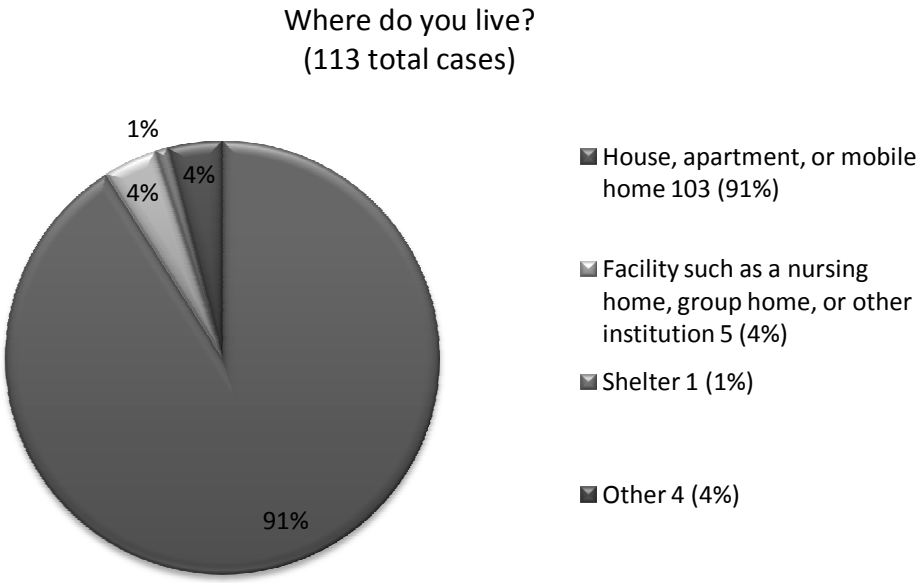


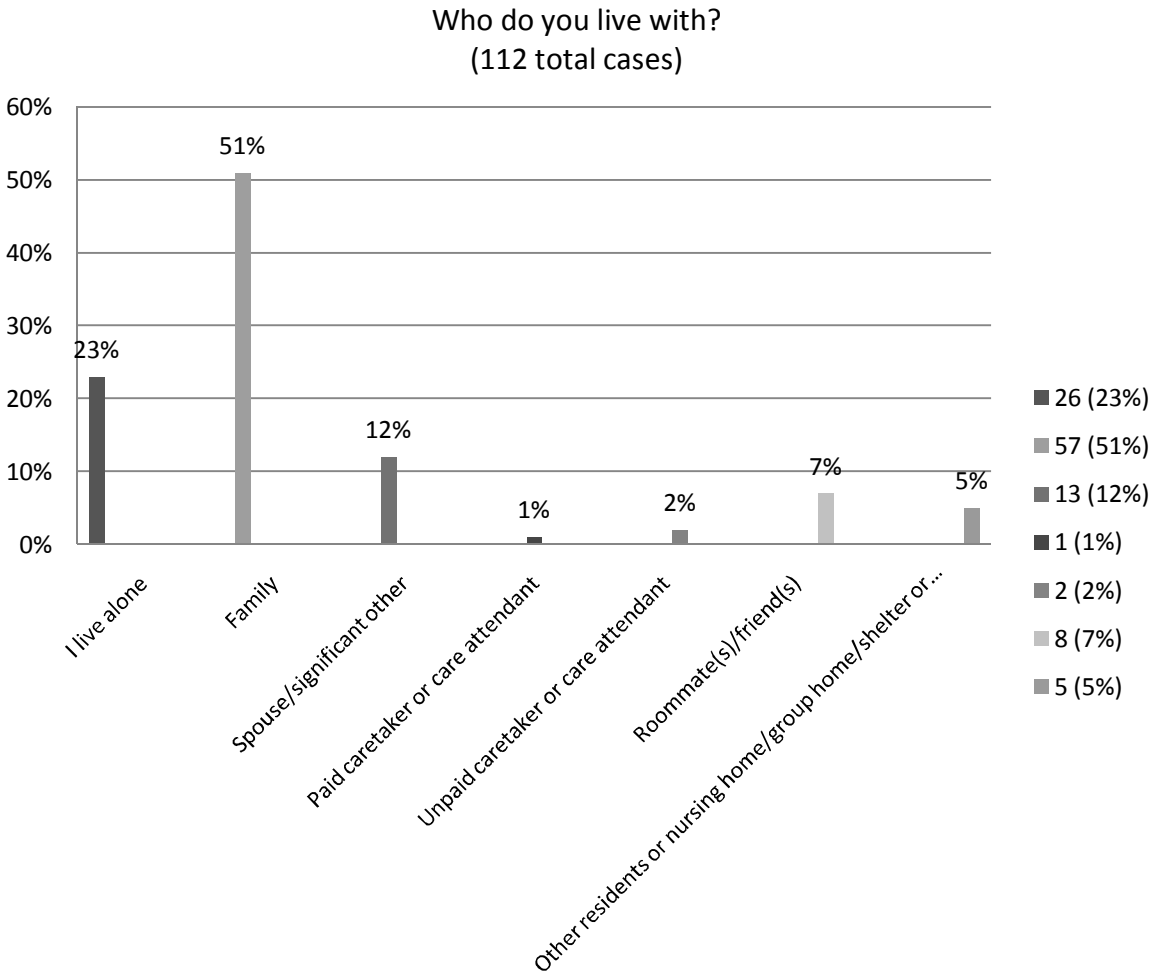




What problems do you have with transportation?
(135 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
44%
7%
3%
10%
13%
5%
11%
4%
3%
I don't have any problems with transportation
It is too far away
There are not enough options
It is not reliable
It is not available when I need it
It does not go where I need to go
It costs too much
It is not available or accessible for someone with my disability
Other
60 (44%)
9 (7%)
4 (3%)
14 (10%)
17 (13%)
7 (5%)
15 (11%)
5 (4%)
4(3%)

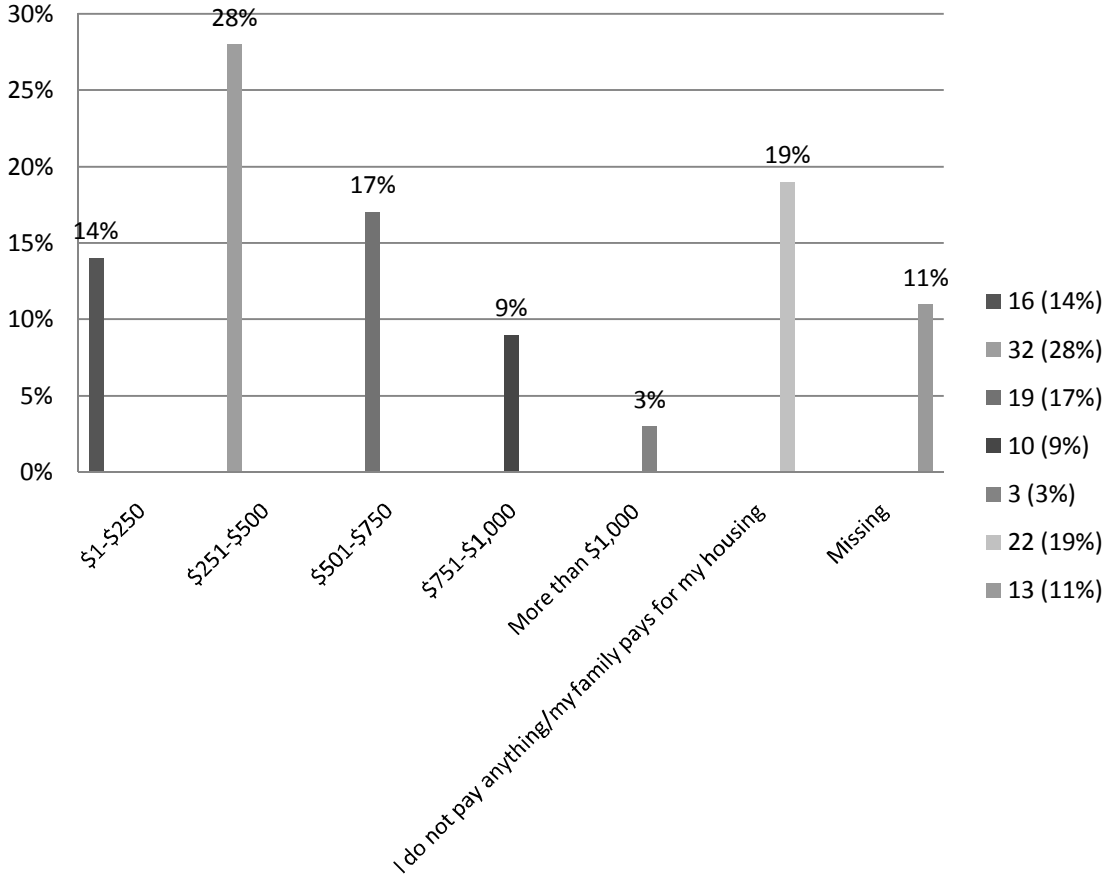

For which purposes do you use public transportation?
(143 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1%
7%
8%
26%
13%
3%
43%
0%
To go to work
To go to school/training program
To go to social activities
To go to medical appointments
To do personal errands
To go to religious activities
I do not use public transportation
Other
1 (1%)
10 (7%)
11 (8%)
37 (26%)
18 (13%)
4 (3%)
62 (43%)
0 (0%)

**HOUSING**

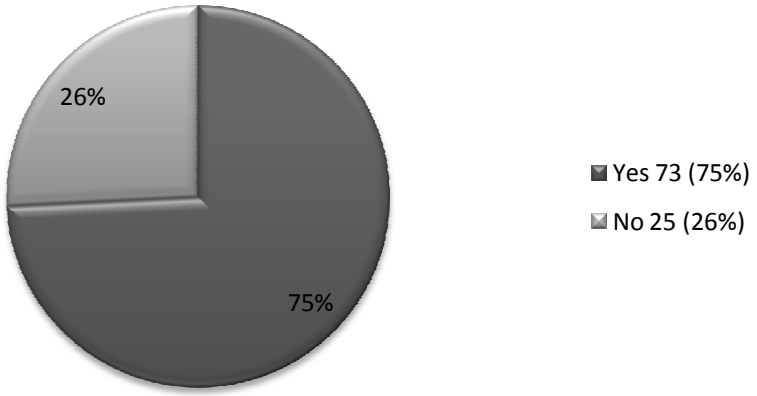

Where do you live?
(113 total cases)
1%
4%
4%
91%
House, apartment, or mobile home 103 (91%)
Facility such as a nursing home, group home, or other institution 5 (4%)
Shelter 1 (1%)
Other 4 (4%)

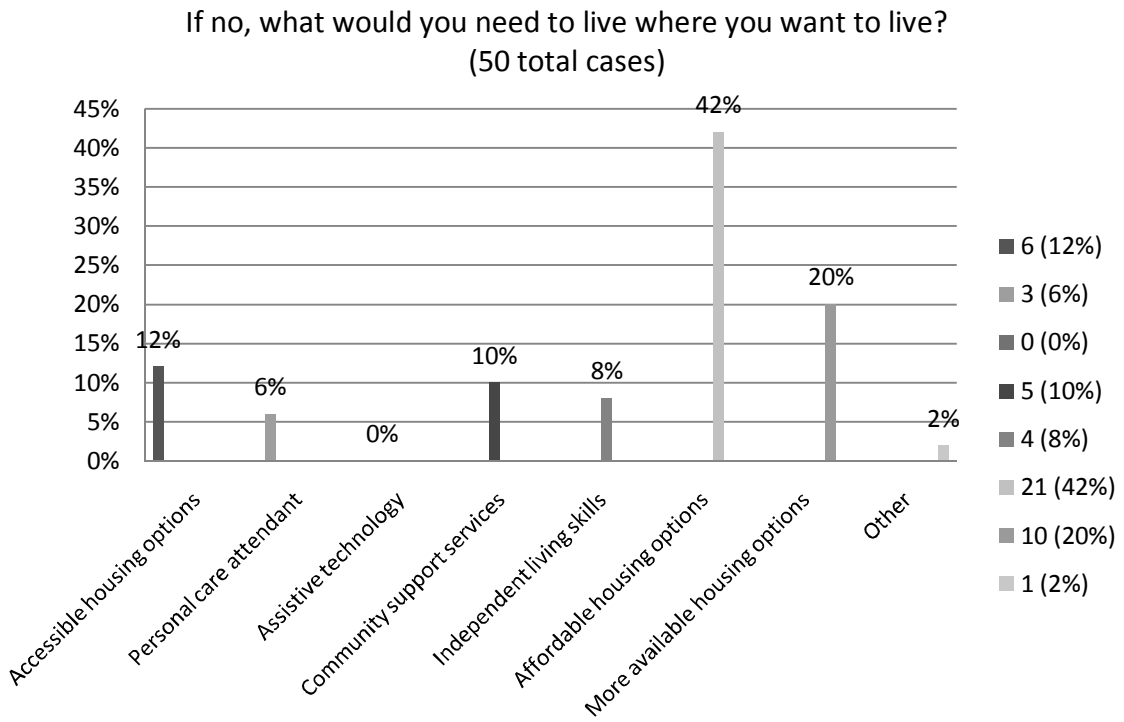

Who do you live with?
(112 total cases)
60%
50%
40%
30%
20%
10%
0%
23%
51%
12%
1%
2%
7%
5%
I live alone
Family
Spouse/significant other
Paid caretaker or care attendant
Unpaid caretaker or care attendant
Roommate(s)/friend(s)
Other residents or nursing home/group home/shelter or ...
26 (23%)
57 (51%)
13 (12%)
1 (1%)
2 (2%)
8 (7%)
5 (5%)

How much do you pay for housing each month, not including utilities?
(115 total cases)



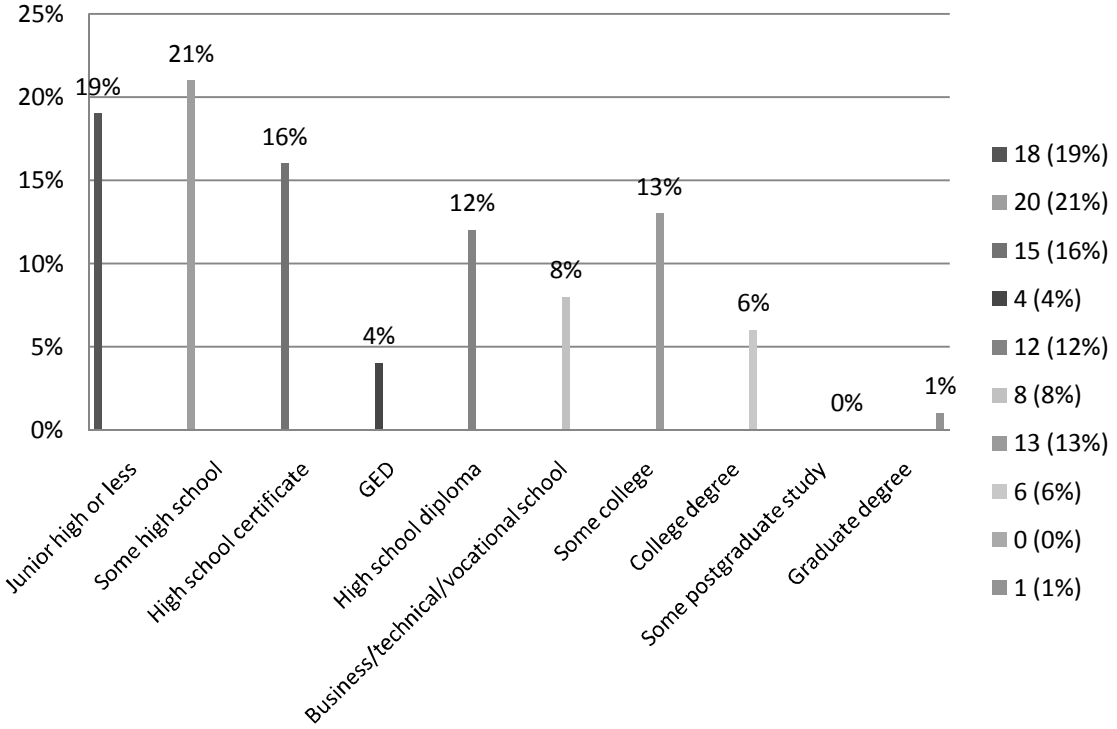

Are you currently living in your preferred living arrangement?
(98 total cases)



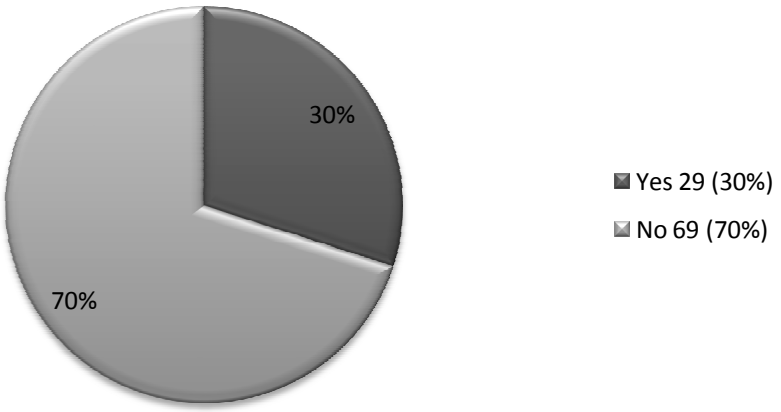

If no, what would you need to live where you want to live?
(50 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
12%
6%
0%
10%
8%
42%
20%
2%
Accessible housing options
Personal care attendant
Assistive technology
Community support services
Independent living skills
Affordable housing options
More available housing options
Other
6 (12%)
3 (6%)
0 (0%)
5 (10%)
4 (8%)
21 (42%)
10 (20%)
1 (2%)

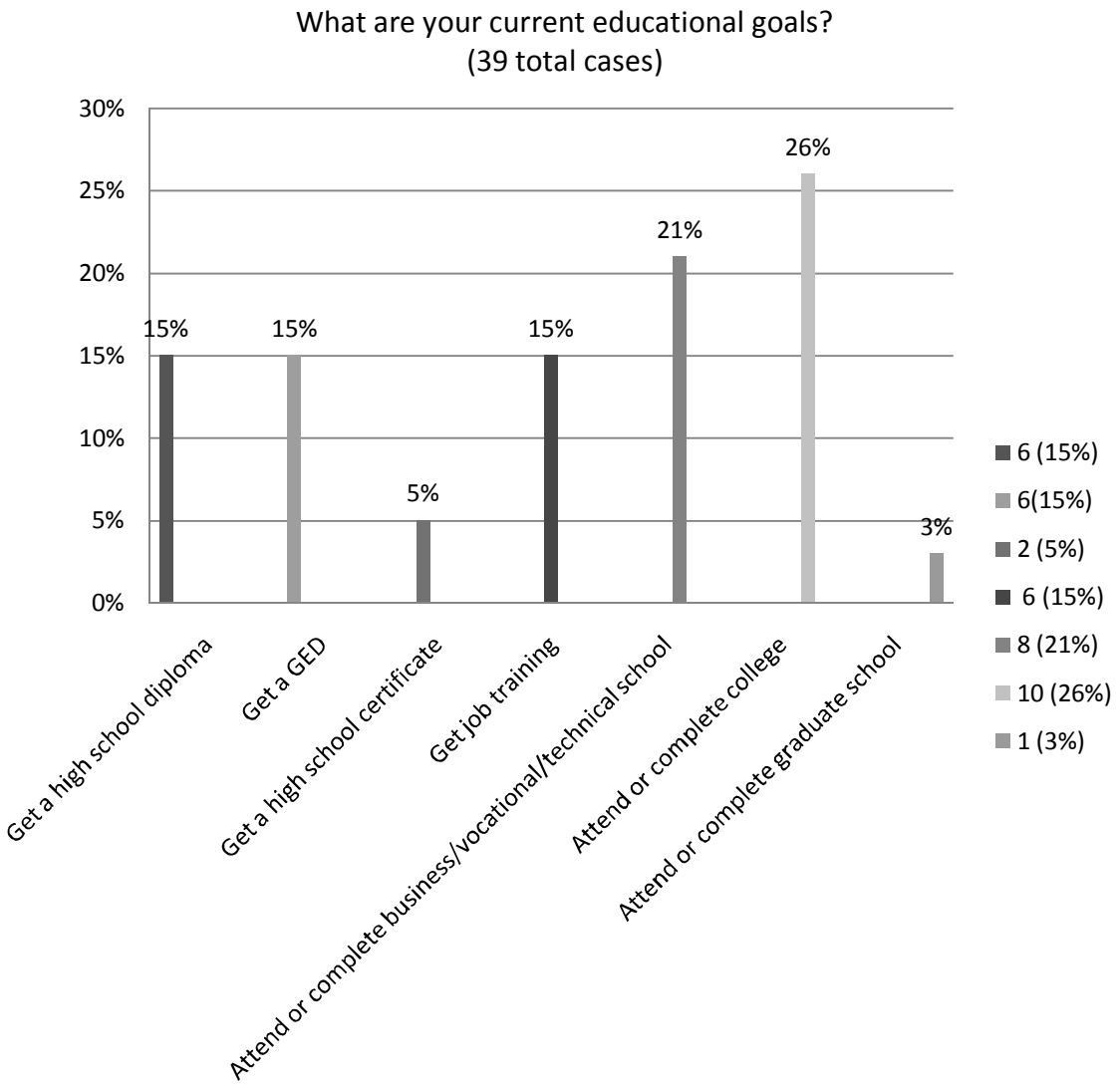
**EDUCATION**

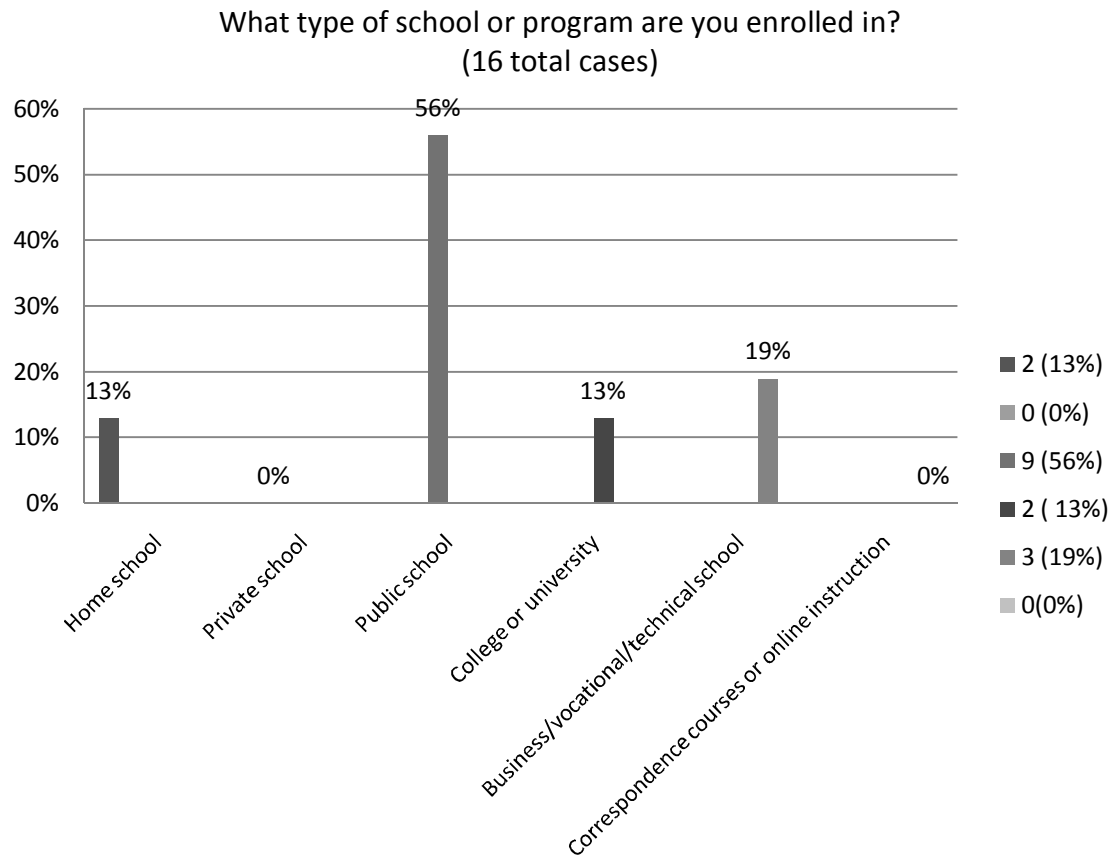
What is the highest level of education or grade level that you have completed?
(97 total cases)

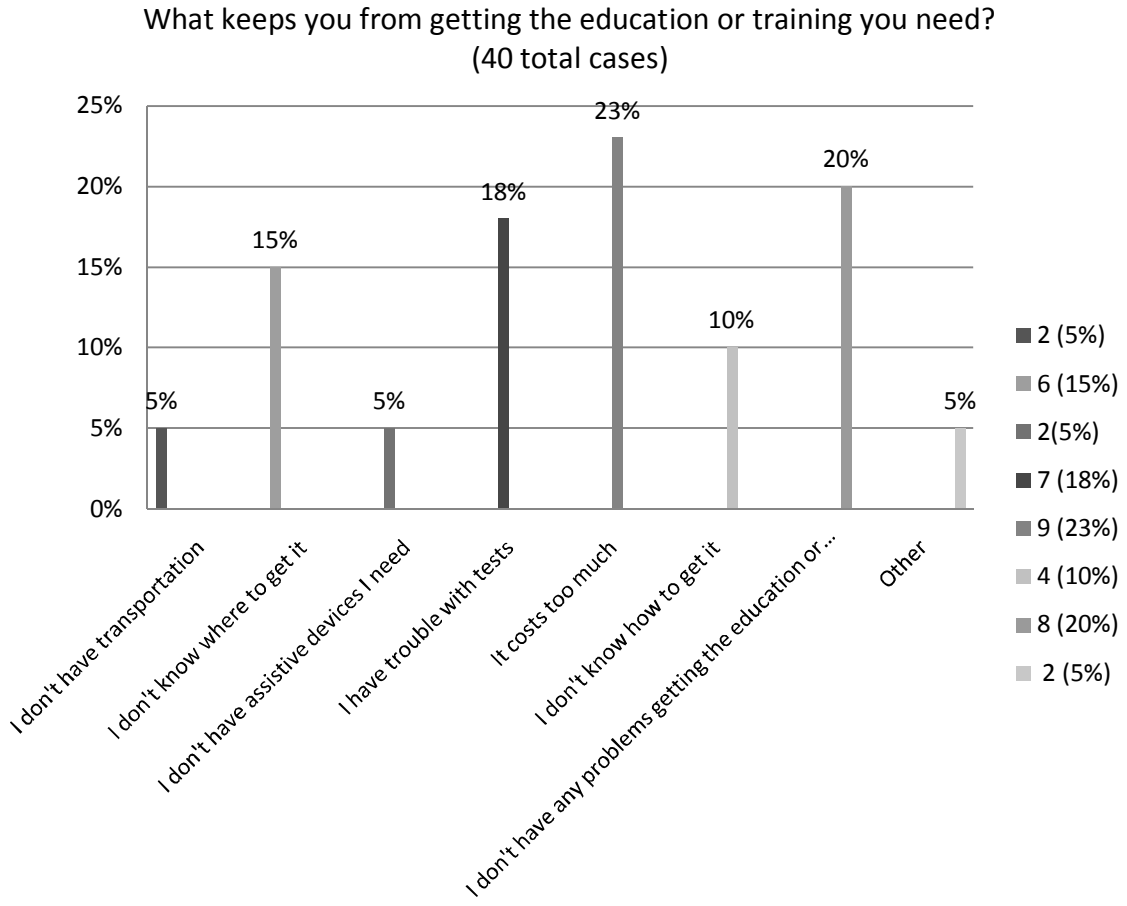



Do you want to or are you currently continuing your education?
(98 total cases)

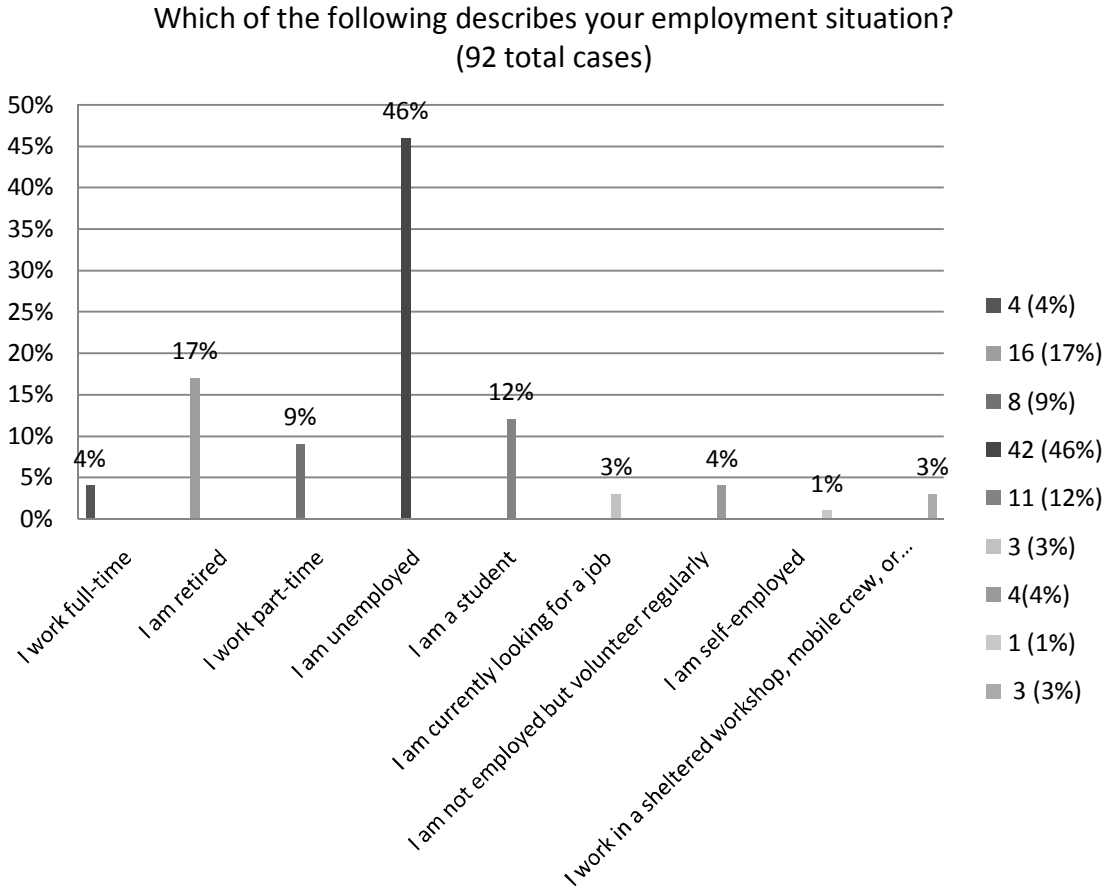


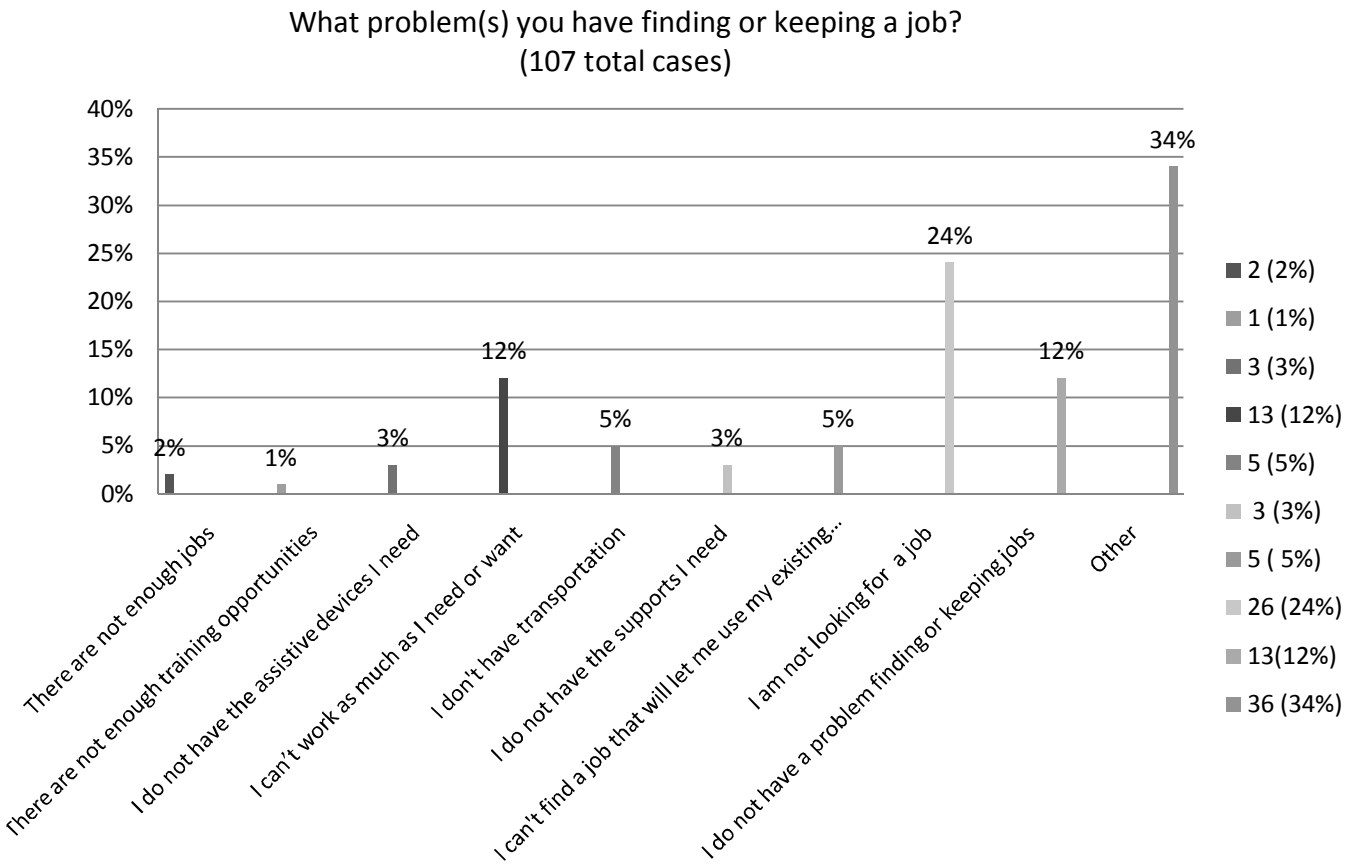

What are your current educational goals?
(39 total cases)
30%
25%
20%
15%
10%
5%
0%
15%
15%
5%
15%
21%
26%
3%
Get a high school diploma
Get a GED
Get a high school certificate
Get job training
Attend or complete business/vocational/technical school
Attend or complete college
Attend or complete graduate school
6 (15%)
6(15%)
2 (5%)
6 (15%)
8 (21%)
10 (26%)
1 (3%)


What type of school or program are you enrolled in?
(16 total cases)
60%
50%
40%
30%
20%
10%
0%
13%
0%
56%
13%
19%
0%
Home school
Private school
Public school
College or university
Business/vocational/technical school
Correspondence courses or online instruction
2 (13%)
0 (0%)
9 (56%)
2 ( 13%)
3 (19%)
0(0%)

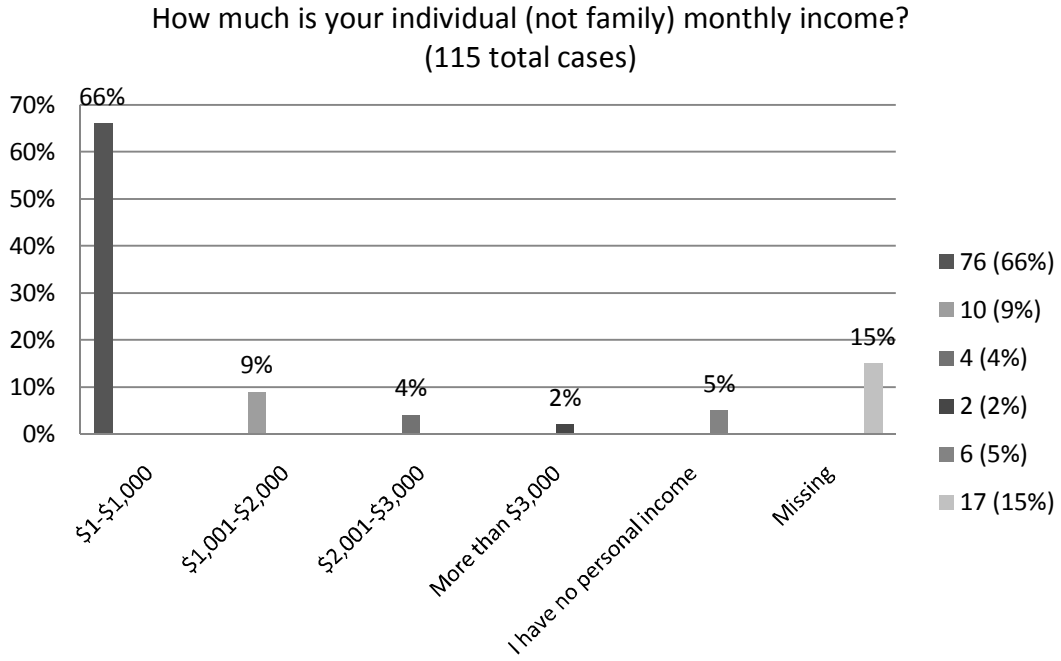

What keeps you from getting the education or training you need?
(40 total cases)
25%
20%
15%
10%
5%
0%
5%
15%
5%
18%
23%
10%
20%
5%
I don't have transportation
I don't know where to get it
I don't have assistive devices I need
I have trouble with tests
It costs too much
I don't know how to get it
I don't have any problems getting the education or ...
Other
2 (5%)
6 (15%)
2(5%)
7 (18%)
9 (23%)
4 (10%)
8 (20%)
2 (5%)

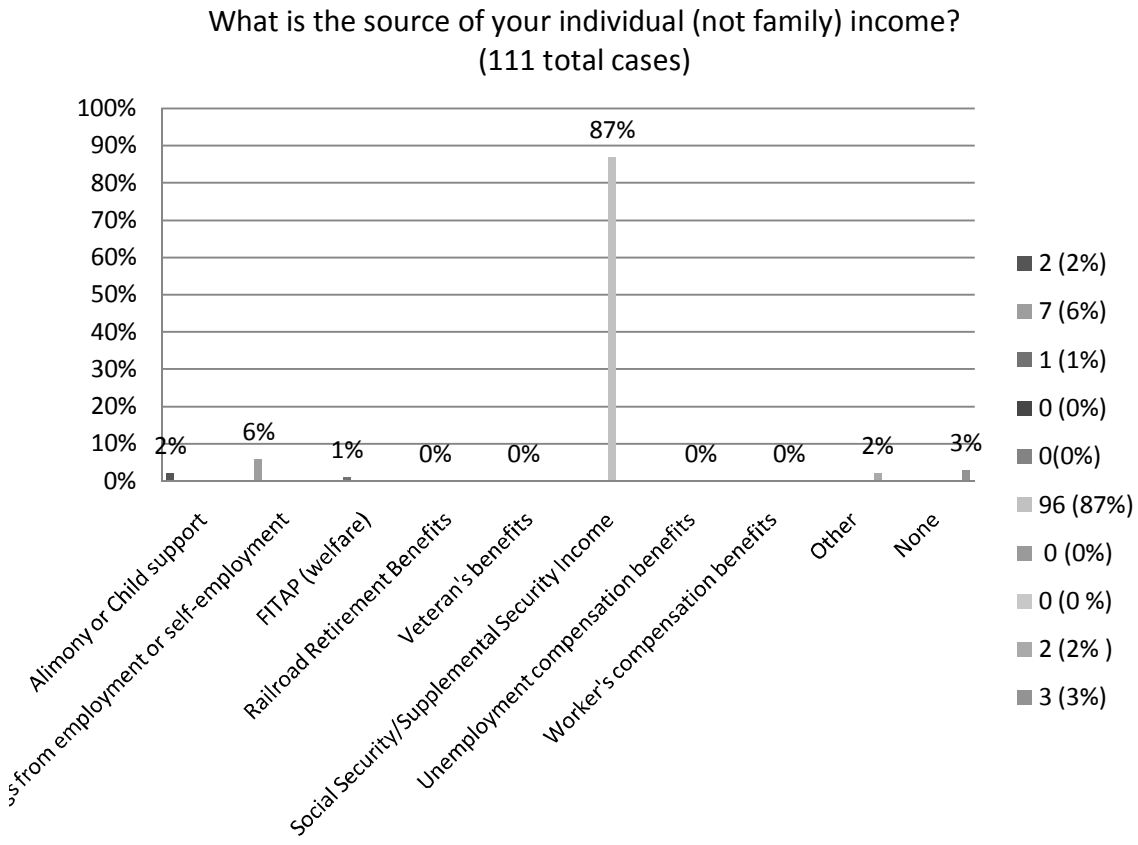
**EMPLOYMENT**


Which of the following describes your employment situation?
(92 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
4%
17%
9%
46%
12%
3%
4%
1%
3%
I work full-time
I am retired
I work part-time
I am unemployed
I am a student
I am currently looking for a job
I am not employed but volunteer regularly
I am self-employed
I work in a sheltered workshop, mobile crew, or...
4 (4%)
16 (17%)
8 (9%)
42 (46%)
11 (12%)
3 (3%)
4(4%)
1 (1%)
3 (3%)

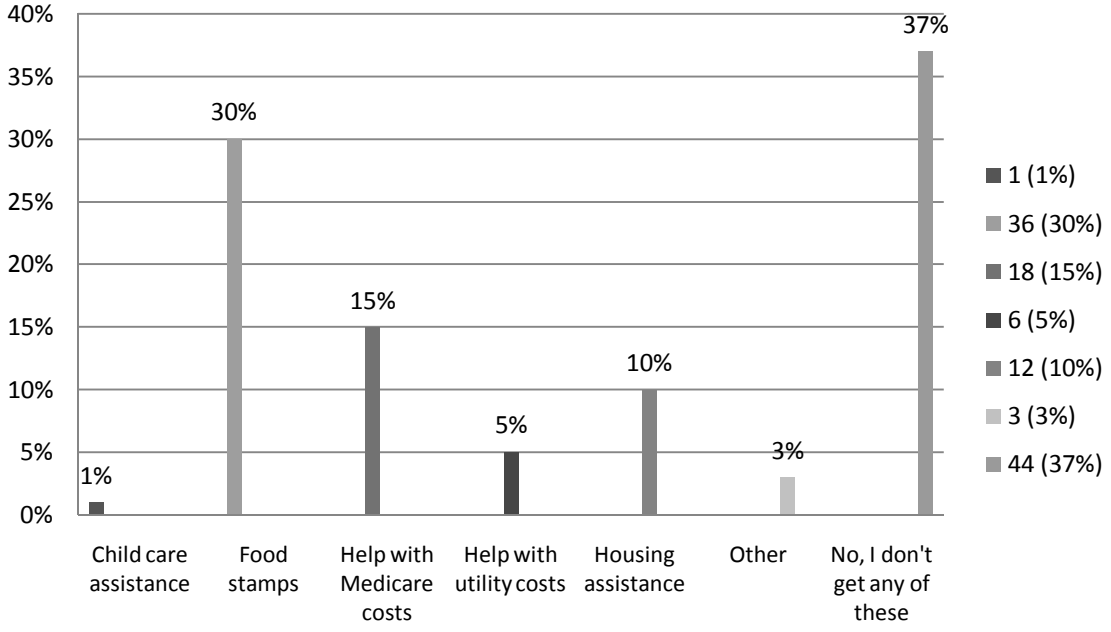

What problem(s) you have finding or keeping a job?
(107 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
2%
1%
3%
12%
5%
3%
5%
24%
12%
34%
There are not enough jobs
There are not enough training opportunities
I do not have the assistive devices I need
I can't work as much as I need or want
I don't have transportation
I do not have the supports I need
I can't find a job that will let me use my existing...
I am not looking for a job
I do not have a problem finding or keeping jobs
Other
2 (2%)
1 (1%)
3 (3%)
13 (12%)
5 (5%)
3 (3%)
5 ( 5%)
26 (24%)
13(12%)
36 (34%)

**FINANCES**

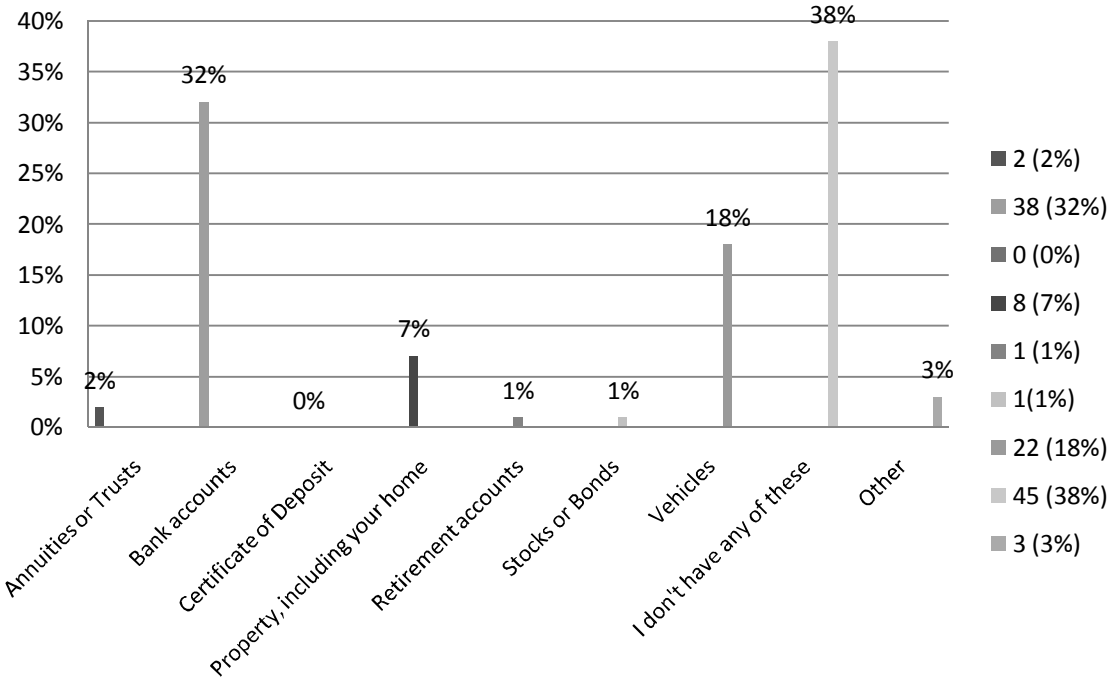

How much is your individual (not family) monthly income?
(115 total cases)
70%
60%
50%
40%
30%
20%
10%
0%
66%
9%
4%
2%
5%
15%
$1-$1,000
$1,001-$2,000
$2,001-$3,000
More than $3,000
I have no personal income
Missing
76 (66%)
10 (9%)
4 (4%)
2 (2%)
6 (5%)
17 (15%)


What is the source of your individual (not family) income?
(111 total cases)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2%
6%
1%
0%
0%
87%
0%
0%
2%
3%
Alimony or Child support
s from employment or self-employment
FITAP (welfare)
Railroad Retirement Benefits
Veteran's benefits
Social Security/Supplemental Security Income
Unemployment compensation benefits
Worker's compensation benefits
Other
None
2 (2%)
7 (6%)
1 (1%)
0 (0%)
0(0%)
96 (87%)
0 (0%)
0 (0 %)
2 (2% )
3 (3%)

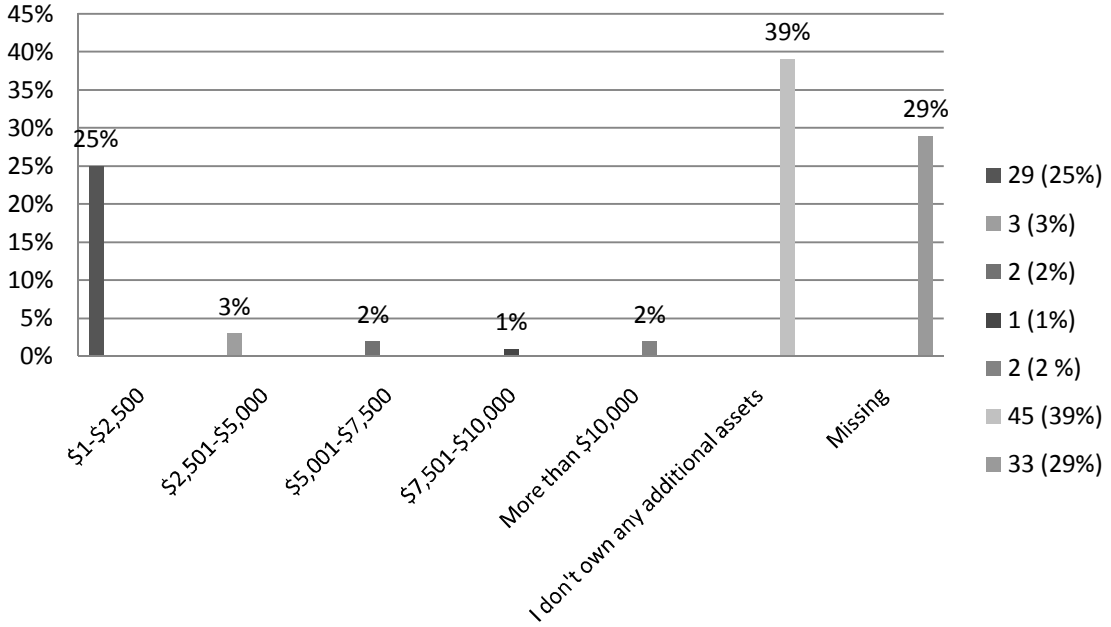
Do you personally get financial help from any of the following programs?
(120 total cases)



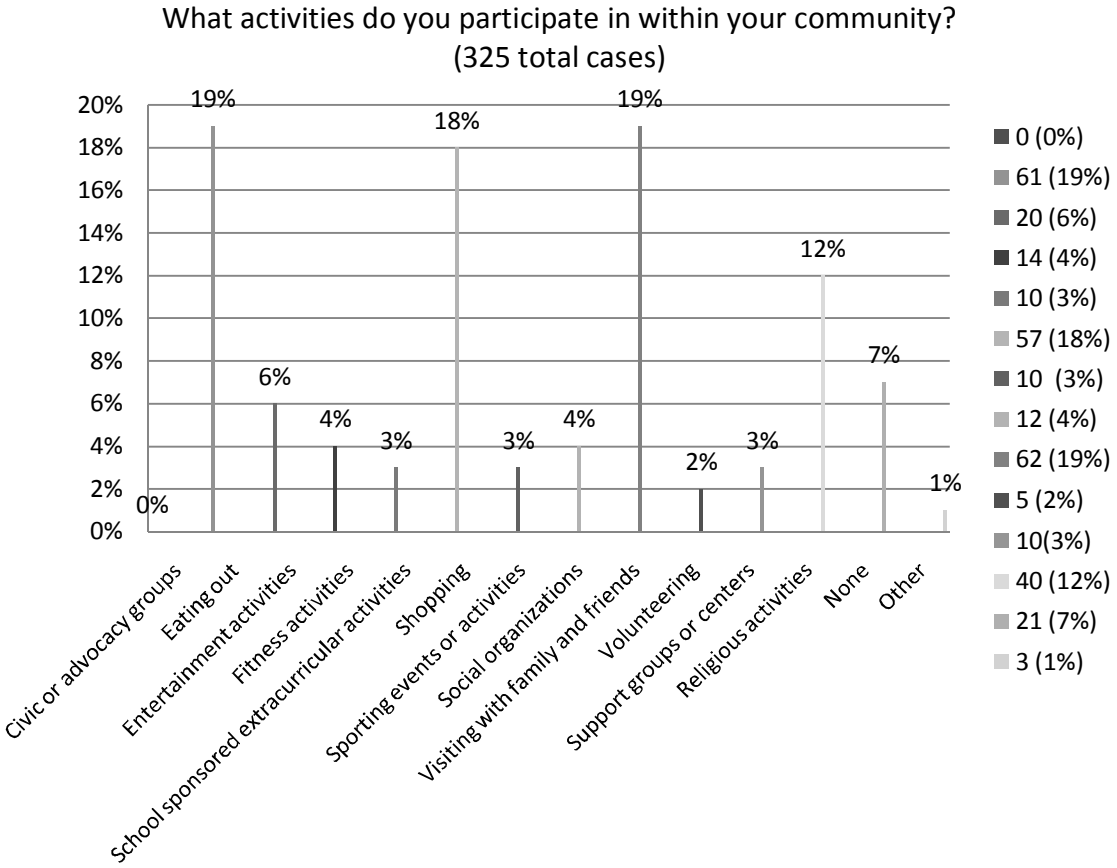

Which of the following kinds of assets or resources do you personally own?
(120 total cases)

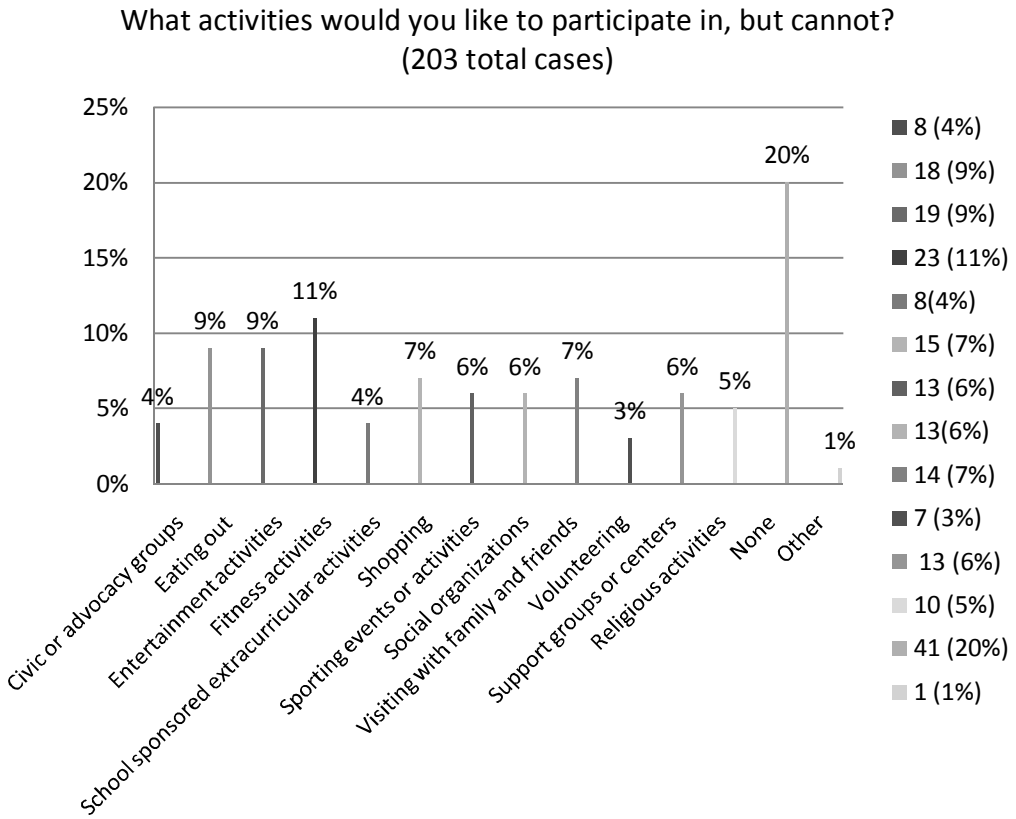


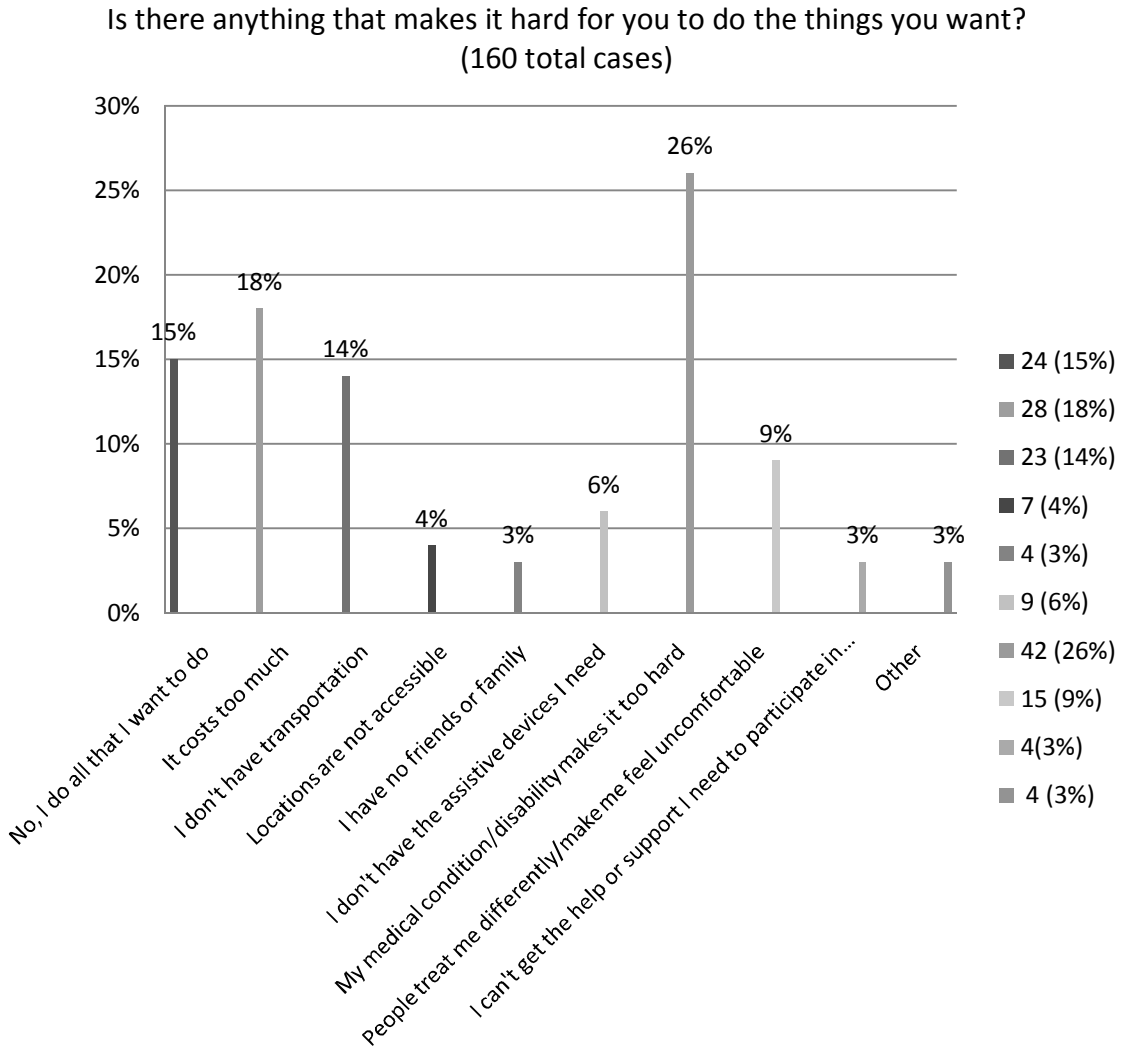
How much are your personal resources worth, other than your home or vehicle?
(115 total cases)



**COMMUNITY INVOLVEMENT**

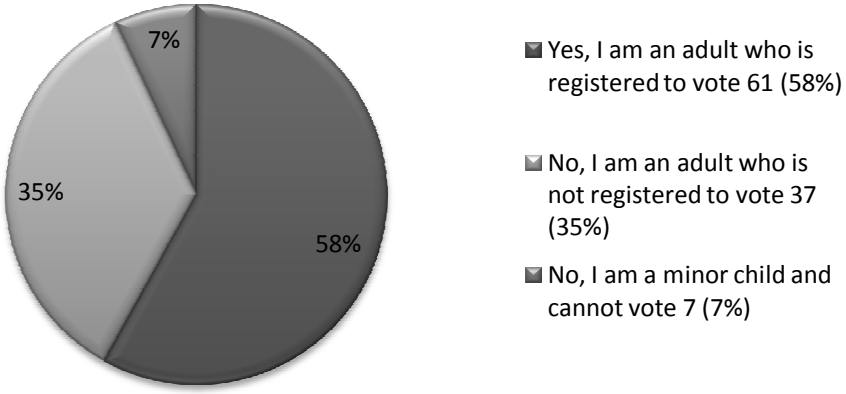


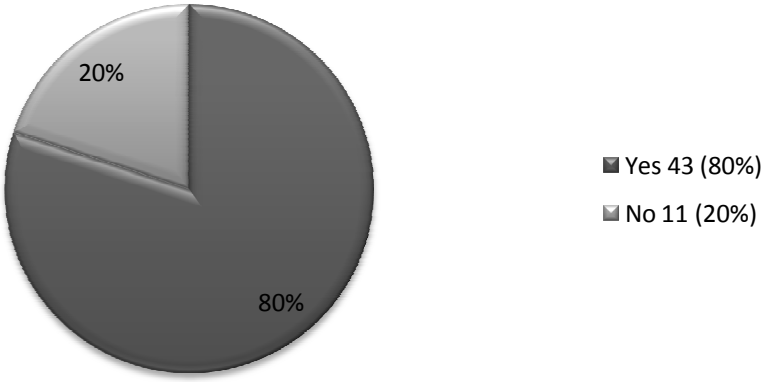

Is there anything that makes it hard for you to do the things you want?
(160 total cases)
30%
25%
20%
15%
10%
5%
0%
15%
18%
14%
4%
3%
6%
26%
9%
3%
3%
No, I do all that I want to do
It costs too much
I don't have transportation
Locations are not accessible
I have no friends or family
I don't have the assistive devices I need
My medical condition/disability makes it too hard
People treat me differently/make me feel uncomfortable
I can't get the help or support I need to participate in...
Other
24 (15%)
28 (18%)
23 (14%)
7 (4%)
4 (3%)
9 (6%)
42 (26%)
15 (9%)
4(3%)
4 (3%)

**CIVIC INVOLVEMENT**

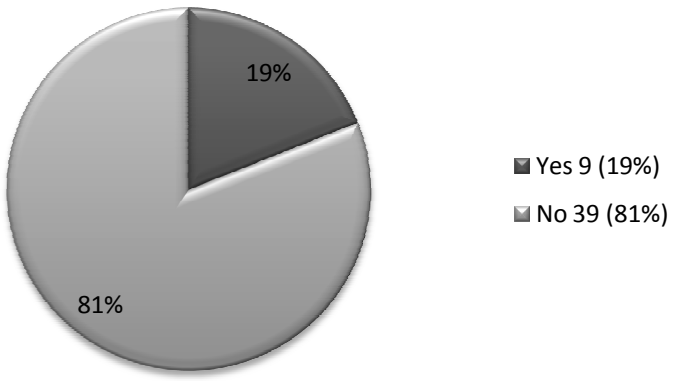
Are you registered to vote?
(105 total cases)



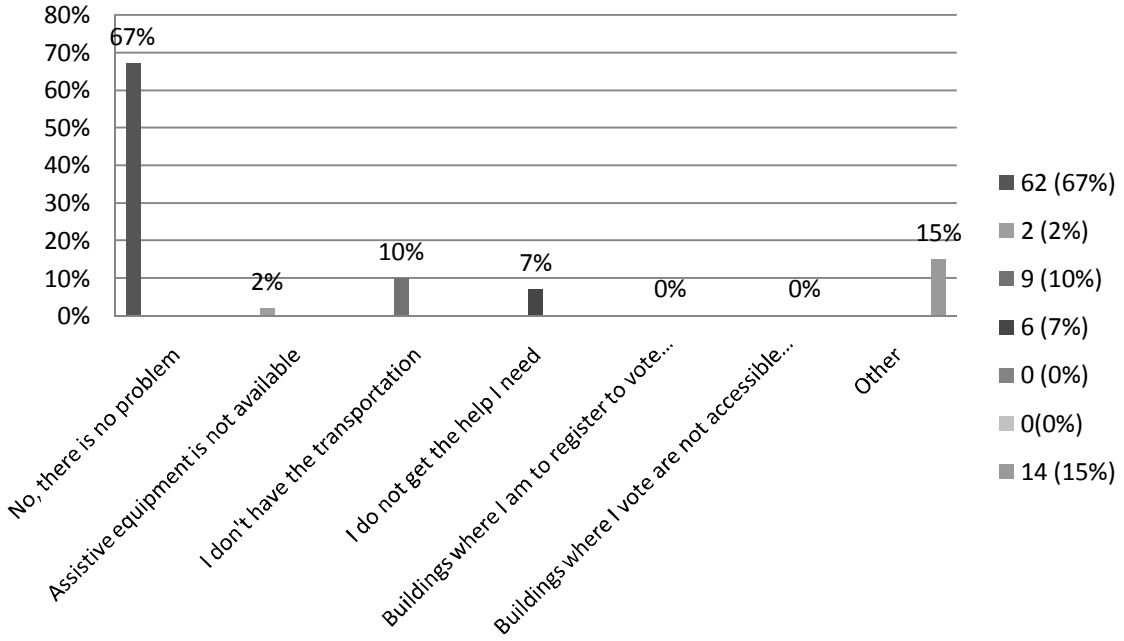

Have you voted in any election in the last four years?
(54 total cases)



Have you used special voting services such as vote by mail or early voting?
(48 total cases)

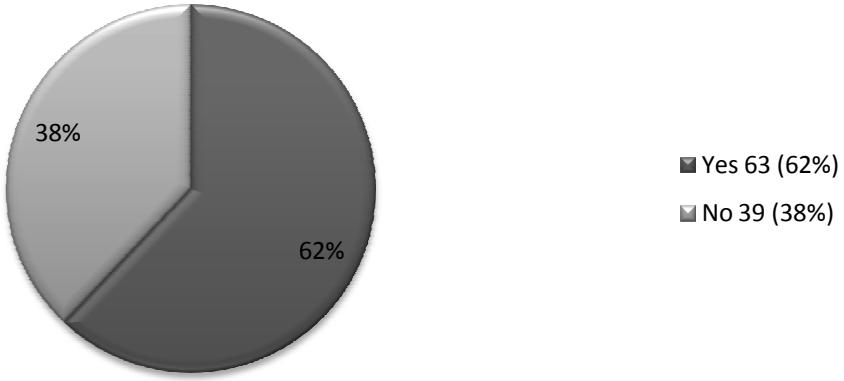


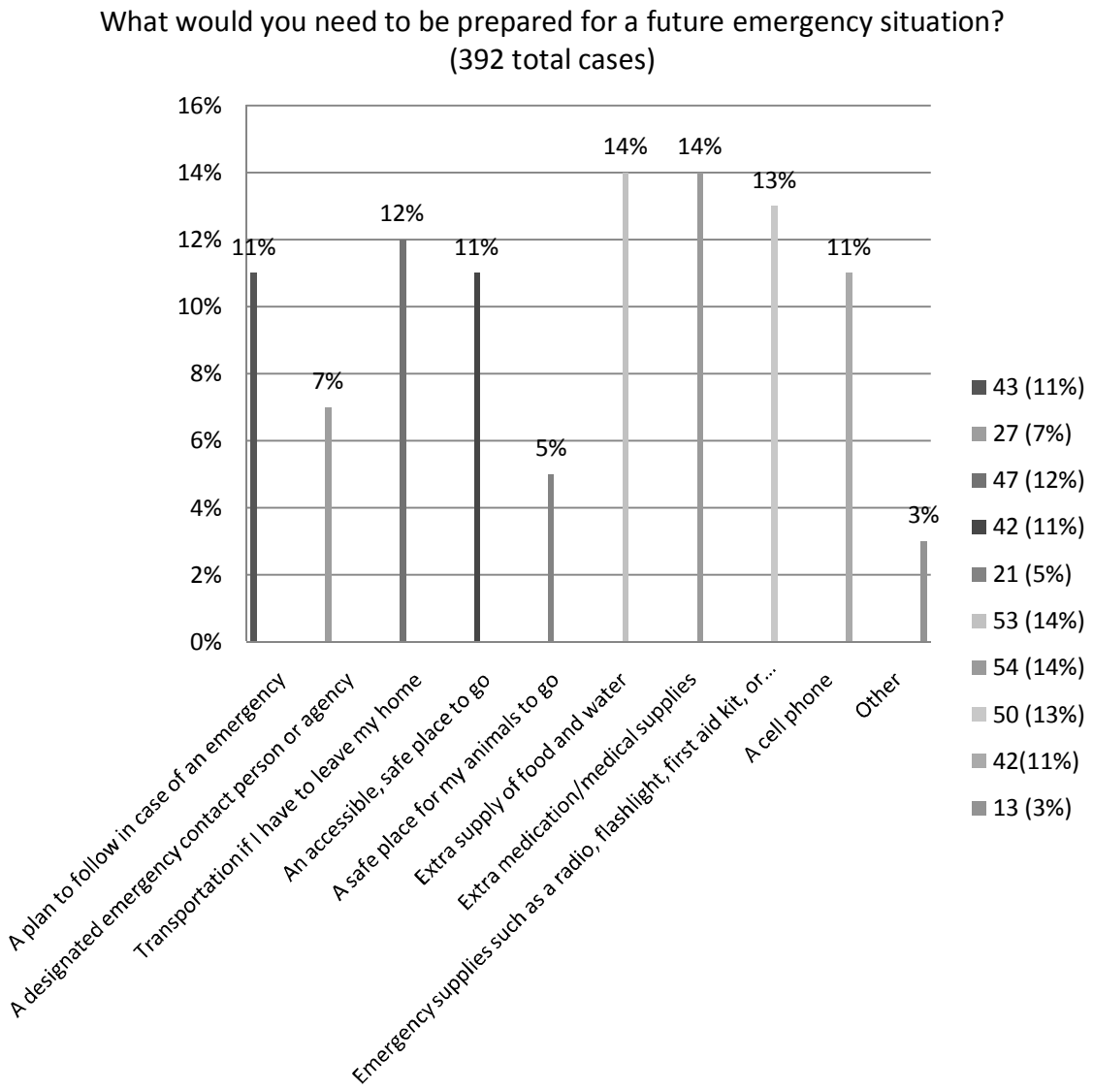

Is there anything that makes it hard for you to vote?
(93 total cases)



**EMERGENCY PREPAREDNESS**

Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?
(102 total cases)




What would you need to be prepared for a future emergency situation?
(392 total cases)
16%
14%
12%
10%
8%
6%
4%
2%
0%
11%
7%
12%
11%
5%
14%
14%
13%
11%
3%
A plan to follow in case of an emergency
A designated emergency contact person or agency
Transportation if I have to leave my home
An accessible, safe place to go
A safe place for my animals to go
Extra supply of food and water
Extra medication/medical supplies
Emergency supplies such as a radio, flashlight, first aid kit, or...
A cell phone
Other
43 (11%)
27 (7%)
47 (12%)
42 (11%)
21 (5%)
53 (14%)
54 (14%)
50 (13%)
42(11%)
13 (3%)

# REGION I -TABLES

## GENERAL INFORMATION

### Format of Survey

| | Number | Percent |
|---|---|---|
| Paper | 104 | 90% |
| Internet | 9 | 8% |
| Telephone | 2 | 2% |
| *Total Cases* | 115 | |

### Who is filling out this survey?

| | Number | Percent |
|---|---|---|
| A person with a disability | 67 | 58% |
| A helper or friend of a person with a disability | 12 | 10% |
| The parent or guardian of a minor child with a disability | 10 | 9% |
| The parent or guardian of an adult with a disability | 20 | 17% |
| A court appointed guardian, curator, tutor or agent | 0 | 0% |
| A professional or advocate | 3 | 3% |
| *Total Cases* | 115 | |

### Why is someone helping you fill out this survey?

| | Number | Percent |
|---|---|---|
| This doesn't apply to me- I am answering this survey by myself | 62 | 53% |
| I am providing the answers and this person is recording them | 21 | 18% |
| I am unable to answer this survey | 21 | 18% |
| I do not want to participate in this survey | 0 | 0% |
| I am under 18 and this person is my parent or guardian | 9 | 8% |
| Other | 4 | 3% |
| *Total Cases* | 117 | |

**What is the type of your disability?**

| | Number | Percent |
|---|---|---|
| Mental health/ Emotional disorder | 54 | 30% |
| Physical | 50 | 28% |
| Learning/ Cognitive | 26 | 15% |
| Speech Communication | 12 | 7% |
| Sensory | 9 | 5% |
| Chronic health condition | 27 | 15% |
| *Total Cases* | 178 | |

**How long have you lived with your disability?**

| | Number | Percent |
|---|---|---|
| 1-10 years | 41 | 36% |
| 11-20 years | 33 | 29% |
| 21-30 years | 18 | 16% |
| 31-40 years | 9 | 8% |
| 41-50 years | 8 | 7% |
| 51-60 years | 4 | 4% |
| 61-70 years | 0 | 0% |
| *Total Cases* | 113 | |

**How would you judge your condition?**

| | Number | Percent |
|---|---|---|
| It is getting better | 15 | 14% |
| It comes and goes | 10 | 9% |
| It only gets worse | 22 | 20% |
| It is ongoing with little or no change | 52 | 48% |
| It is ongoing with constant change | 11 | 10% |
| *Total Cases* | 111 | |

**How long is your disability expected to last?**

| | Number | Percent |
|---|---|---|
| It is permanent | 88 | 77% |
| It is temporary | 0 | 0% |
| I'm not sure | 26 | 23% |
| *Total Cases* | 114 | |

**What is your race or ethnicity?**

| | Number | Percent |
|---|---|---|
| African American/ Black | 61 | 51% |
| Asian/ Pacific Islander | 1 | 1% |
| Caucasian/ White | 46 | 39% |
| Hispanic/ Latino | 5 | 4% |
| Native American | 1 | 1% |
| Multi-racial | 3 | 3% |
| Other | 2 | 2% |
| *Total Cases* | 119 | |

**What is your gender?**

| | Number | Percent |
|---|---|---|
| Male | 44 | 39% |
| Female | 69 | 61% |
| *Total Cases* | 113 | |

**How old are you?**

| | Number | Percent |
|---|---|---|
| Under 18 | 9 | 8% |
| 18-21 | 10 | 9% |
| 22-30 | 13 | 12% |
| 31-40 | 7 | 6% |
| 41-50 | 29 | 26% |
| 51-60 | 31 | 28% |
| 61-70 | 12 | 11% |
| 71-79 | 0 | 0% |
| *Total Cases* | 111 | |

**Which of the following helps you find out about available services?**

| | Number | Percent |
|---|---|---|
| Agencies | 30 | 10% |
| Healthcare providers | 58 | 18% |
| Internet | 15 | 5% |
| Library | 8 | 3% |
| Magazines | 16 | 5% |
| Mail | 31 | 10% |
| Newsletters | 12 | 4% |
| Newspaper | 25 | 8% |
| Radio | 15 | 5% |
| Relatives/ friends | 55 | 17% |
| Television | 39 | 12% |
| Other | 12 | 4% |
| *Total Cases* | 316 | |

## HEALTH CARE

### What type of health insurance do you have?

| | Number | Percent |
|---|---|---|
| None | 5 | 3% |
| Insurance through an employer | 5 | 3% |
| Medicaid (blue & white card) | 86 | 53% |
| Medicare (red, white & blue card) | 31 | 19% |
| Medicare prescription drug coverage | 26 | 16% |
| Private insurance | 3 | 2% |
| Other | 5 | 3% |
| *Total Cases* | 161 | |

### About how much do you or your family pay each month for this insurance?

| | Number | Percent |
|---|---|---|
| $0 | 49 | 43% |
| $1-10 | 3 | 3% |
| $11-20 | 1 | 1% |
| $21-30 | 1 | 1% |
| $31-40 | 0 | 0% |
| $41-50 | 0 | 0% |
| $51-60 | 0 | 0% |
| $61-70 | 1 | 1% |
| $71-80 | 0 | 0% |
| $81-90 | 0 | 0% |
| $91-100 | 1 | 1% |
| $101-200 | 4 | 4% |
| $210-300 | 1 | 1% |
| More than $300 | 3 | 3% |
| Missing | 51 | 44% |
| *Total Cases* | 115 | |

**About how much of your own or your family's money is spent each month for medical expenses other than insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 26 | 23% |
| $1-10 | 10 | 9% |
| $11-20 | 5 | 4% |
| $21-30 | 3 | 3% |
| $31-40 | 1 | 1% |
| $41-50 | 4 | 4% |
| $51-60 | 1 | 1% |
| $61-70 | 1 | 1% |
| $71-80 | 2 | 2% |
| $81-90 | 0 | 0% |
| $91-100 | 8 | 7% |
| $101-200 | 2 | 2% |
| $210-300 | 5 | 4% |
| More than $300 | 4 | 4% |
| Missing | 42 | 37% |
| *Total Cases* | 115 | |

**What medical services do you use on a regular basis?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 90 | 24% |
| Specialist doctor | 28 | 7% |
| Medical supplies | 17 | 5% |
| Prescription medications | 85 | 22% |
| Mental health services | 32 | 8% |
| Hospital care | 11 | 3% |
| Home health services | 8 | 2% |
| Emergency care | 13 | 3% |
| Nutrition services | 3 | 1% |
| Substance abuse counseling | 1 | 1% |
| Nursing services | 7 | 2% |
| Dialysis | 4 | 1% |
| Hearing services | 2 | 1% |
| Dental services | 23 | 6% |
| Eye/vision | 29 | 8% |
| Therapy services | 12 | 3% |
| Rehabilitation services | 7 | 2% |
| Orthotics | 2 | 1% |
| None | 2 | 1% |
| Other | 3 | 1% |
| *Total Cases* | 379 | |

**What medical services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 11 | 5% |
| Specialist doctor | 11 | 5% |
| Medical supplies | 11 | 5% |
| Prescription medications | 10 | 4% |
| Mental health services | 11 | 5% |
| Hospital care | 8 | 4% |
| Home health services | 12 | 5% |
| Emergency care | 4 | 2% |
| Nutrition services | 11 | 5% |
| Substance abuse counseling | 5 | 2% |
| Nursing services | 2 | 1% |
| Dialysis | 1 | 1% |
| Hearing services | 8 | 4% |
| Dental services | 46 | 20 |
| Eye/vision | 26 | 11% |
| Therapy services | 16 | 7% |
| Rehabilitation services | 8 | 4% |
| Orthotics | 6 | 3% |
| None | 18 | 8% |
| Other | 5 | 2% |
| *Total Cases* | 230 | |

**Why don't you get the medical care you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 32 | 19% |
| It costs too much | 18 | 11% |
| It's not available where I live | 9 | 5% |
| I don't have transportation | 20 | 12% |
| Support services are limited | 10 | 6% |
| It's hard to find out where to get services | 31 | 19% |
| Care options are limited | 5 | 3% |
| Medical facilities/ offices are not accessible | 7 | 4% |
| I get the care I need so this doesn't apply to me | 31 | 19% |
| Other | 3 | 2% |
| *Total Cases* | 166 | |

**INDEPENDENT LIVING**

**What services and supports do you use?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 21 | 13% |
| Personal care attendant | 16 | 10% |
| Support/counseling from a peer or professional | 17 | 10% |
| Transportation services | 17 | 10 |
| Skills training to live independently | 12 | 7% |
| Financial assistance | 15 | 9% |
| Interpreter/communication services | 2 | 1% |
| Advocacy | 2 | 1% |
| Assistive technology devices | 6 | 4% |
| I do not use any of these | 52 | 32% |
| Other | 5 | 3% |
| *Total Cases* | 165 | |

**Who provides these supports and services to you?**

| | Number | Percent |
|---|---|---|
| Office for Citizens with Developmental Disabilities (OCDD) | 9 | 6% |
| Office of aging and adult services (OAAS) | 1 | 1% |
| Office of Mental Health (OMH) | 11 | 8% |
| Louisiana Rehabilitation Services (LRS) | 7 | 5% |
| Governor's Office of Disability Affairs (GODA) | 6 | 4% |
| Independent living centers | 6 | 4% |
| Office for Addictive Disorders and Counseling (OADC) | 0 | 0% |
| Louisiana Assistive Technology Access Network (LATAN) | 1 | 1% |
| Work Incentive Planning Assistance (WIPA) | 1 | 1% |
| Louisiana Department of Education | 4 | 3% |
| Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) | 1 | 1% |
| Medicaid | 50 | 35% |
| Other | 16 | 11% |
| I don't receive any of these services | 29 | 20% |
| *Total Cases* | 142 | |

**What services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 33 | 22% |
| Personal care attendant | 10 | 7% |
| Support/counseling from a peer or professional | 9 | 6% |
| Transportation services | 23 | 15% |
| Skills training to live independently | 11 | 7% |
| Financial assistance | 21 | 14% |
| Interpreter/communication services | 5 | 3% |
| Advocacy | 2 | 1% |
| Assistive technology devices | 5 | 3% |
| I do not use any of these | 30 | 20% |
| Other | 4 | 3% |
| *Total Cases* | 153 | |

**Why don't you get the services and supports you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 14 | 10% |
| It costs too much | 18 | 13% |
| It's not available where I live | 12 | 9% |
| Transportation is not available | 10 | 7% |
| I don't know where to get services | 34 | 24% |
| Facilities/ offices are not accessible | 8 | 6% |
| Support services are limited | 11 | 8% |
| Available care options are limited | 14 | 10% |
| I live how I want to live so this does not apply to me | 18 | 13% |
| Other | 1 | 1% |
| *Total Cases* | 140 | |

**Who plans most of the care you get?**

| | Number | Percent |
|---|---|---|
| I do | 60 | 56% |
| A relative | 39 | 36% |
| A friend | 2 | 2% |
| An agency | 6 | 6% |
| Other | 1 | 1% |
| *Total Cases* | 108 | |

**How much choice do you have when planning for the services or care that you get?**

| | Number | Percent |
|---|---|---|
| I have most control | 64 | 56% |
| I do not get to participate in planning | 15 | 13% |
| I have little control | 21 | 18% |
| *Total Cases* | 100 | |

## ASSISTIVE TECHNOLOGY

**Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?**

| | Number | Percent |
|---|---|---|
| Yes | 20 | 23% |
| No | 69 | 78% |
| *Total Cases* | 89 | |

**What sort of assistive technology do you use?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 1 | 3% |
| Hearing | 1 | 3% |
| Environmental adaptations | 2 | 6% |
| Speech communication | 4 | 11% |
| Learning/cognitive/development | 5 | 14% |
| Daily living aids | 1 | 3% |
| Mobility/seating/positioning | 5 | 14% |
| Vision | 3 | 8% |
| Vehicle modification/transportation | 4 | 11% |
| Computers and related | 8 | 22% |
| Other | 2 | 6% |
| *Total Cases* | 36 | |

**What sort of assistive technology do you need but not get?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 0 | 0% |
| Hearing | 4 | 13% |
| Environmental adaptations | 0 | 0% |
| Speech communication | 3 | 10% |
| Learning/cognitive/development | 4 | 13% |
| Daily living aids | 2 | 7% |
| Mobility/seating/positioning | 3 | 10% |
| Vision | 4 | 13% |
| Vehicle modification/transportation | 4 | 13% |
| Computers and related | 4 | 13% |
| Other | 0 | 0% |
| *Total Cases* | 30 | |

**If you don't have access to assistive technology, what is the reason?**

| | Number | Percent |
|---|---|---|
| I can't afford it | 9 | 33% |
| I need help to use it | 2 | 7% |
| I need training to use it | 2 | 7% |
| It is not available in my community | 3 | 11% |
| It is not covered by my health insurance | 7 | 26% |
| This does not apply to me | 3 | 11% |
| Other | 1 | 4% |
| *Total Cases* | 27 | |

**How would you describe your use of assistive technology?**

| | Number | Percent |
|---|---|---|
| I have all the assistive technology I need | 3 | 13% |
| I have some but not all of the assistive technology I need | 7 | 29% |
| I do not have any of the assistive technology I need | 3 | 13% |
| The assistive technology I use is in good condition | 2 | 8% |
| The assistive technology I use is outdated or in need of repair | 0 | 0% |
| I don't think I know about the assistive technology available | 7 | 29% |
| I find it difficult to learn to use new assistive technology | 2 | 8% |
| *Total Cases* | 24 | |

## TRANSPORTATION

### What means of transportation are available to you?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 27 | 14% |
| I have my own vehicle | 31 | 16% |
| Rides from friends/ family | 60 | 30% |
| Public transportation | 38 | 19% |
| Para Transit | 2 | 1% |
| Taxi service | 22 | 11% |
| Medicaid transportation service | 10 | 5% |
| None | 1 | 1% |
| Other | 8 | 4% |
| *Total Cases* | 199 | |

### What means of transportation do you use?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 22 | 13% |
| I have my own vehicle | 30 | 17% |
| Rides from friends/ family | 56 | 32% |
| Public transportation | 29 | 17% |
| Para Transit | 2 | 1% |
| Taxi service | 17 | 10% |
| Medicaid transportation service | 10 | 6% |
| None | 3 | 2% |
| Other | 4 | 2% |
| *Total Cases* | 173 | |

### What problems do you have with transportation?

| | Number | Percent |
|---|---|---|
| I don't have any problems with transportation | 60 | 44% |
| It's too far away | 9 | 7% |
| There are not enough options | 4 | 3% |
| It is not reliable | 14 | 10% |
| It is not available when I need it | 17 | 13% |
| It does not go where I need it to go | 7 | 5% |
| It costs too much | 15 | 11% |
| It is not available or accessible for someone with my disability | 5 | 4% |
| Other | 4 | 3% |
| *Total Cases* | 135 | |

**For which purposes do you use public transportation?**

| | Number | Percent |
|---|---|---|
| To go to work | 1 | 1% |
| To go to school/ training program | 10 | 7% |
| To go to social activities | 11 | 8% |
| To go to medical appointments | 37 | 26% |
| To do personal errands | 18 | 13% |
| To go to religious activities | 4 | 3% |
| I do not use public transportation | 62 | 43% |
| Other | 0 | 0% |
| *Total Cases* | 143 | |

## HOUSING

### Where do you live?

| | Number | Percent |
|---|---|---|
| House, apartment, or mobile home | 103 | 91% |
| Facility such as a nursing home, group home, or other institution | 5 | 4% |
| Shelter | 1 | 1% |
| Other | 4 | 4% |
| *Total Cases* | 113 | |

### Who do you live with?

| | Number | Percent |
|---|---|---|
| I live alone | 26 | 23% |
| Family | 57 | 51% |
| Spouse/significant other | 13 | 12% |
| Paid caretaker or care attendant | 1 | 1% |
| Unpaid caretaker or care attendant | 2 | 2% |
| Roommate(s)/ Friend(s) | 8 | 7% |
| Other residents or nursing home/ group home/ shelter or other institution | 5 | 5% |
| *Total Cases* | 112 | |

### How much do you pay for housing each month, not including utilities?

| | Number | Percent |
|---|---|---|
| $1-$250 | 16 | 14% |
| $251-$500 | 32 | 28% |
| $501-$750 | 19 | 17% |
| $750-$1,000 | 10 | 9% |
| More than $1,000 | 3 | 3% |
| I do not pay anything/ my family pays for my housing | 22 | 19% |
| Missing | 13 | 11% |
| *Total Cases* | 115 | |

### Are you currently living in your preferred living arrangement?

| | Number | Percent |
|---|---|---|
| Yes | 73 | 75% |
| No | 25 | 26% |
| *Total Cases* | 98 | |

**What would you need to live where you want to live?**

| | Number | Percent |
|---|---|---|
| Accessible housing options | 6 | 12% |
| Personal care attendant | 3 | 6% |
| Assistive technology | 0 | 0% |
| Community support services | 5 | 10% |
| Independent living skills | 4 | 8% |
| Affordable housing options | 21 | 42% |
| More available housing options | 10 | 20% |
| Other | 1 | 2% |
| *Total Cases* | 50 | |

## EDUCATION

**What is the highest level of education or grade level that you have completed?**

| | Number | Percent |
|---|---|---|
| Junior high or less | 18 | 19% |
| Some high school | 20 | 21% |
| High school certificate | 15 | 16% |
| GED | 4 | 4% |
| High school diploma | 12 | 12% |
| Business/ technical/ vocational school | 8 | 8% |
| Some college | 13 | 13% |
| College degree | 6 | 6% |
| Some postgraduate study | 0 | 0% |
| Graduate degree | 1 | 1% |
| *Total Cases* | 97 | |

**Do you want to or are you currently continuing your education?**

| | Number | Percent |
|---|---|---|
| Yes | 29 | 30% |
| No | 69 | 70% |
| *Total Cases* | 98 | |

**What are you current educational goals?**

| | Number | Percent |
|---|---|---|
| Get a high school diploma | 6 | 15% |
| Get a high school certificate | 2 | 5% |
| Get job training | 6 | 15% |
| Attend or complete business/vocational/technical school | 8 | 21% |
| Attend or complete college | 10 | 26% |
| Attend or complete graduate school | 1 | 3% |
| *Total Cases* | 39 | |

**What type of school or program are you enrolled in?**

| | Number | Percent |
|---|---|---|
| Home school | 2 | 13% |
| Private school | 0 | 0% |
| Public school | 9 | 56% |
| College or university | 2 | 13% |
| Business/ vocational/ technical school | 3 | 19% |
| Correspondence courses or online instruction | 0 | 0% |
| *Total Cases* | 16 | |

**What keeps you from getting the education or training you need?**

| | Number | Percent |
|---|---|---|
| I don't have transportation | 2 | 5% |
| I don't know where I get it | 6 | 15% |
| I don't have assistive devices I need | 2 | 5% |
| I have trouble with tests | 7 | 18% |
| It costs too much | 9 | 23% |
| I don't know how to get it | 4 | 10% |
| I don't have any problems getting the education or training I need | 8 | 20% |
| Other | 2 | 5% |
| *Total Cases* | 40 | |

## EMPLOYMENT

**Which of the following describes your employment situation?**

| | Number | Percent |
|---|---|---|
| I work full time | 4 | 4% |
| I am retired | 16 | 17% |
| I work part-time | 8 | 9% |
| I am unemployed | 42 | 46% |
| I am a student | 11 | 12% |
| I am currently looking for a job | 3 | 3% |
| I am not employed by volunteer regularly | 4 | 4% |
| I am self-employed | 1 | 1% |
| I work in a sheltered workshop, mobile crew, or enclave | 3 | 3% |
| *Total Cases* | 92 | |

**What problem(s) do you have finding or keeping a job?**

| | Number | Percent |
|---|---|---|
| There are not enough jobs | 2 | 2% |
| There are not enough training opportunities | 1 | 1% |
| I do not have the assistive devices I need | 3 | 3% |
| I can't work as much as I need or want | 13 | 12% |
| I don't have transportation | 5 | 5% |
| I do not have the supports I need | 3 | 3% |
| I can't find a job that will let me use my existing skills | 5 | 15% |
| I am not looking for a job | 26 | 24% |
| I do not have a problem finding or keeping jobs | 13 | 12% |
| Other | 36 | 34% |
| *Total Cases* | 107 | |

**FINANCES**

**How much is your individual (not family) monthly income?**

| | Number | Percent |
|---|---|---|
| $1-$1,000 | 76 | 66% |
| $1,001- $2,000 | 10 | 9% |
| $2,001-$3,000 | 4 | 4% |
| More than $3,000 | 2 | 2% |
| I have no personal income | 6 | 5% |
| Missing | 17 | 15% |
| *Total Cases* | 115 | |

**What is the source of your individual (not family) income?**

| | Number | Percent |
|---|---|---|
| Alimony or Child support | 2 | 2% |
| Earnings from employment or self-employment | 7 | 6% |
| FITAP (welfare) | 1 | 1% |
| Railroad Retirement Benefits | 0 | 0% |
| Veteran's benefits | 0 | 0% |
| Social Security/ Supplemental Security Income | 96 | 87% |
| Unemployment compensation benefits | 0 | 0% |
| Worker's compensation benefits | 0 | 0% |
| Other | 2 | 2% |
| None | 3 | 3% |
| *Total Cases* | 111 | |

**Do you personally get financial help from any of the following programs?**

| | Number | Percent |
|---|---|---|
| Child care assistance | 1 | 1% |
| Food stamps | 36 | 30% |
| Help with Medicare costs | 18 | 15% |
| Help with utility costs | 6 | 5% |
| Housing assistance | 12 | 10% |
| Other | 3 | 3% |
| No, I don't get any of these | 44 | 37% |
| *Total Cases* | 120 | |

**Which of the following kinds of assets or resources do you personally own?**

| | Number | Percent |
|---|---|---|
| Annuities or Trusts | 2 | 2% |
| Bank accounts | 38 | 32% |
| Certificate of deposit | 0 | 0% |
| Property, including your home | 8 | 7% |
| Retirement accounts | 1 | 1% |
| Stocks or Bonds | 1 | 1% |
| Vehicles | 22 | 18% |
| I don't have any of these | 45 | 38% |
| Other | 3 | 3% |
| *Total Cases* | 120 | |

**How much are your personal resources worth, other than your home or vehicle?**

| | Number | Percent |
|---|---|---|
| $1-$2,5000 | 29 | 25% |
| $2,501-$5,000 | 3 | 3% |
| $5,001-$7,500 | 2 | 2% |
| $7,501-$10,000 | 1 | 1% |
| More than $10,000 | 2 | 2% |
| I don't own any additional assets | 45 | 39% |
| Missing | 33 | 29% |
| *Total Cases* | 115 | |

## COMMUNITY INVOLVEMENT

**What activities do you participate in within your community?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 0 | 0% |
| Eating out | 61 | 19% |
| Entertainment activities | 20 | 6% |
| Fitness activities | 14 | 4% |
| School sponsored extracurricular activities | 10 | 3% |
| Shopping | 57 | 18% |
| Sporting events or activities | 10 | 3% |
| Social organizations | 12 | 4% |
| Visiting with family and friends | 62 | 19% |
| Volunteering | 5 | 2% |
| Support groups or centers | 10 | 3% |
| Religious activities | 40 | 12% |
| None | 21 | 7% |
| Other | 3 | 1% |
| *Total Cases* | 325 | |

**What activities would you like to participate in, but cannot?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 8 | 4% |
| Eating out | 18 | 9% |
| Entertainment activities | 19 | 9% |
| Fitness activities | 23 | 11% |
| School sponsored extracurricular activities | 8 | 4% |
| Shopping | 15 | 7% |
| Sporting events or activities | 13 | 6% |
| Social organizations | 13 | 6% |
| Visiting with family and friends | 14 | 7% |
| Volunteering | 7 | 3% |
| Support groups or centers | 13 | 6% |
| Religious activities | 10 | 5% |
| None | 41 | 20% |
| Other | 1 | 1% |
| *Total Cases* | 203 | |

**Is there anything that makes it hard for you to do the things you want?**

| | Number | Percent |
|---|---|---|
| No, I do all that I Want to do | 24 | 15% |
| It costs too much | 28 | 18% |
| I don't have transportation | 23 | 14% |
| Locations are not accessible | 7 | 4% |
| I have no friends or family | 4 | 3% |
| I don't have the assistive devices I need | 9 | 6% |
| My medical condition/ disability makes it too hard | 42 | 26% |
| People treat me differently/ make me feel uncomfortable | 15 | 9% |
| I can't get the help or support I need to participate in community activities | 4 | 3% |
| Other | 4 | 3% |
| *Total Cases* | 160 | |

## CIVIC INVOLVEMENT

### Are you registered to vote?

| | Number | Percent |
|---|---|---|
| Yes, I am an adult who is registered to vote | 61 | 58% |
| No, I am an adult who is not registered to vote | 37 | 35% |
| No, I am a minor child and cannot vote | 7 | 7% |
| *Total Cases* | 105 | |

### Have you voted in any election in the last four years?

| | Number | Percent |
|---|---|---|
| Yes | 43 | 80% |
| No | 11 | 20% |
| *Total Cases* | 54 | |

### Have you used special voting services such as vote by mail or early vote?

| | Number | Percent |
|---|---|---|
| Yes | 9 | 19% |
| No | 39 | 81% |
| *Total Cases* | 48 | |

### Is there anything that makes it hard for you to vote?

| | Number | Percent |
|---|---|---|
| No, there is no problem | 62 | 67% |
| Assistive equipment is not available | 2 | 2% |
| I don't have the transportation | 9 | 10% |
| I do not get the help I need | 6 | 7% |
| Buildings where I am to register to vote are not accessible because | 0 | 0% |
| Buildings where I vote are not accessible because | 0 | 0% |
| Other | 14 | 15% |
| *Total Cases* | 93 | |

## EMERGENCY PREPAREDNESS

**Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?**

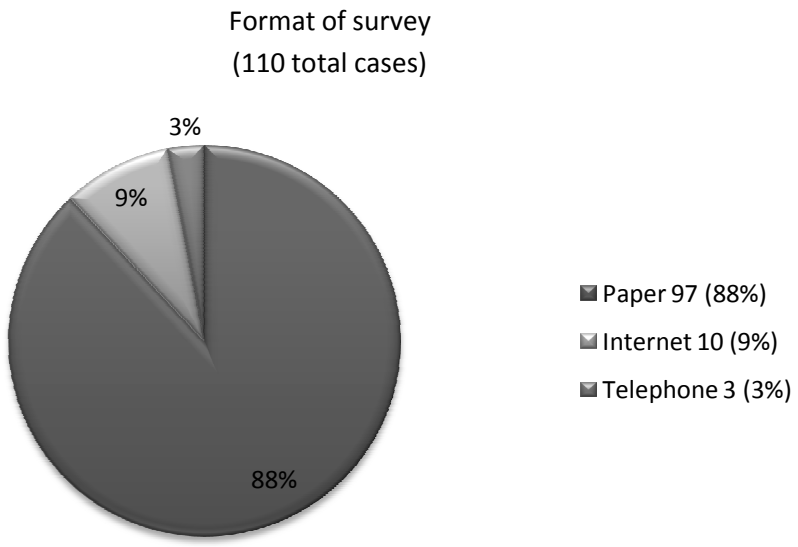
| | Number | Percent |
|---|---|---|
| Yes | 63 | 62% |
| No | 39 | 38% |
| *Total Cases* | 102 | |

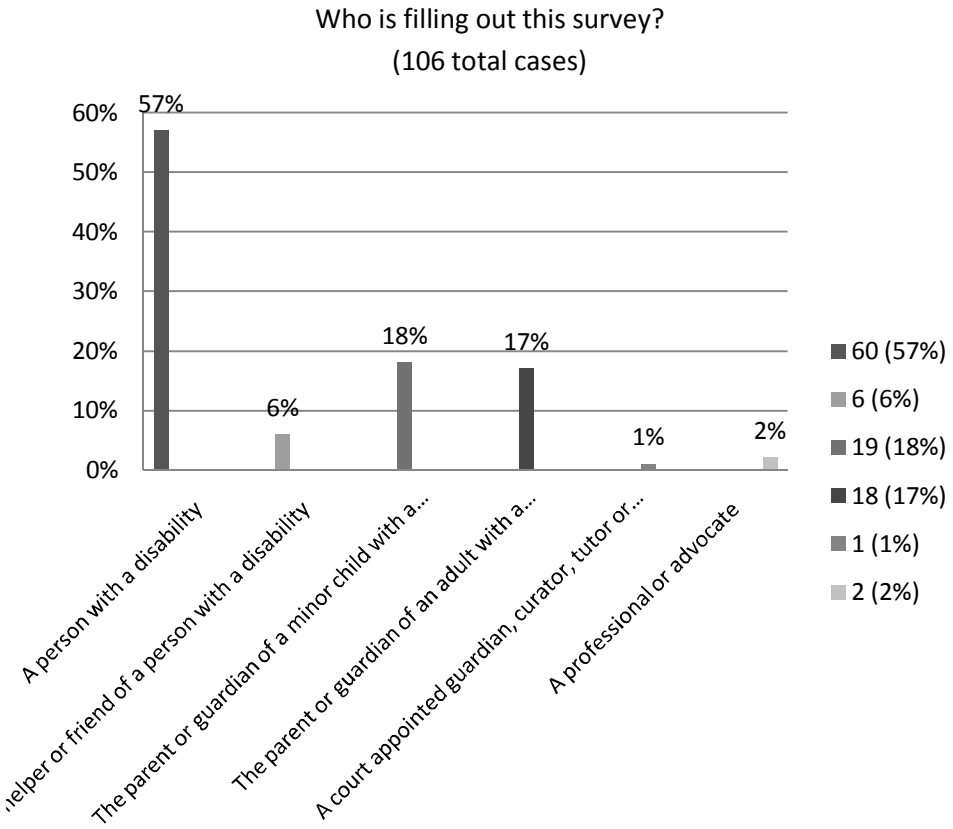
**What would you need to be prepared for a future emergency situation?**

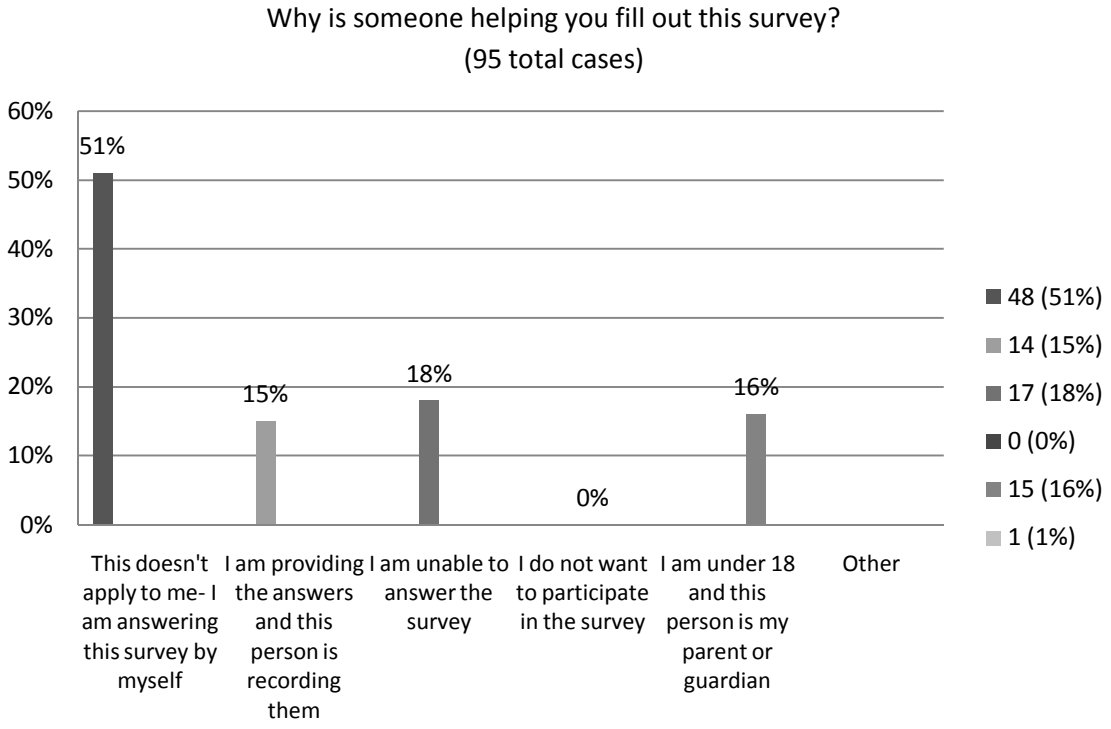
| | Number | Percent |
|---|---|---|
| A plan to follow in case of an emergency | 43 | 11% |
| A designated emergency contact person or agency | 27 | 7% |
| Transportation if I have to leave my home | 47 | 12% |
| An accessible, safe place to go | 42 | 11% |
| A safe place for my animals to go | 21 | 5% |
| Extra supply of food and water | 53 | 14% |
| Extra medication/ medical supplies | 54 | 14% |
| Emergency supplies such as a radio, flashlight, first aid kit, or generator | 50 | 13% |
| A cell phone | 42 | 11% |
| Other | 13 | 3% |
| *Total Cases* | 392 | |

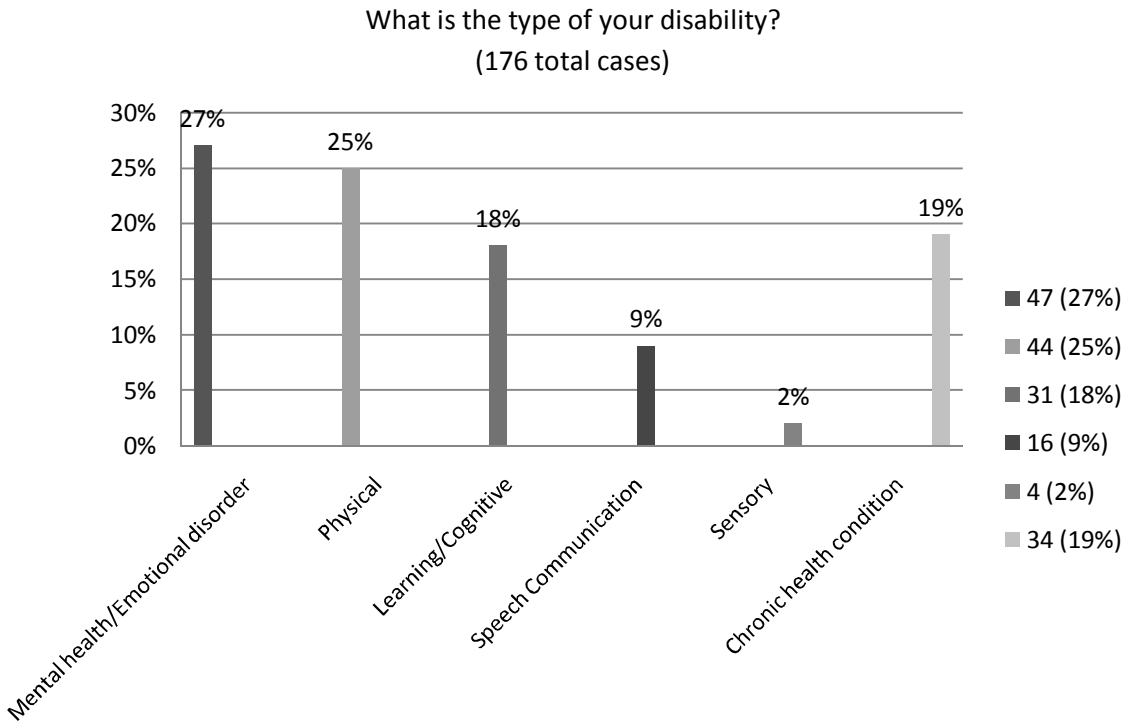
# Region II - Graphs

## GENERAL INFORMATION

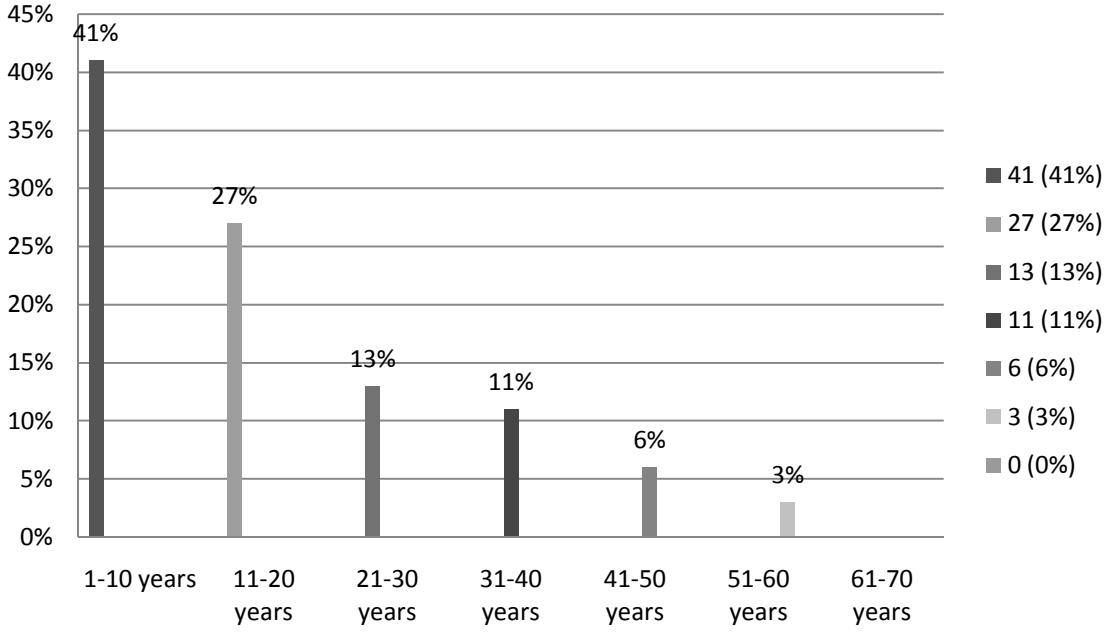


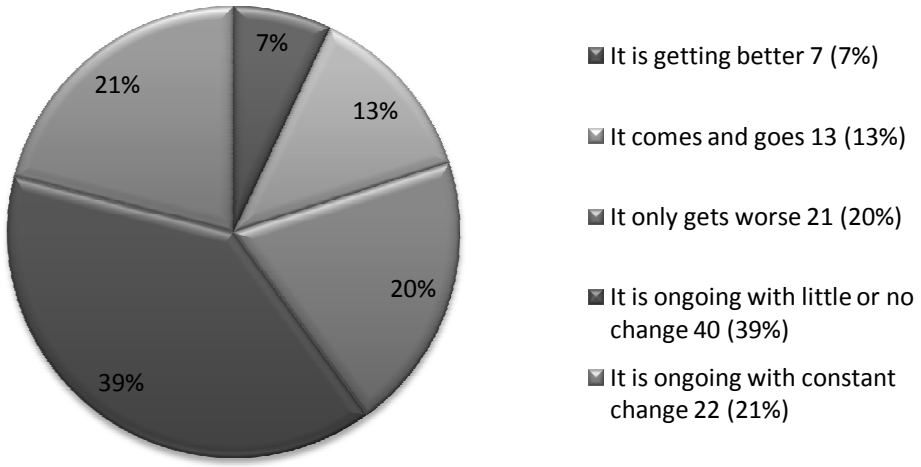

Why is someone helping you fill out this survey?
(95 total cases)
60%
50%
40%
30%
20%
10%
0%
51%
15%
18%
0%
16%
This doesn't apply to me- I am answering this survey by myself
I am providing the answers and this person is recording them
I am unable to answer the survey
I do not want to participate in the survey
I am under 18 and this person is my parent or guardian
Other
48 (51%)
14 (15%)
17 (18%)
0 (0%)
15 (16%)
1 (1%)


What is the type of your disability?
(176 total cases)
30%
25%
20%
15%
10%
5%
0%
27%
25%
18%
9%
2%
19%
Mental health/Emotional disorder
Physical
Learning/Cognitive
Speech Communication
Sensory
Chronic health condition
47 (27%)
44 (25%)
31 (18%)
16 (9%)
4 (2%)
34 (19%)

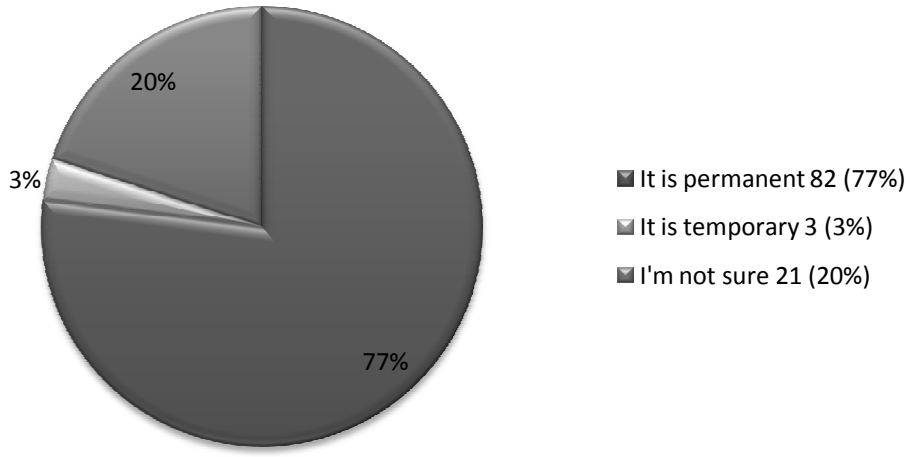
How long have you lived with your disability?
(101 total cases)



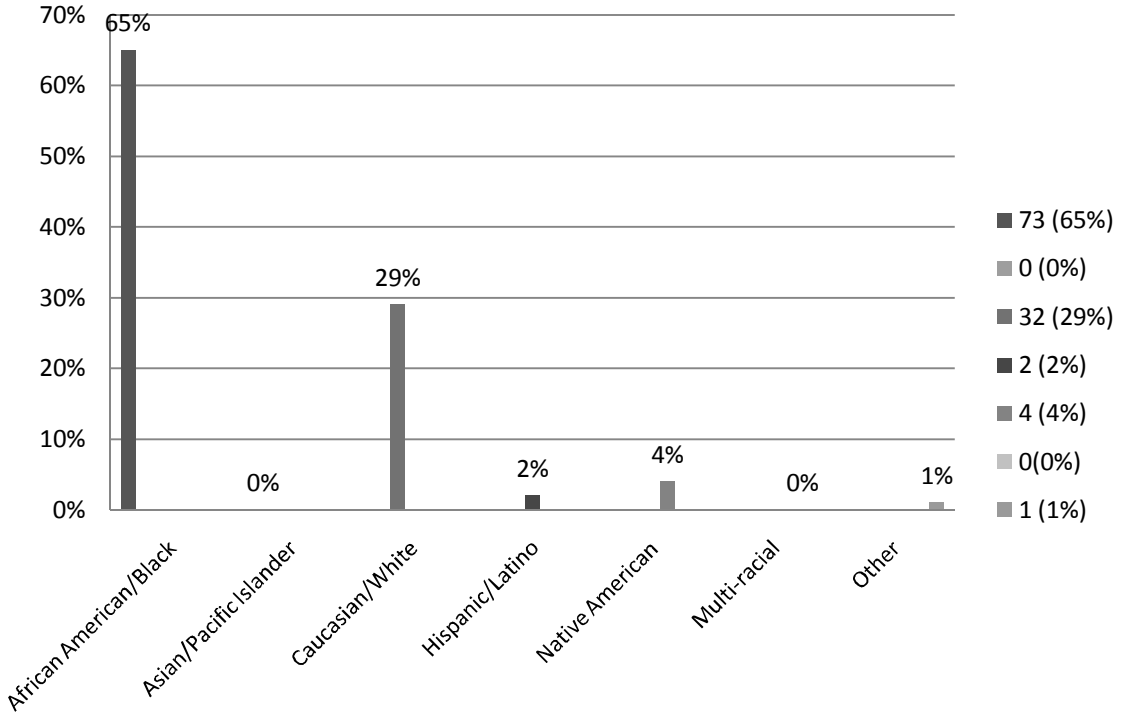

How would you judge your condition?
(103 total cases)



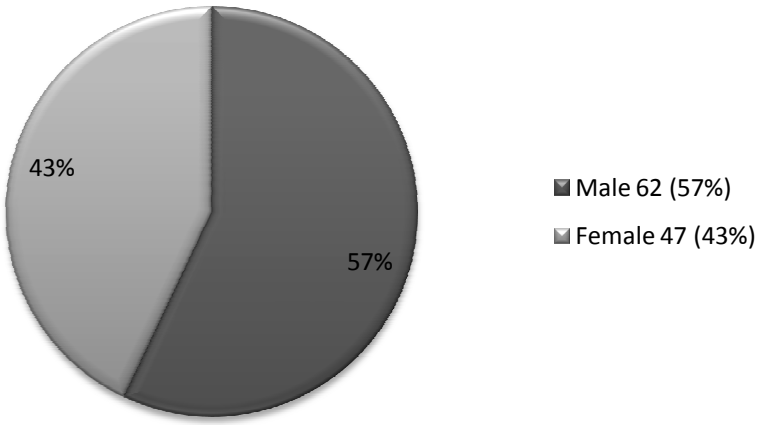
How long is your disability expected to last?
(106 total cases)



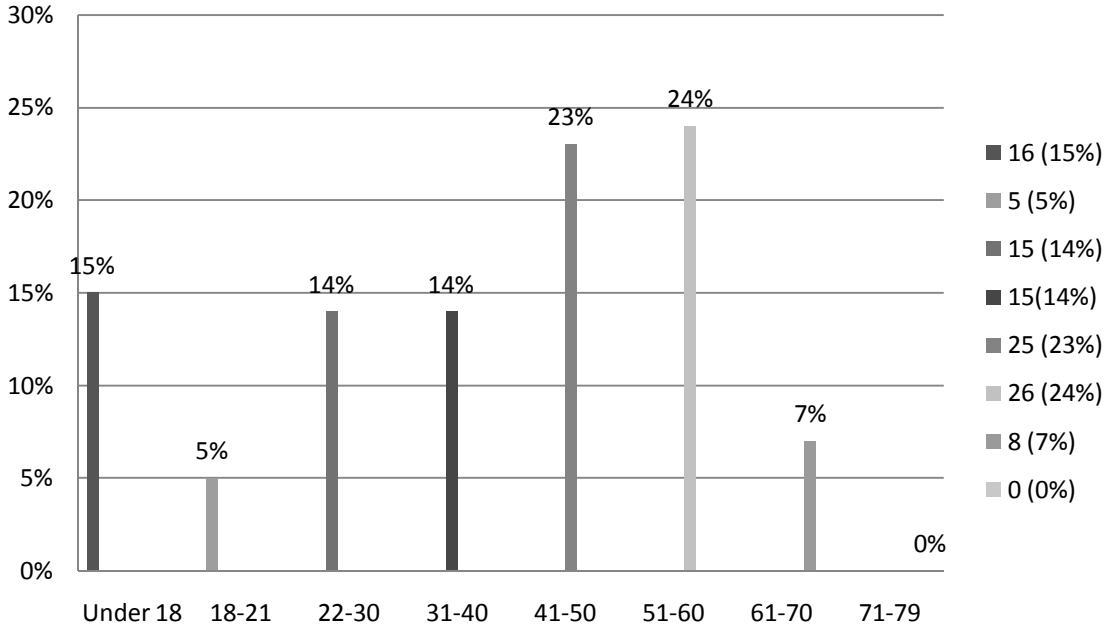

What is your race or ethnicity?
(112 total cases)

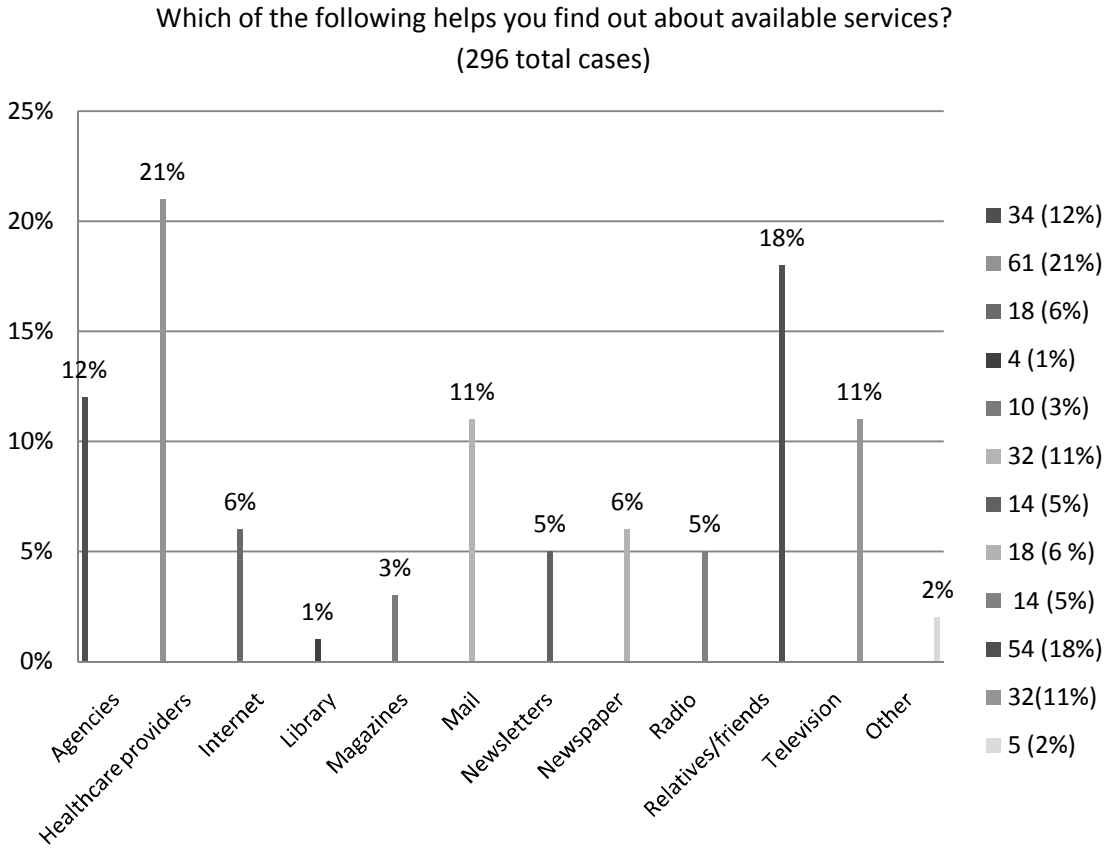


What is your gender?
(109 total cases)

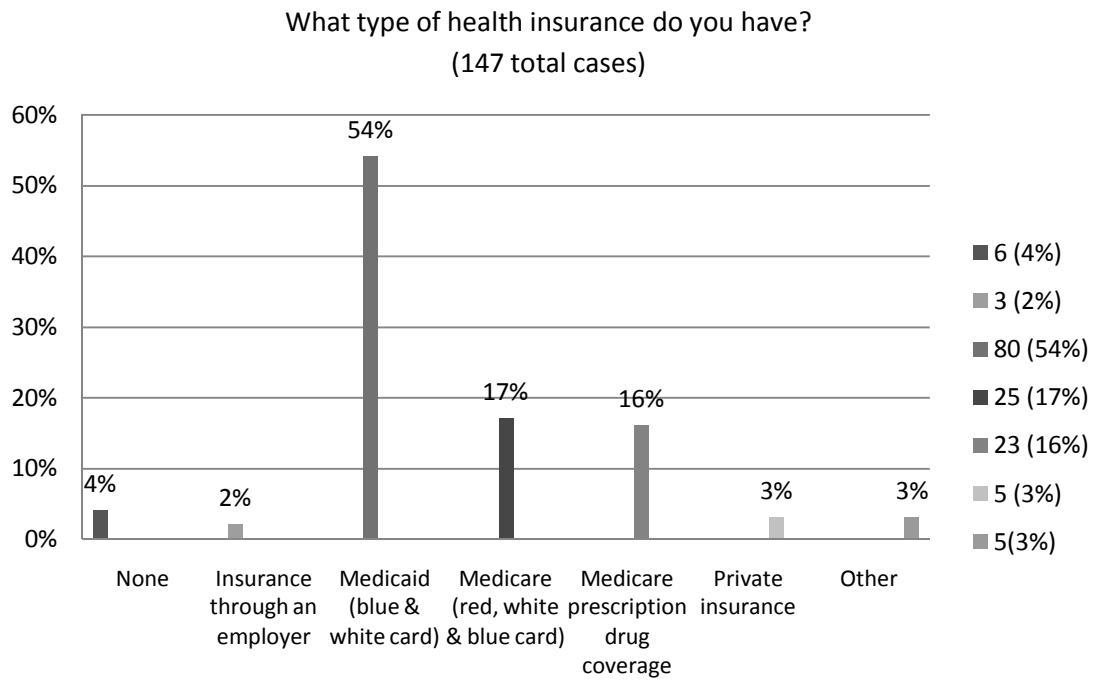


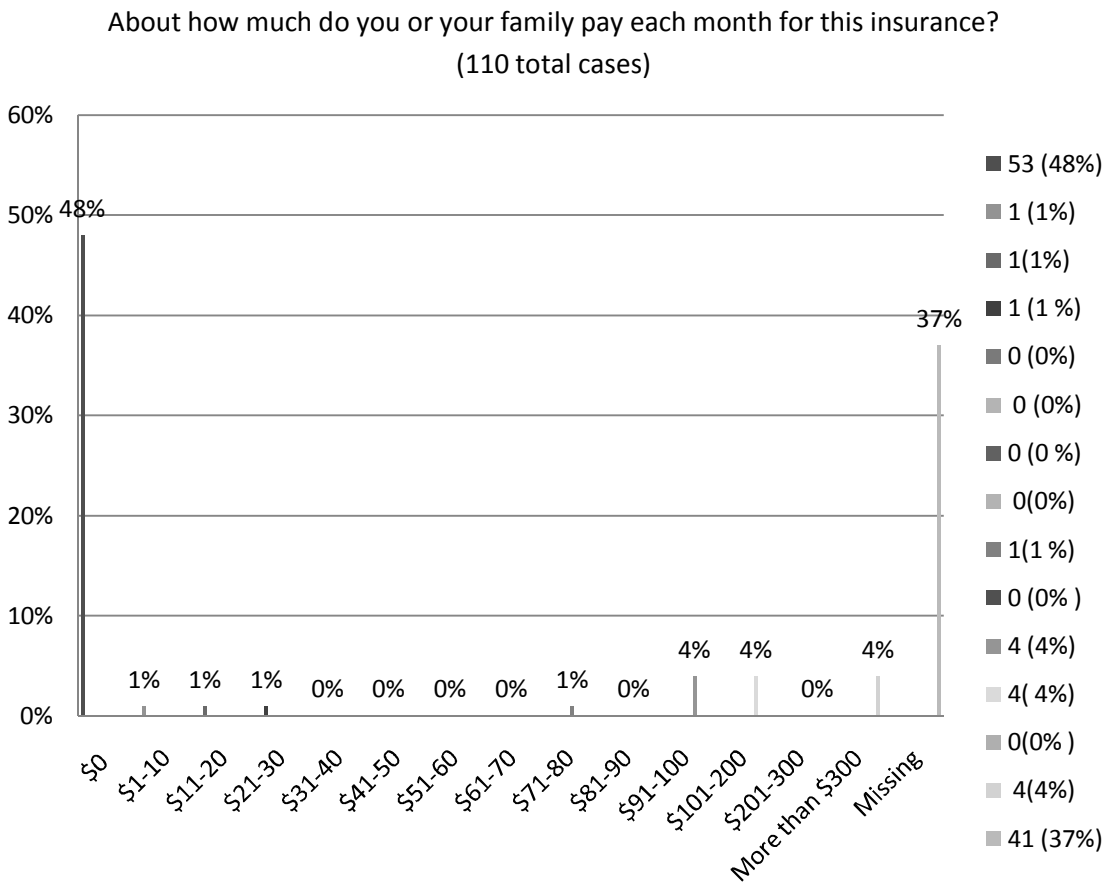

How old are you?
(110 total cases)



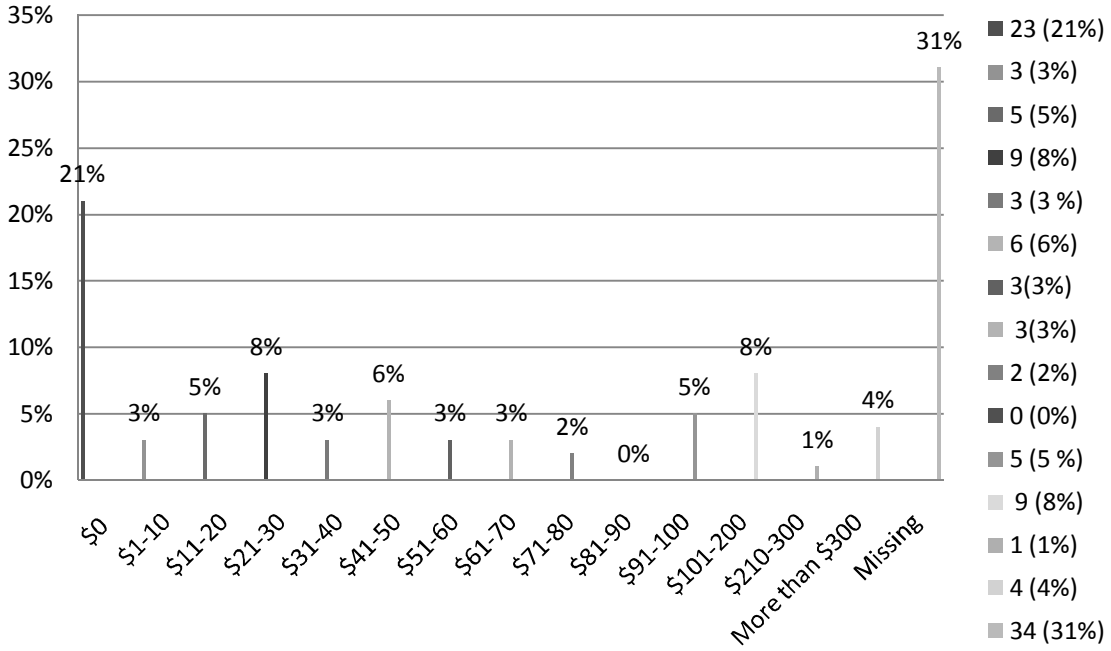

Which of the following helps you find out about available services?
(296 total cases)
25%
20%
15%
10%
5%
0%
12%
21%
6%
1%
3%
11%
5%
6%
5%
18%
11%
2%
Agencies
Healthcare providers
Internet
Library
Magazines
Mail
Newsletters
Newspaper
Radio
Relatives/friends
Television
Other
34 (12%)
61 (21%)
18 (6%)
4 (1%)
10 (3%)
32 (11%)
14 (5%)
18 (6 %)
14 (5%)
54 (18%)
32(11%)
5 (2%)

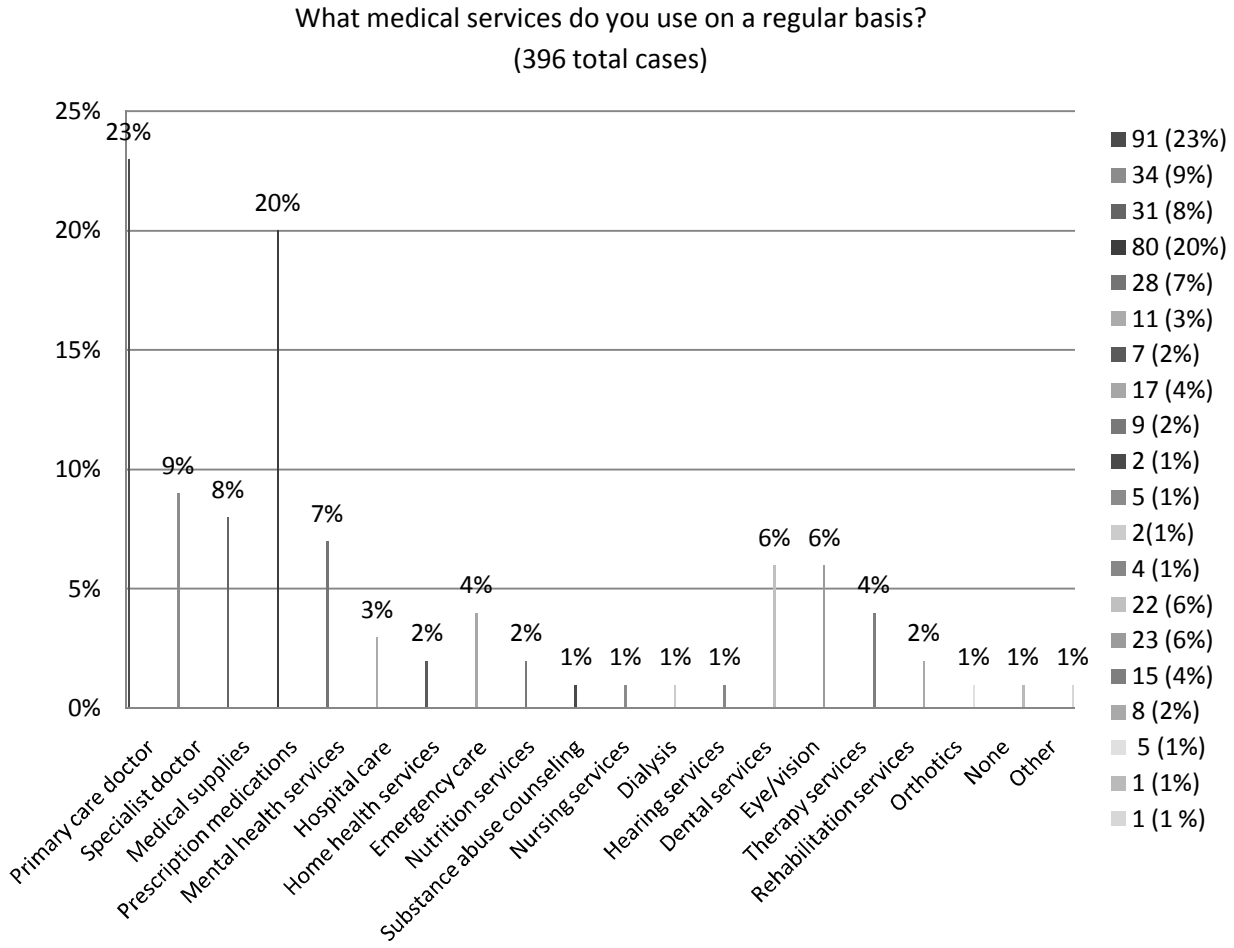
## HEALTH CARE

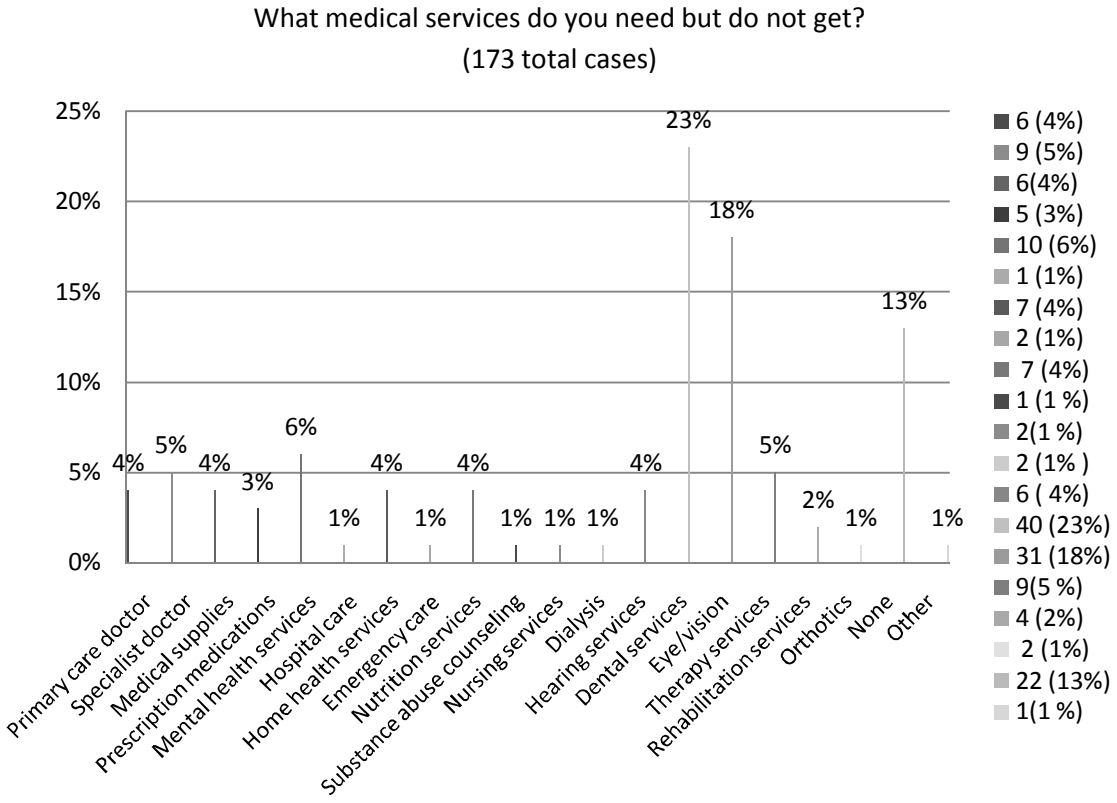

What type of health insurance do you have?
(147 total cases)
60%
50%
40%
30%
20%
10%
0%
4%
2%
54%
17%
16%
3%
3%
None
Insurance through an employer
Medicaid (blue & white card)
Medicare (red, white & blue card)
Medicare prescription drug coverage
Private insurance
Other
6 (4%)
3 (2%)
80 (54%)
25 (17%)
23 (16%)
5 (3%)
5(3%)

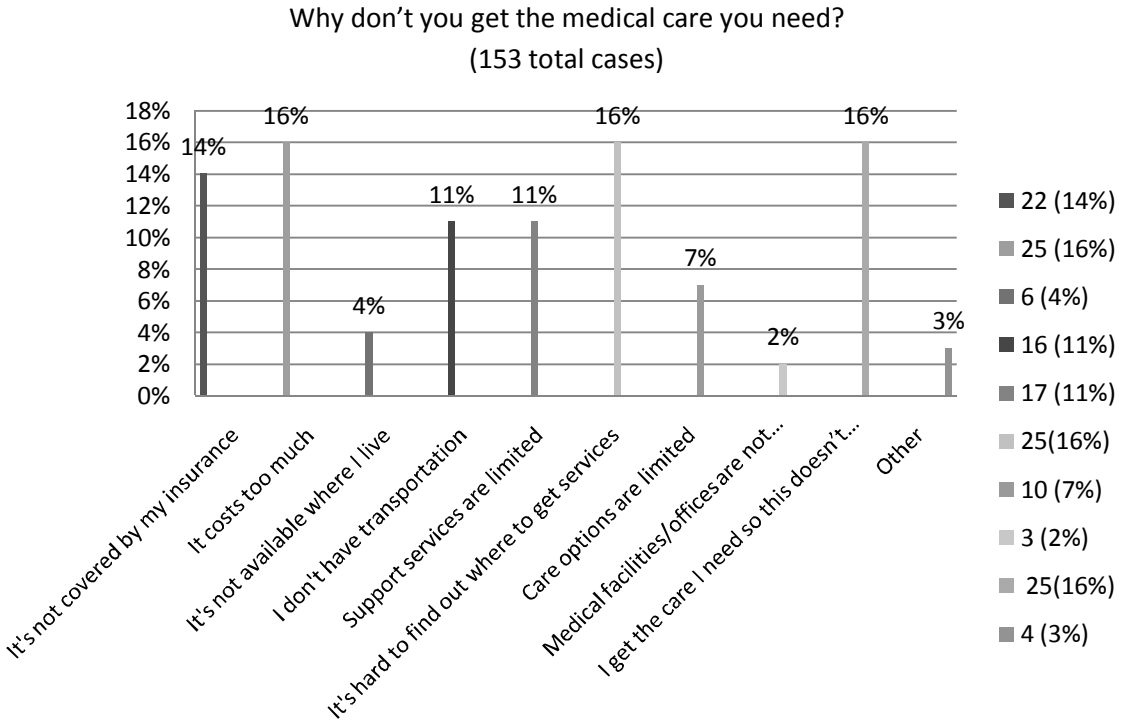

About how much do you or your family pay each month for this insurance?
(110 total cases)
60%
50%
40%
30%
20%
10%
0%
48%
1%
1%
1%
0%
0%
0%
0%
1%
0%
4%
4%
0%
4%
37%
$0
$1-10
$11-20
$21-30
$31-40
$41-50
$51-60
$61-70
$71-80
$81-90
$91-100
$101-200
$201-300
More than $300
Missing
53 (48%)
1 (1%)
1(1%)
1 (1 %)
0 (0%)
0 (0%)
0 (0 %)
0(0%)
1(1 %)
0 (0% )
4 (4%)
4( 4%)
0(0% )
4(4%)
41 (37%)

About how much of your own or your family's money is spent each month for medical expenses other than insurance?
(110 total cases)

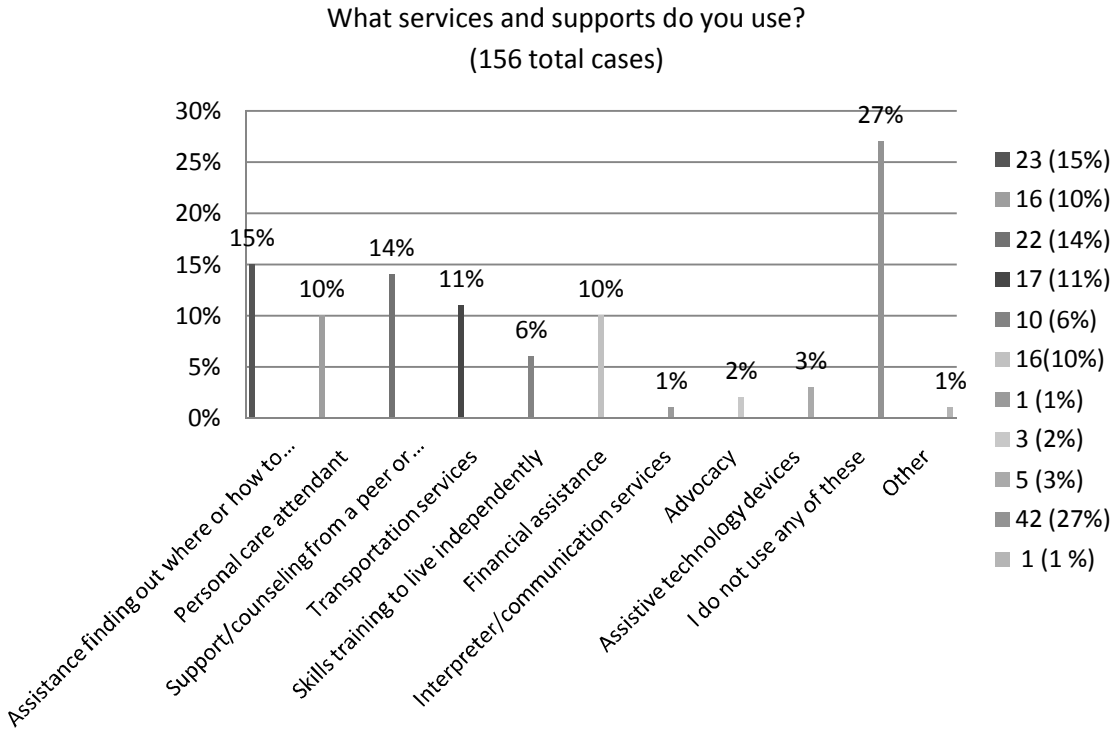


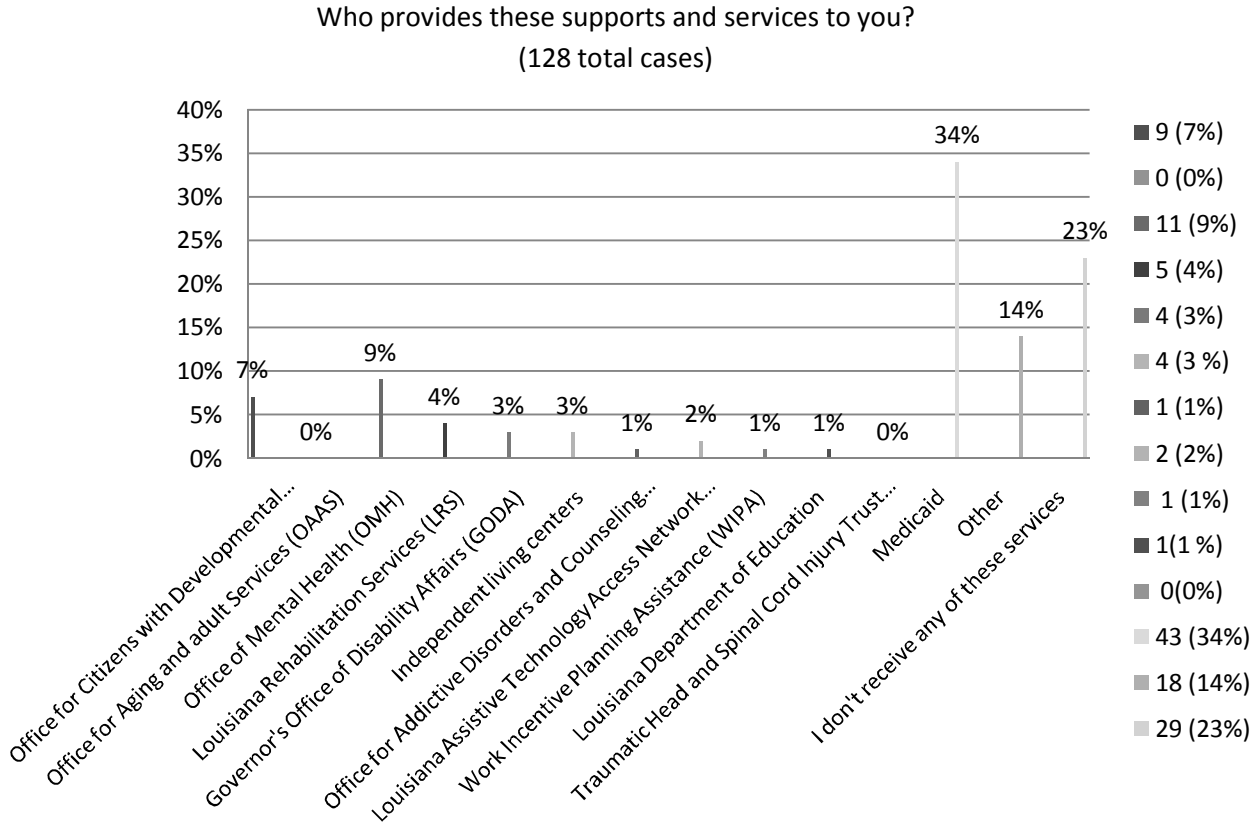

What medical services do you use on a regular basis?
(396 total cases)
25%
20%
15%
10%
5%
0%
23%
9%
8%
20%
7%
3%
2%
4%
2%
1%
1%
1%
1%
6%
6%
4%
2%
1%
1%
1%
Primary care doctor
Specialist doctor
Medical supplies
Prescription medications
Mental health services
Hospital care
Home health services
Emergency care
Nutrition services
Substance abuse counseling
Nursing services
Dialysis
Hearing services
Dental services
Eye/vision
Therapy services
Rehabilitation services
Orthotics
None
Other
91 (23%)
34 (9%)
31 (8%)
80 (20%)
28 (7%)
11 (3%)
7 (2%)
17 (4%)
9 (2%)
2 (1%)
5 (1%)
2(1%)
4 (1%)
22 (6%)
23 (6%)
15 (4%)
8 (2%)
5 (1%)
1 (1%)
1 (1 %)


What medical services do you need but do not get?
(173 total cases)
25%
20%
15%
10%
5%
0%
4%
5%
4%
3%
6%
1%
4%
1%
4%
1%
1%
1%
4%
23%
18%
5%
2%
1%
13%
1%
Primary care doctor
Specialist doctor
Medical supplies
Prescription medications
Mental health services
Hospital care
Home health services
Emergency care
Nutrition services
Substance abuse counseling
Nursing services
Dialysis
Hearing services
Dental services
Eye/vision
Therapy services
Rehabilitation services
Orthotics
None
Other
6 (4%)
9 (5%)
6(4%)
5 (3%)
10 (6%)
1 (1%)
7 (4%)
2 (1%)
7 (4%)
1 (1 %)
2(1 %)
2 (1% )
6 ( 4%)
40 (23%)
31 (18%)
9(5 %)
4 (2%)
2 (1%)
22 (13%)
1(1 %)

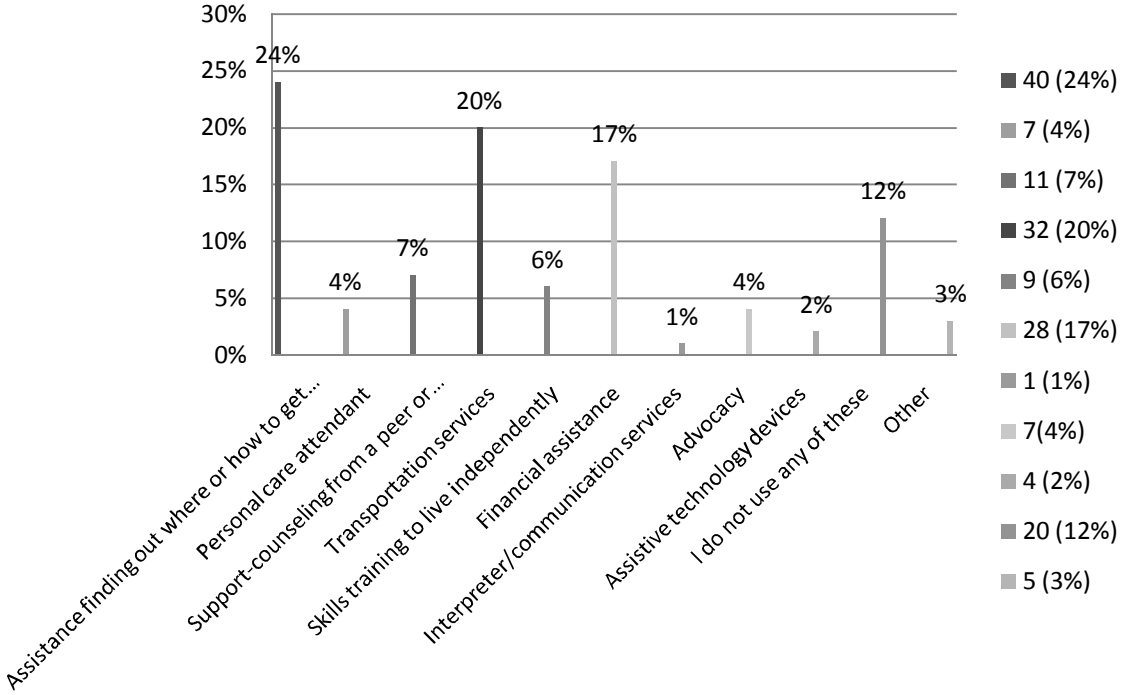

Why don't you get the medical care you need?
(153 total cases)
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
14%
16%
4%
11%
11%
16%
7%
2%
16%
3%
It's not covered by my insurance
It costs too much
It's not available where I live
I don't have transportation
Support services are limited
It's hard to find out where to get services
Care options are limited
Medical facilities/offices are not...
I get the care I need so this doesn't...
Other
22 (14%)
25 (16%)
6 (4%)
16 (11%)
17 (11%)
25(16%)
10 (7%)
3 (2%)
25(16%)
4 (3%)

**INDEPENDENT LIVING**

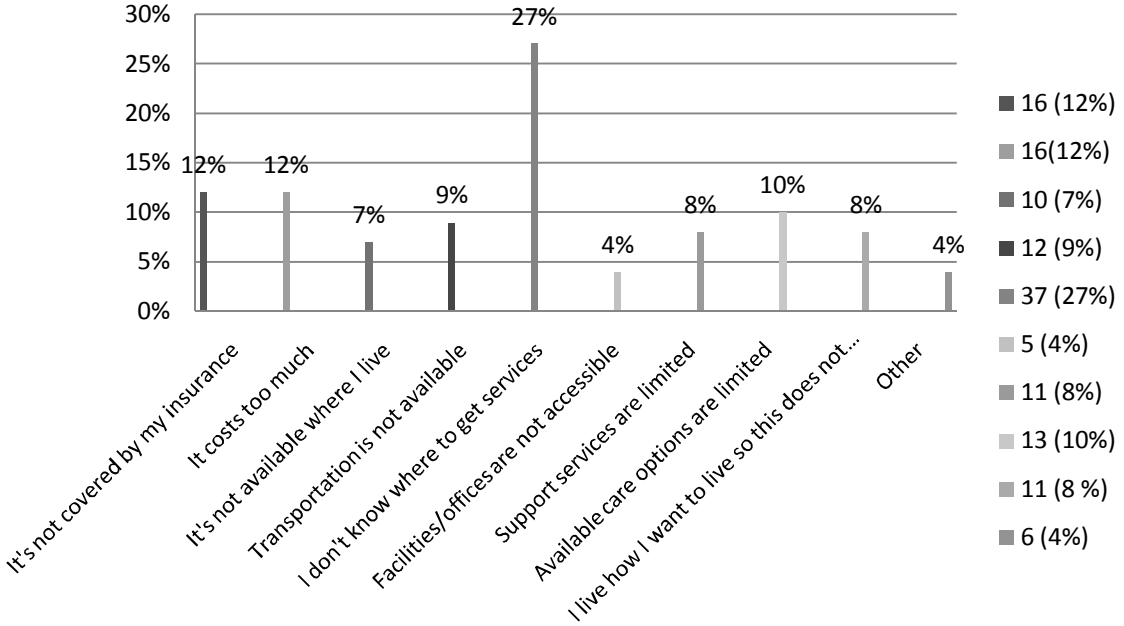


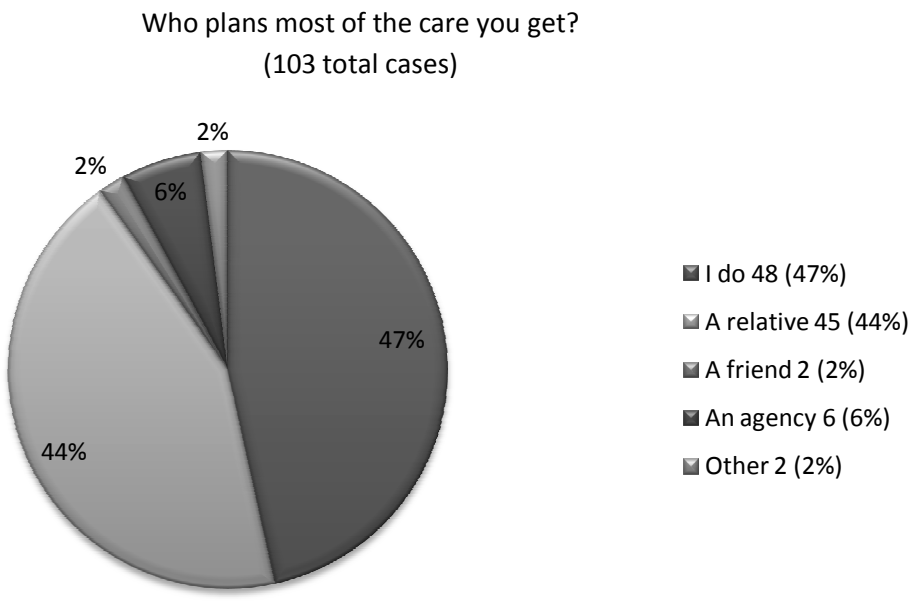



What services and supports do you need but do not get?
(164 total cases)



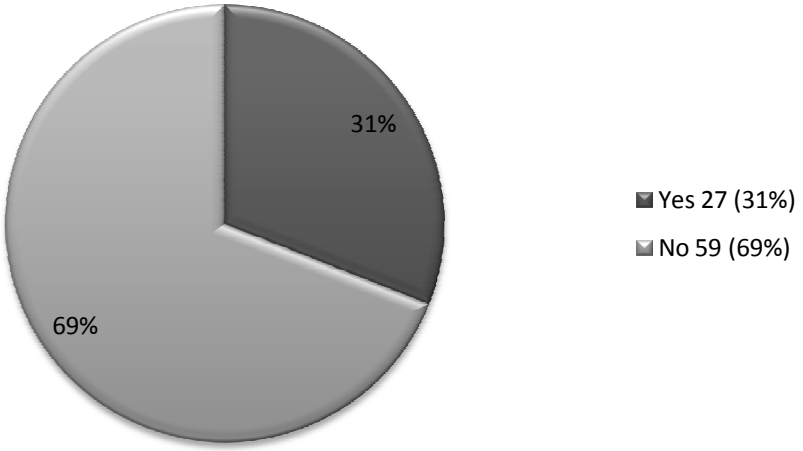

Why don't you get the services and supports you need?
(137 total cases)



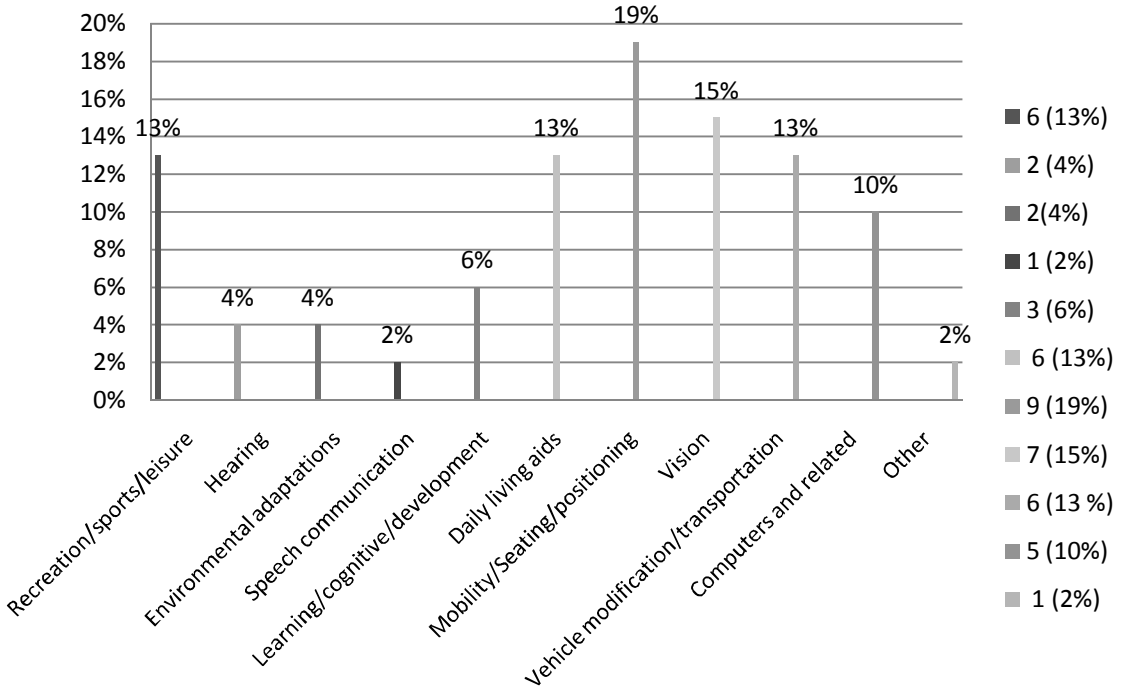

Who plans most of the care you get?
(103 total cases)
2%
2%
6%
47%
44%
I do 48 (47%)
A relative 45 (44%)
A friend 2 (2%)
An agency 6 (6%)
Other 2 (2%)

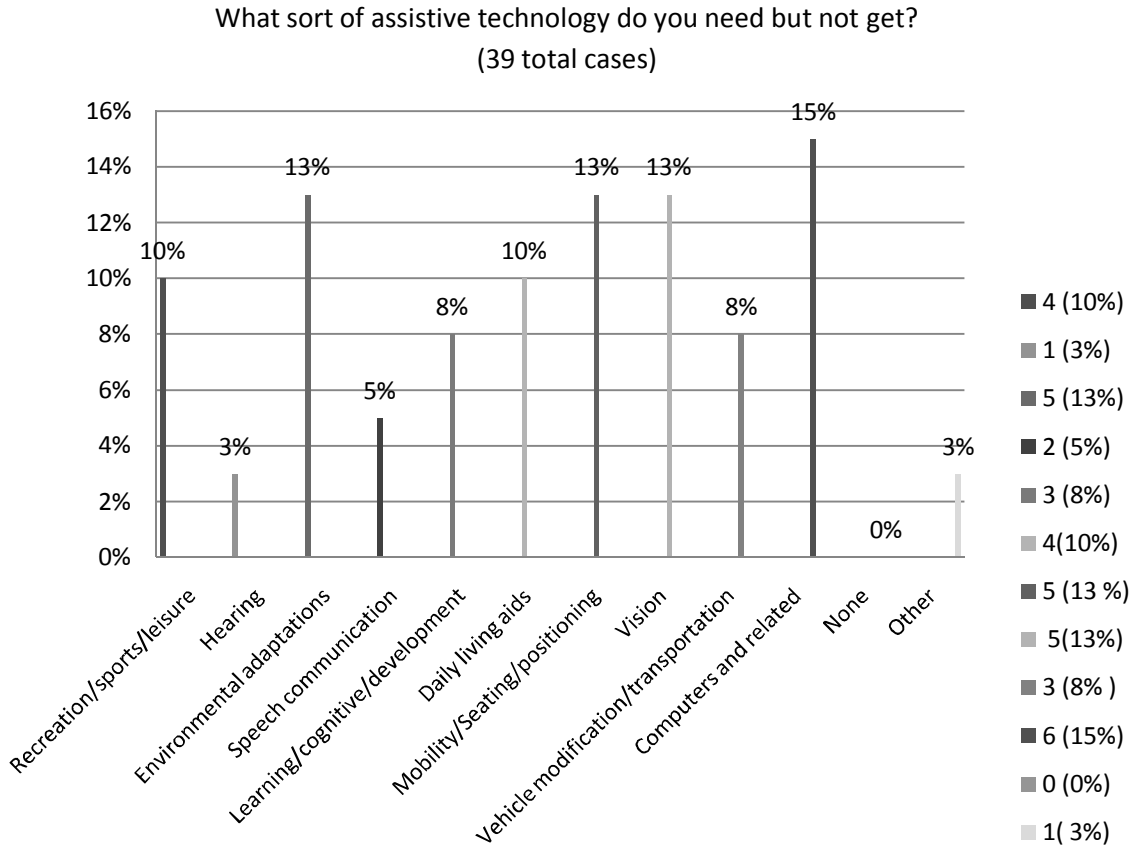
## ASSISTIVE TECHNOLOGY

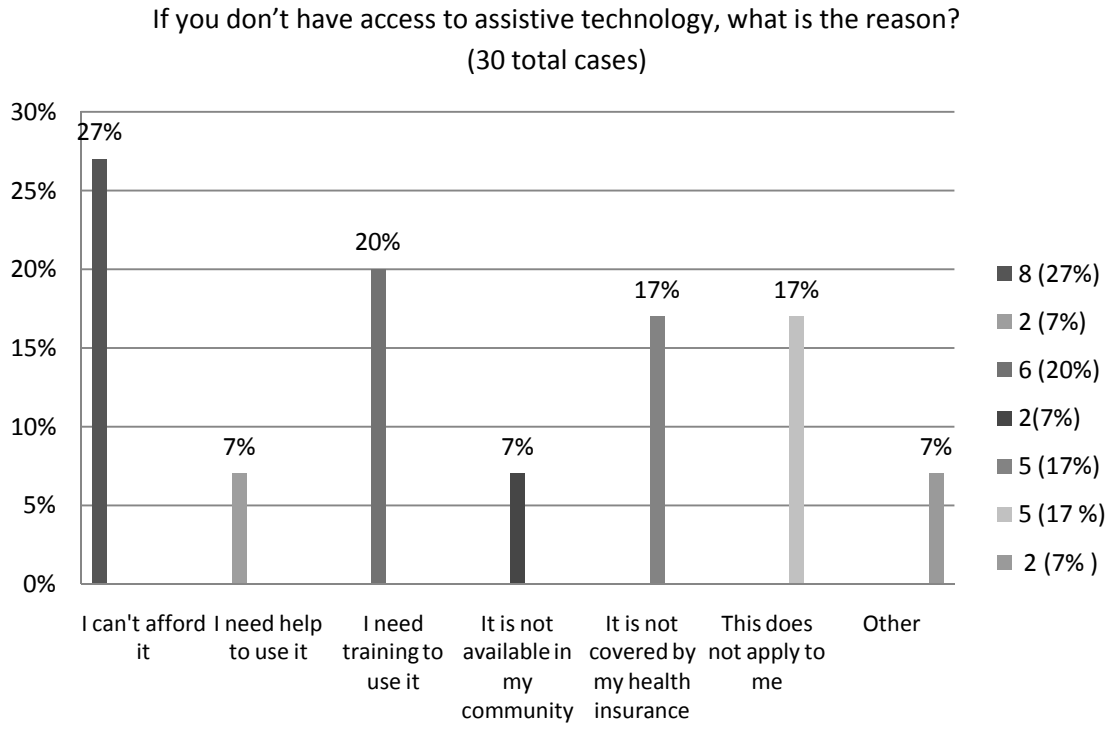
Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?
(86 total cases)

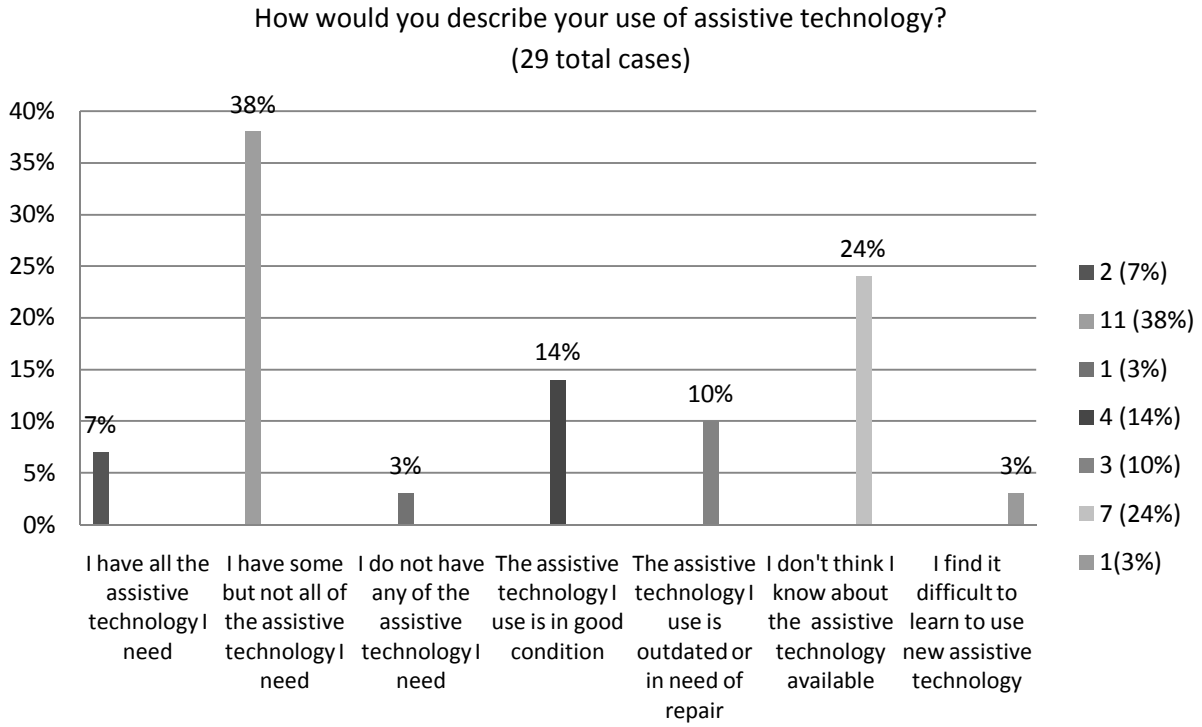



What sort of assistive technology do you use?
(48 total cases)

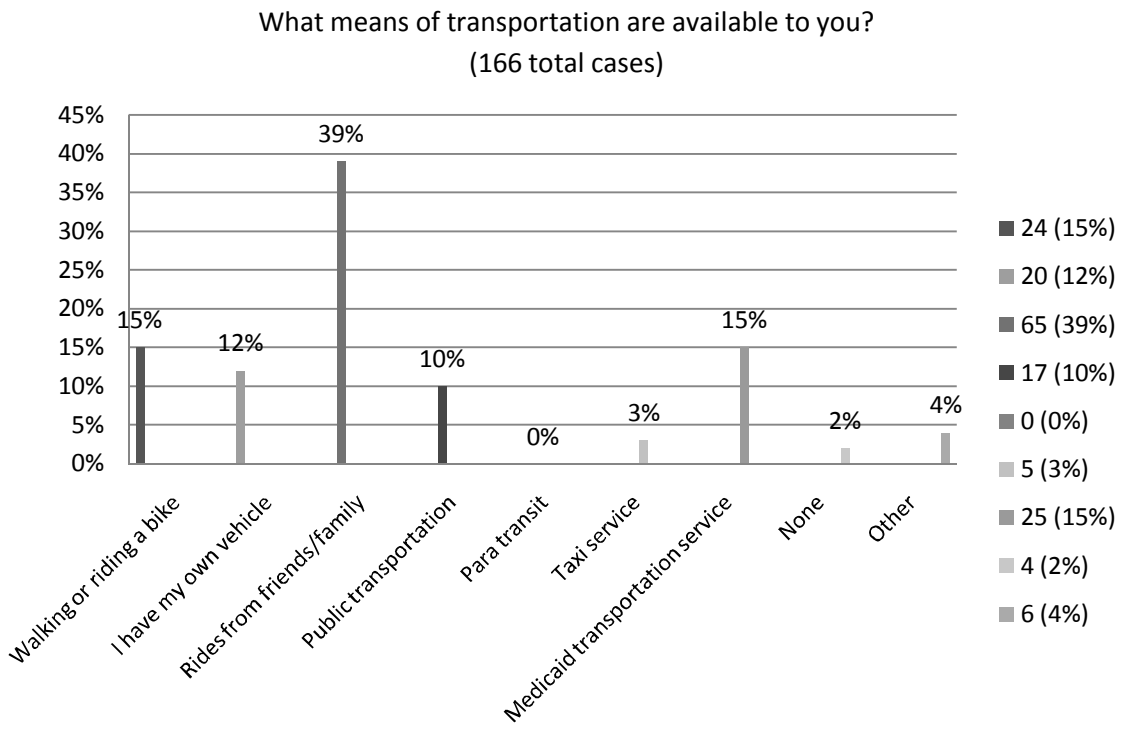


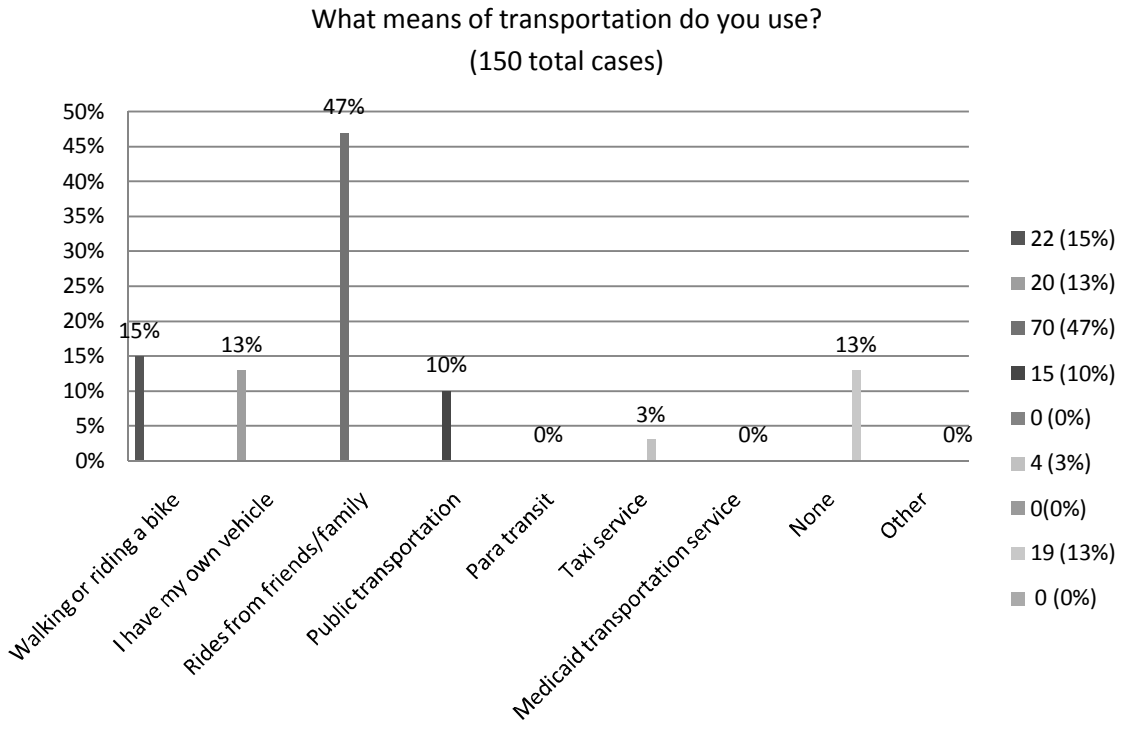

What sort of assistive technology do you need but not get?
(39 total cases)
16%
14%
12%
10%
8%
6%
4%
2%
0%
10%
3%
13%
5%
8%
10%
13%
13%
8%
15%
0%
3%
Recreation/sports/leisure
Hearing
Environmental adaptations
Speech communication
Learning/cognitive/development
Daily living aids
Mobility/Seating/positioning
Vision
Vehicle modification/transportation
Computers and related
None
Other
4 (10%)
1 (3%)
5 (13%)
2 (5%)
3 (8%)
4(10%)
5 (13 %)
5(13%)
3 (8% )
6 (15%)
0 (0%)
1( 3%)

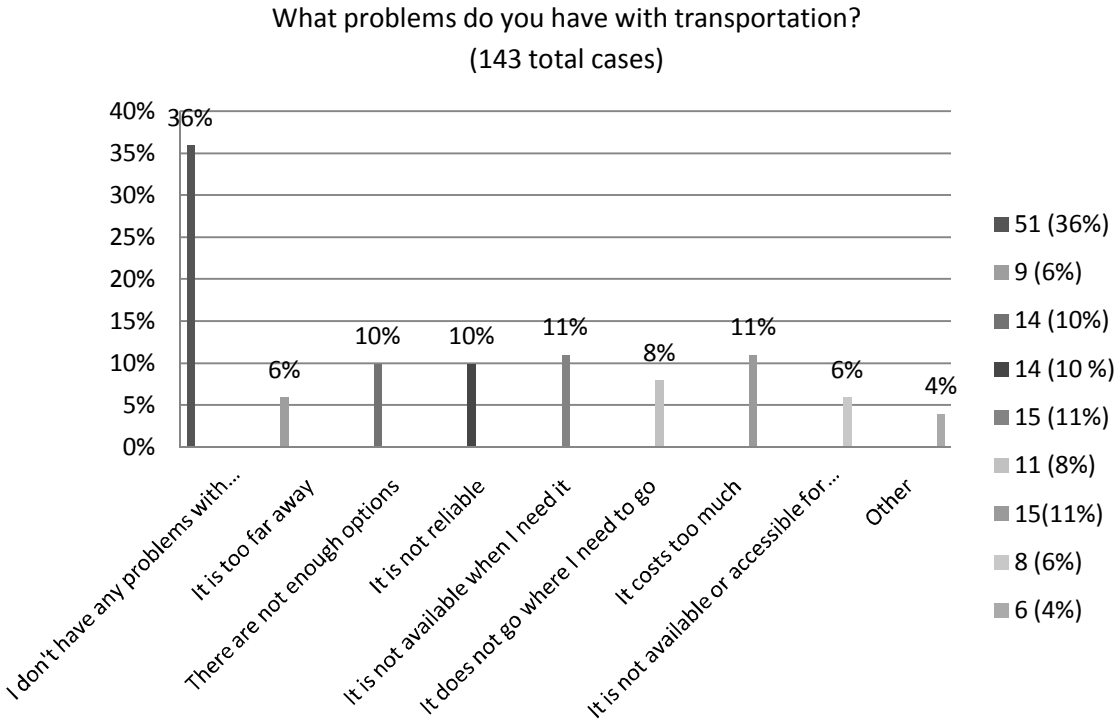

If you don't have access to assistive technology, what is the reason?
(30 total cases)
30%
25%
20%
15%
10%
5%
0%
27%
7%
20%
7%
17%
17%
7%
I can't afford it
I need help to use it
I need training to use it
It is not available in my community
It is not covered by my health insurance
This does not apply to me
Other
8 (27%)
2 (7%)
6 (20%)
2(7%)
5 (17%)
5 (17 %)
2 (7% )

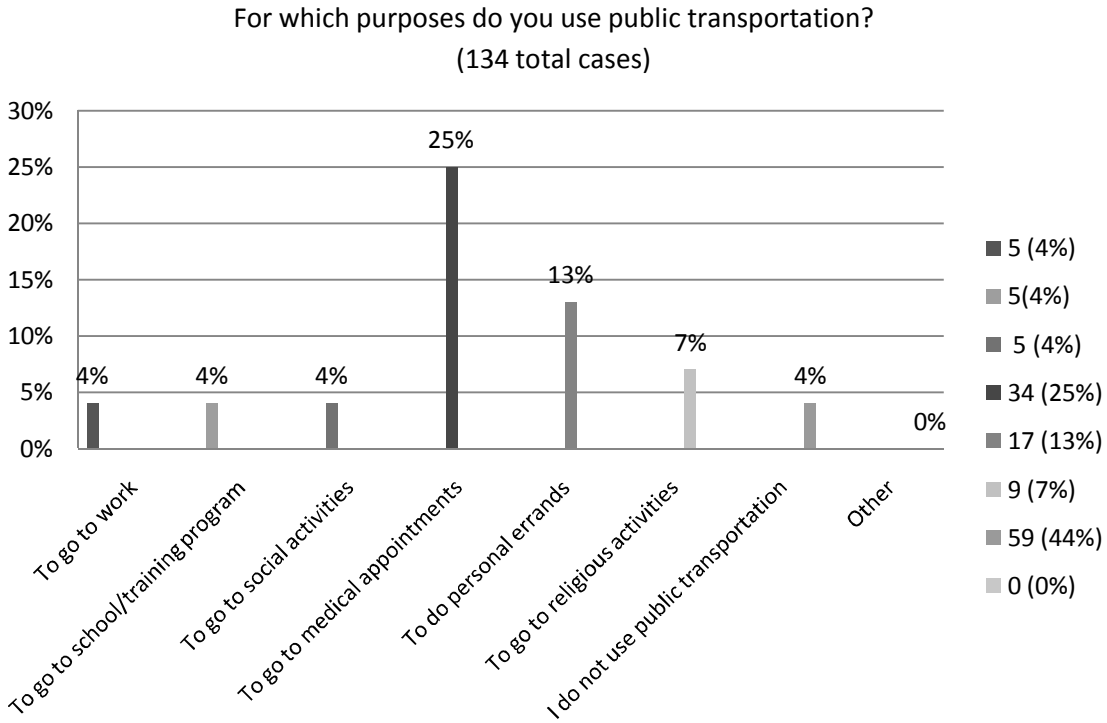

How would you describe your use of assistive technology?
(29 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
7%
38%
3%
14%
10%
24%
3%
I have all the assistive technology I need
I have some but not all of the assistive technology I need
I do not have any of the assistive technology I need
The assistive technology I use is in good condition
The assistive technology I use is outdated or in need of repair
I don't think I know about the assistive technology available
I find it difficult to learn to use new assistive technology
2 (7%)
11 (38%)
1 (3%)
4 (14%)
3 (10%)
7 (24%)
1(3%)

**TRANSPORTATION**

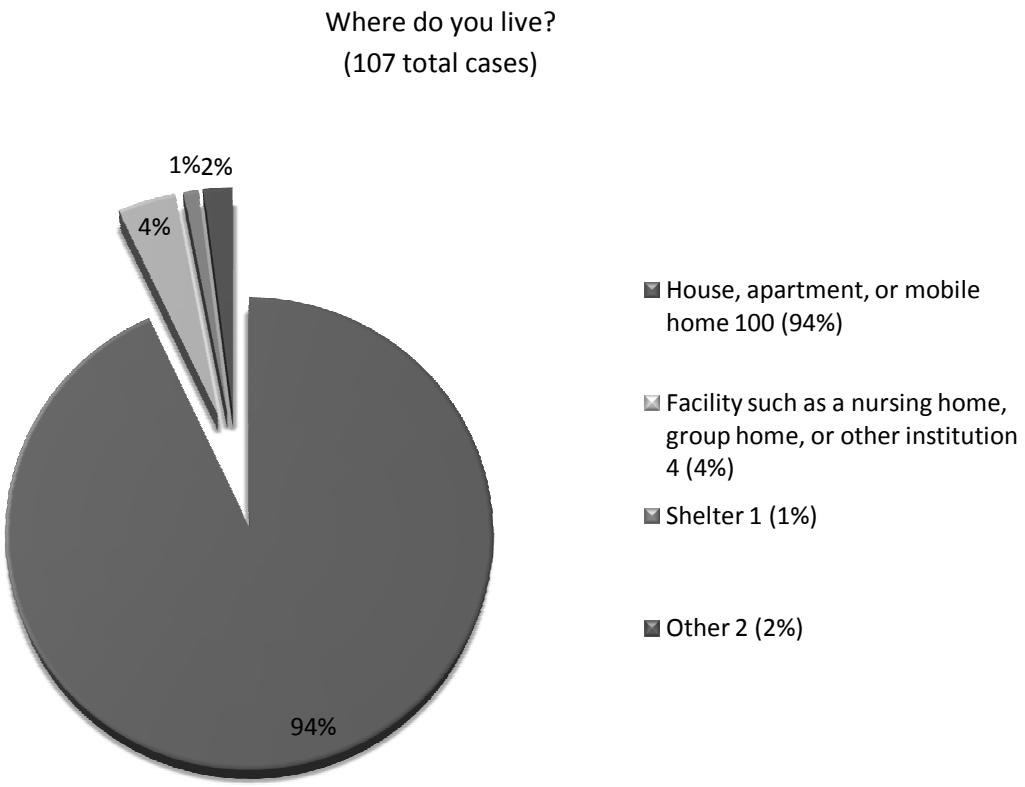


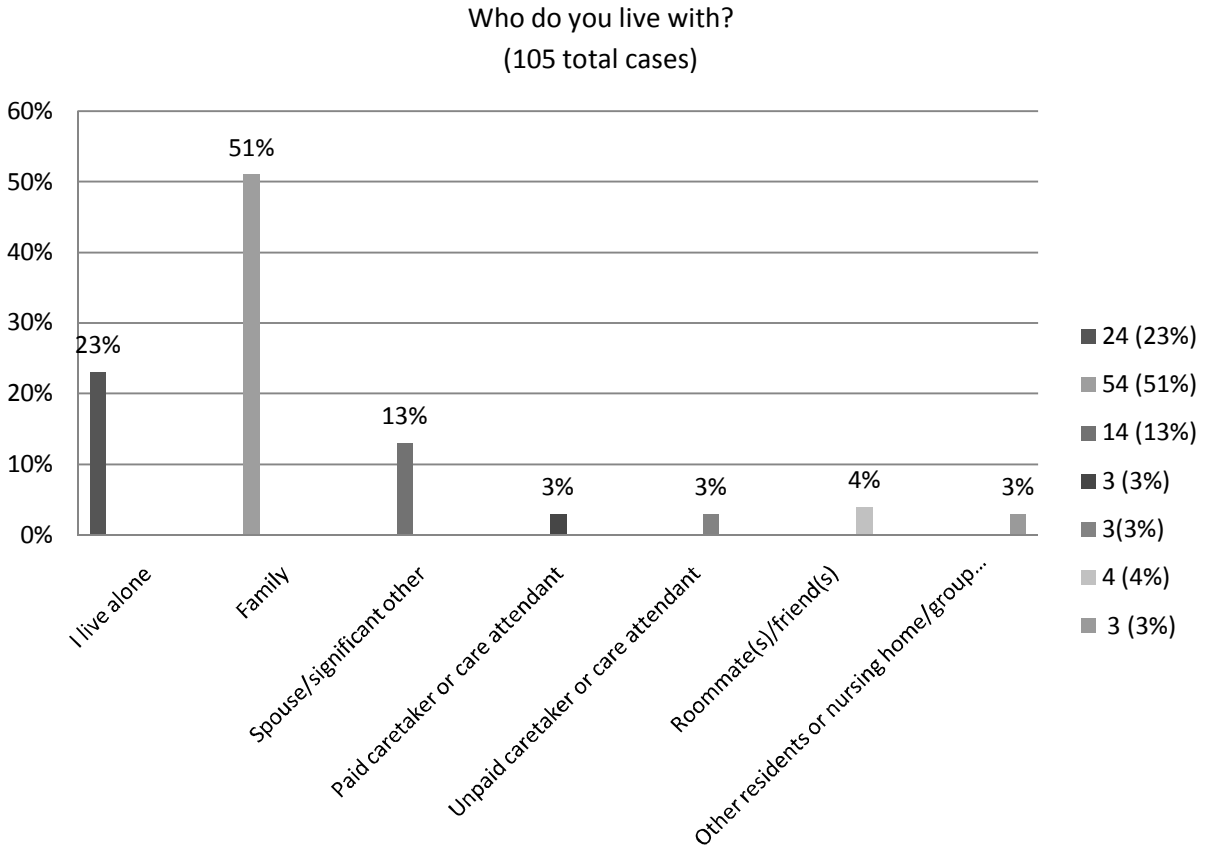



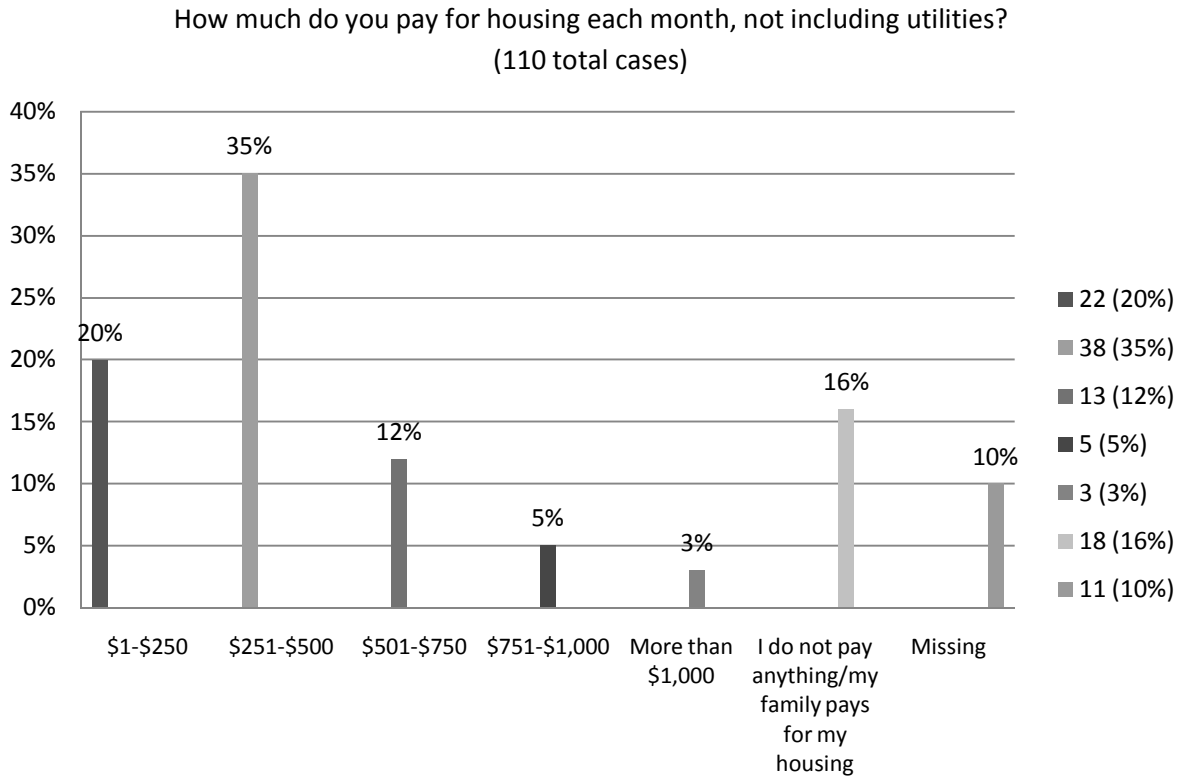

What problems do you have with transportation?
(143 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
36%
6%
10%
10%
11%
8%
11%
6%
4%
I don't have any problems with...
It is too far away
There are not enough options
It is not reliable
It is not available when I need it
It does not go where I need to go
It costs too much
It is not available or accessible for ...
Other
51 (36%)
9 (6%)
14 (10%)
14 (10 %)
15 (11%)
11 (8%)
15(11%)
8 (6%)
6 (4%)


For which purposes do you use public transportation?
(134 total cases)
30%
25%
20%
15%
10%
5%
0%
4%
4%
4%
25%
13%
7%
4%
0%
To go to work
To go to school/training program
To go to social activities
To go to medical appointments
To do personal errands
To go to religious activities
I do not use public transportation
Other
5 (4%)
5(4%)
5 (4%)
34 (25%)
17 (13%)
9 (7%)
59 (44%)
0 (0%)

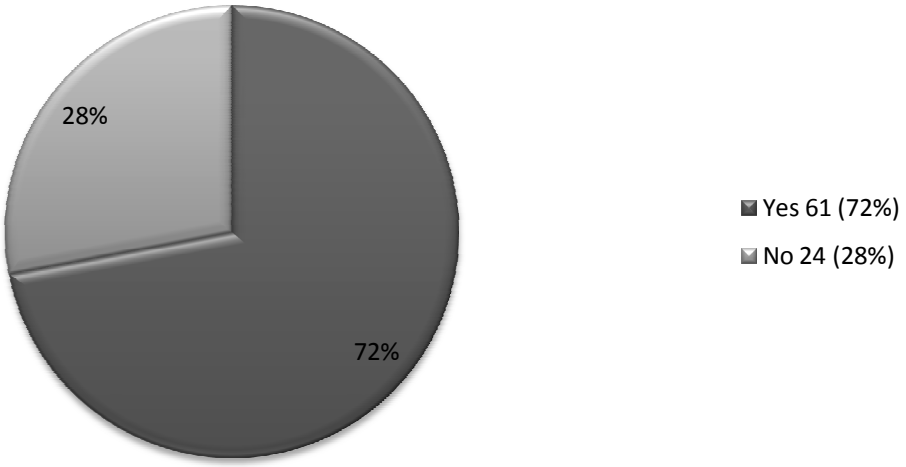
**HOUSING**


Where do you live?
(107 total cases)
1%
2%
4%
94%
House, apartment, or mobile home 100 (94%)
Facility such as a nursing home, group home, or other institution 4 (4%)
Shelter 1 (1%)
Other 2 (2%)

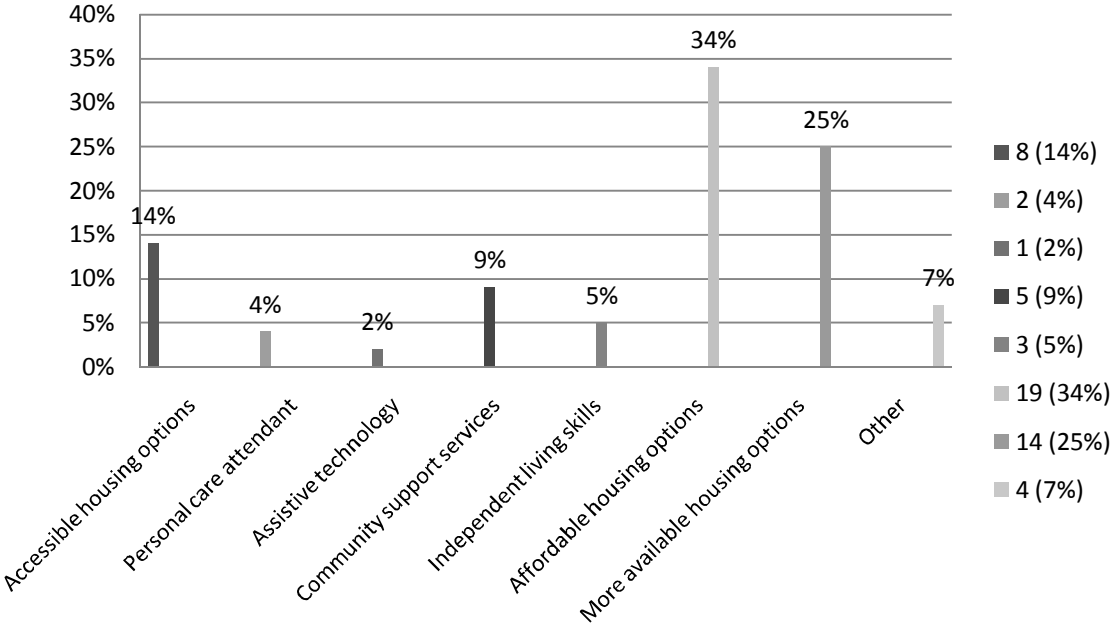

Who do you live with?
(105 total cases)
60%
50%
40%
30%
20%
10%
0%
23%
51%
13%
3%
3%
4%
3%
I live alone
Family
Spouse/significant other
Paid caretaker or care attendant
Unpaid caretaker or care attendant
Roommate(s)/friend(s)
Other residents or nursing home/group...
24 (23%)
54 (51%)
14 (13%)
3 (3%)
3(3%)
4 (4%)
3 (3%)


How much do you pay for housing each month, not including utilities?
(110 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
20%
35%
12%
5%
3%
16%
10%
$1-$250
$251-$500
$501-$750
$751-$1,000
More than $1,000
I do not pay anything/my family pays for my housing
Missing
22 (20%)
38 (35%)
13 (12%)
5 (5%)
3 (3%)
18 (16%)
11 (10%)

Are you currently living in your preferred living arrangement?
(85 total cases)

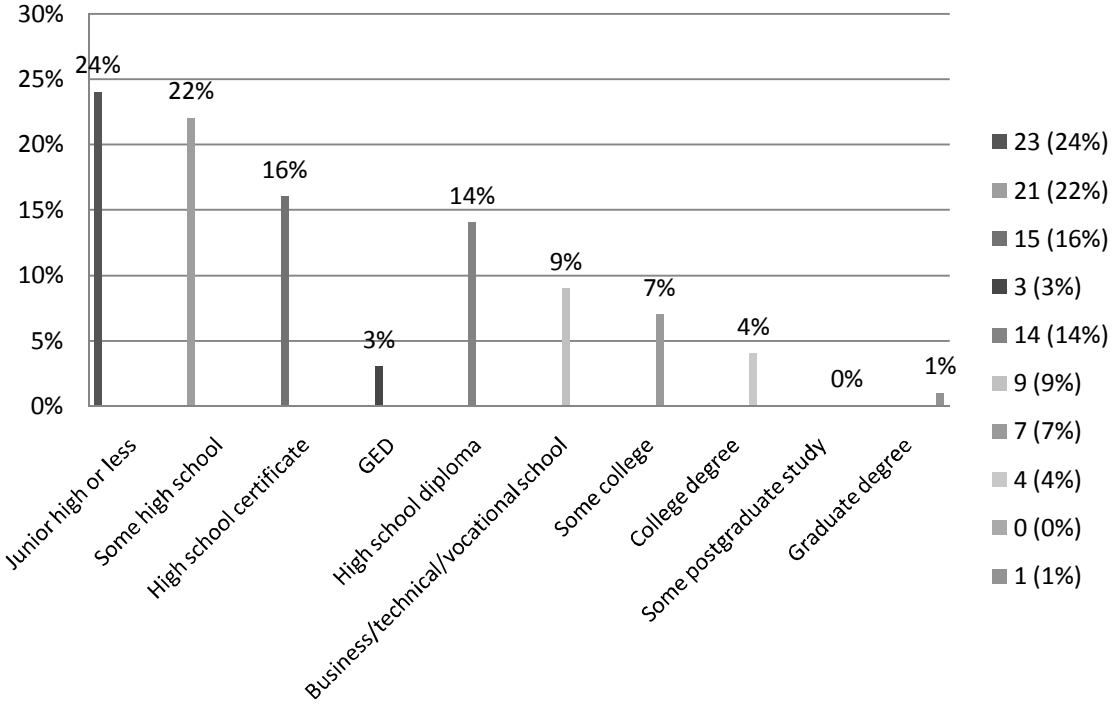



If no, what would you need to live where you want to live?
(56 total cases)

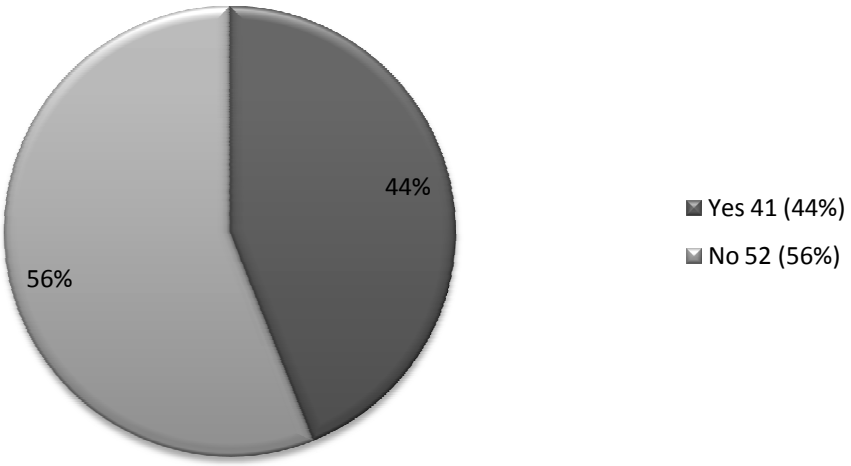


## EDUCATION

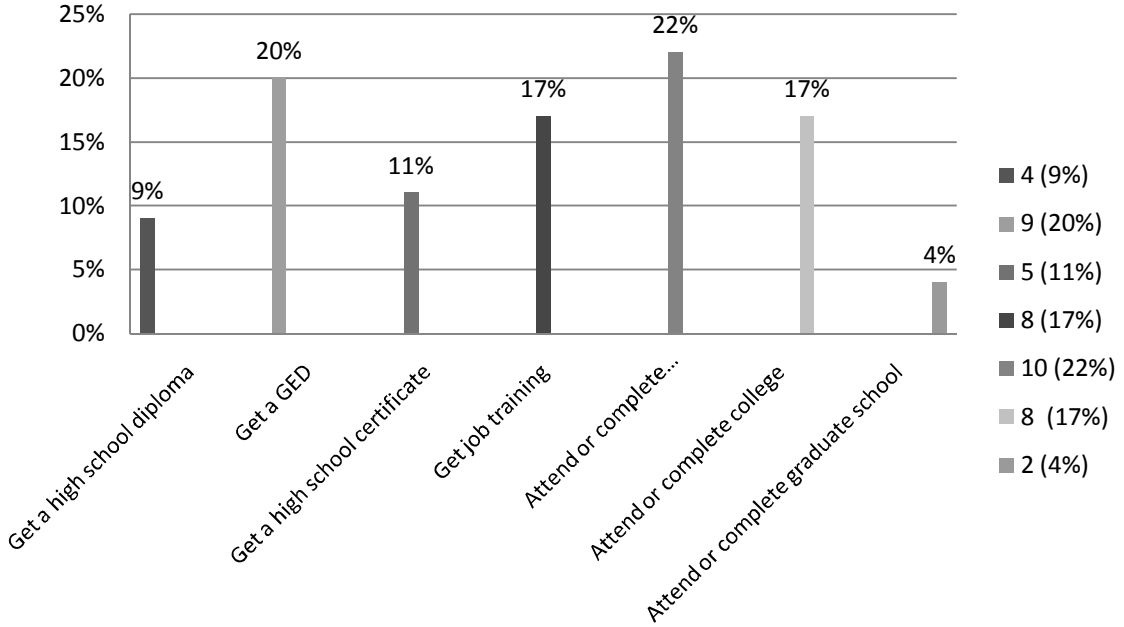
What is the highest level of education or grade level that you have completed?
(97 total cases)



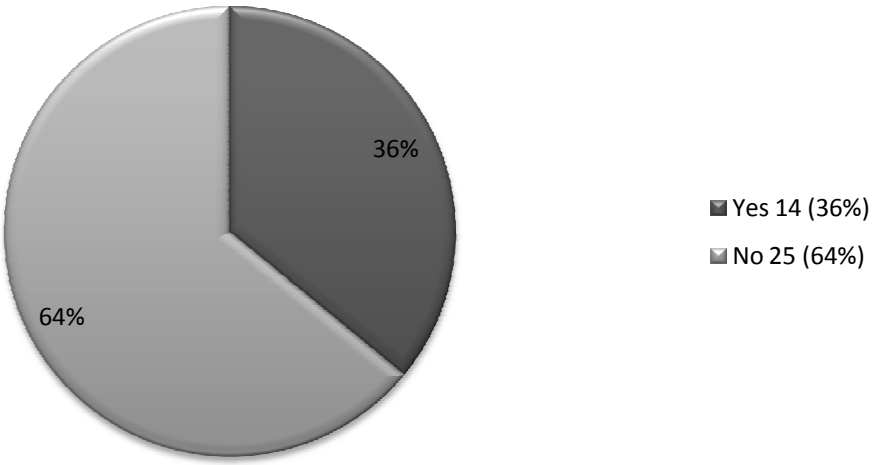

Do you want to or are you currently continuing your education?
(93 total cases)

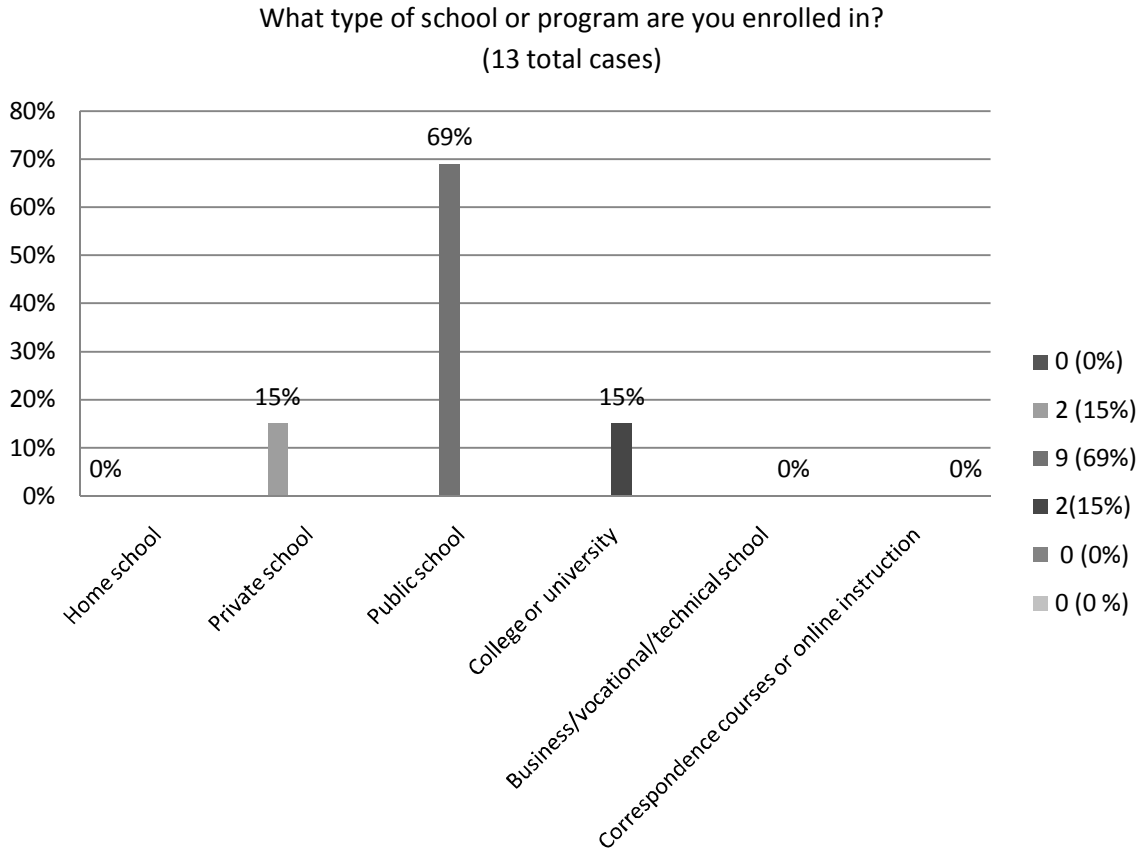


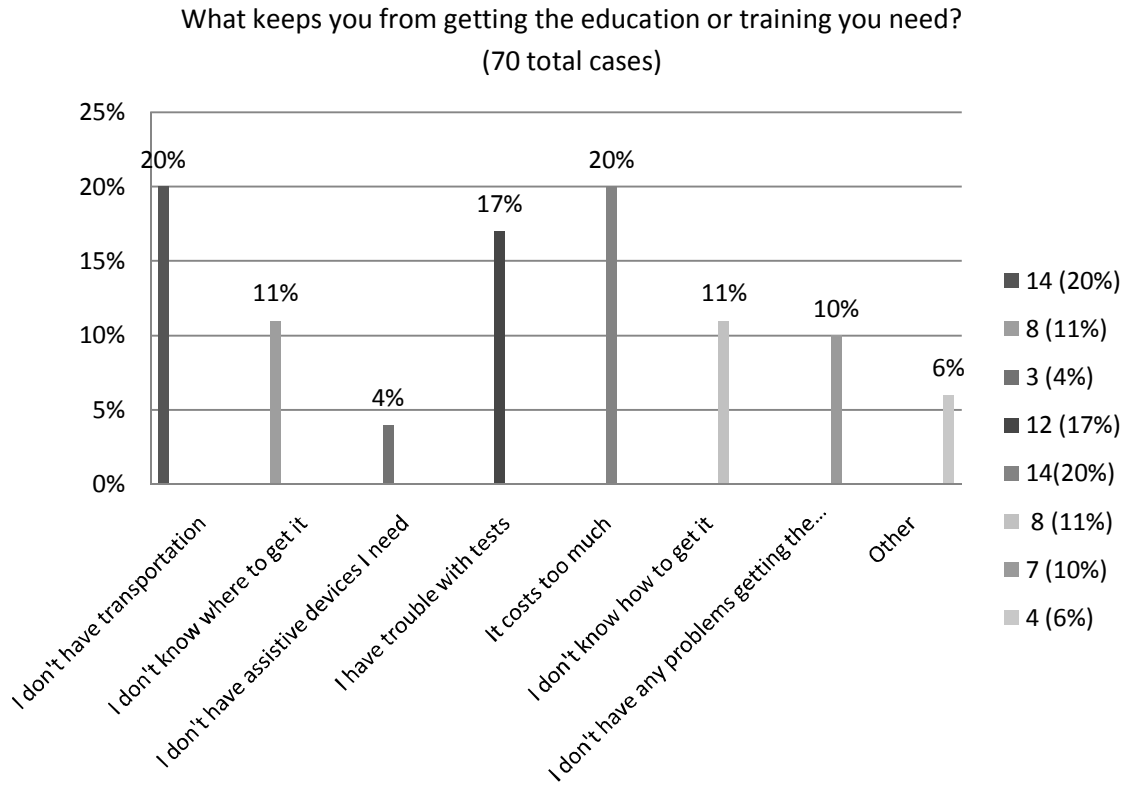
What are your current educational goals?
(46 total cases)



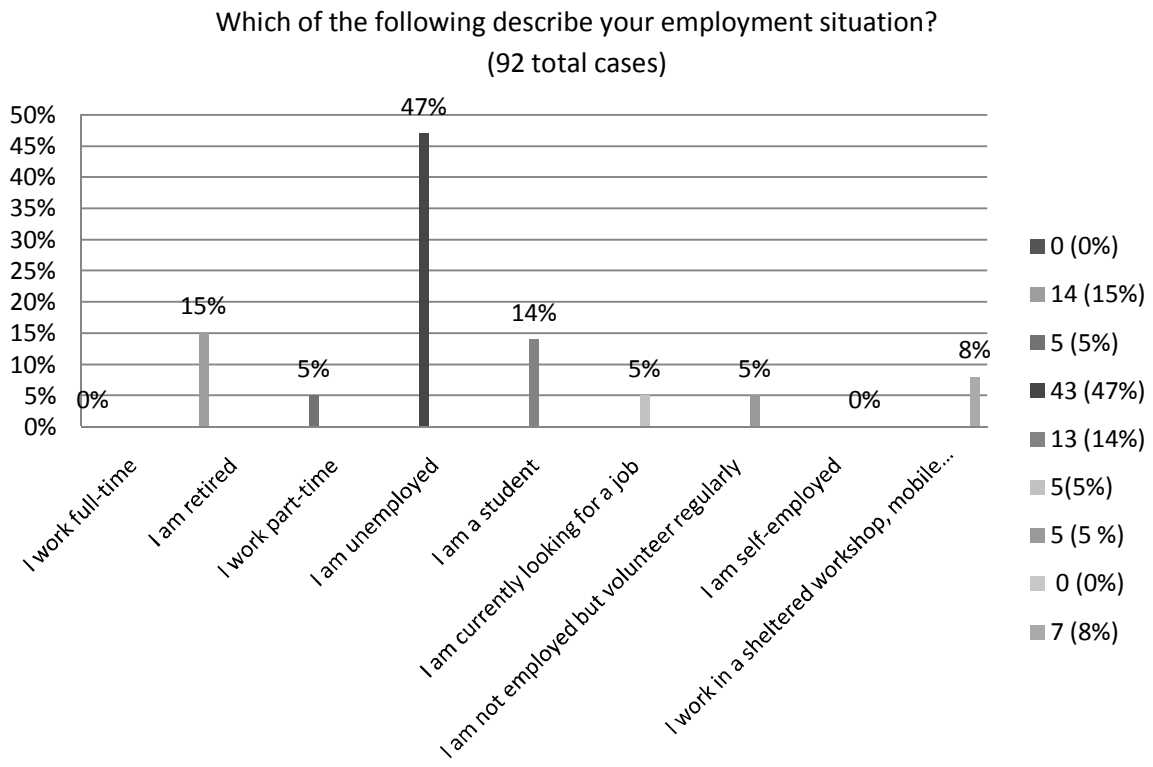

Are you currently enrolled in school or in a training program?
(39 total cases)

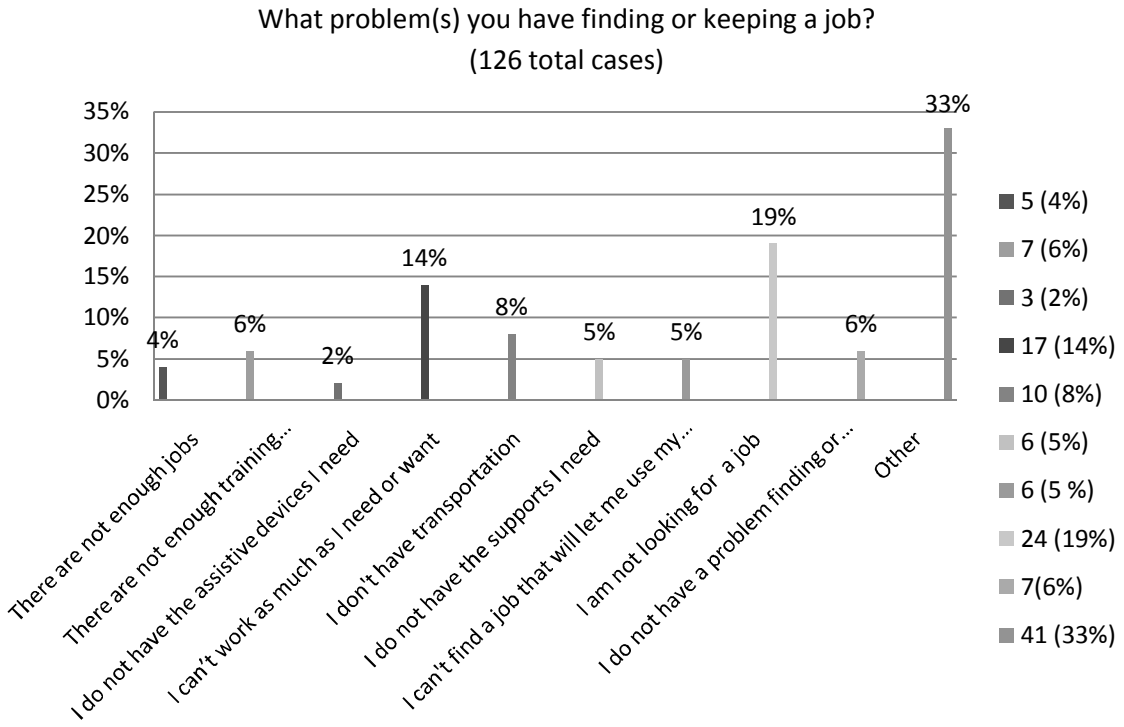



What type of school or program are you enrolled in?
(13 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
0%
15%
69%
15%
0%
0%
Home school
Private school
Public school
College or university
Business/vocational/technical school
Correspondence courses or online instruction
0 (0%)
2 (15%)
9 (69%)
2(15%)
0 (0%)
0 (0 %)

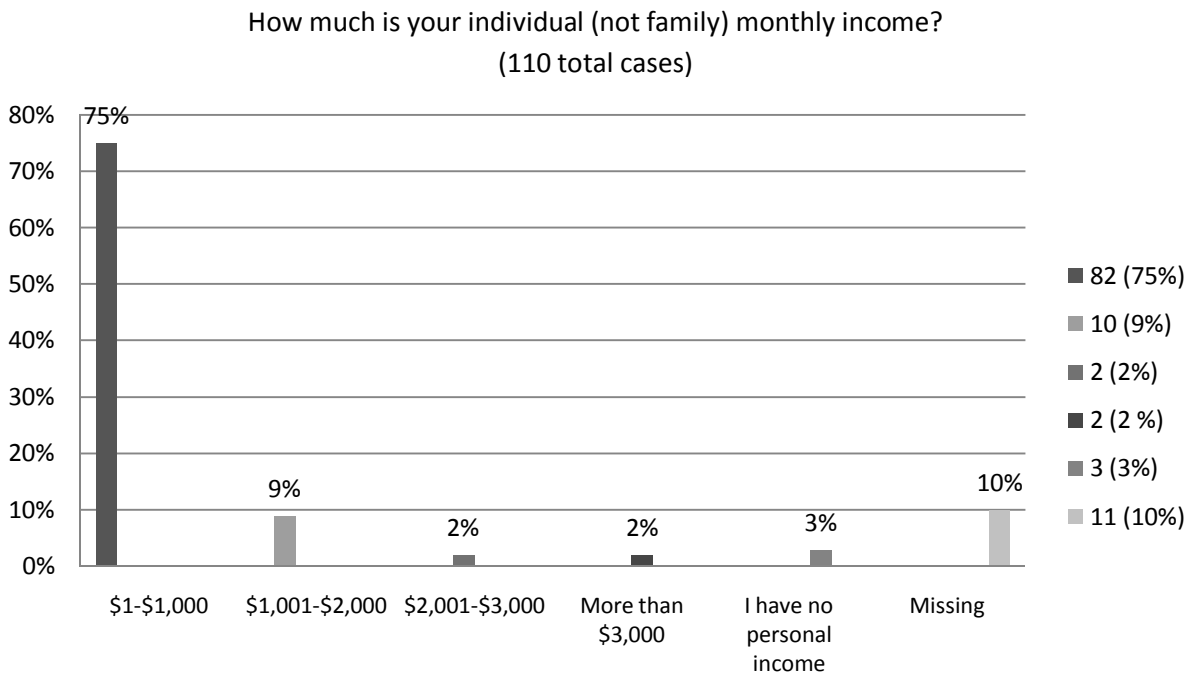

What keeps you from getting the education or training you need?
(70 total cases)
25%
20%
15%
10%
5%
0%
20%
11%
4%
17%
20%
11%
10%
6%
I don't have transportation
I don't know where to get it
I don't have assistive devices I need
I have trouble with tests
It costs too much
I don't know how to get it
I don't have any problems getting the...
Other
14 (20%)
8 (11%)
3 (4%)
12 (17%)
14(20%)
8 (11%)
7 (10%)
4 (6%)

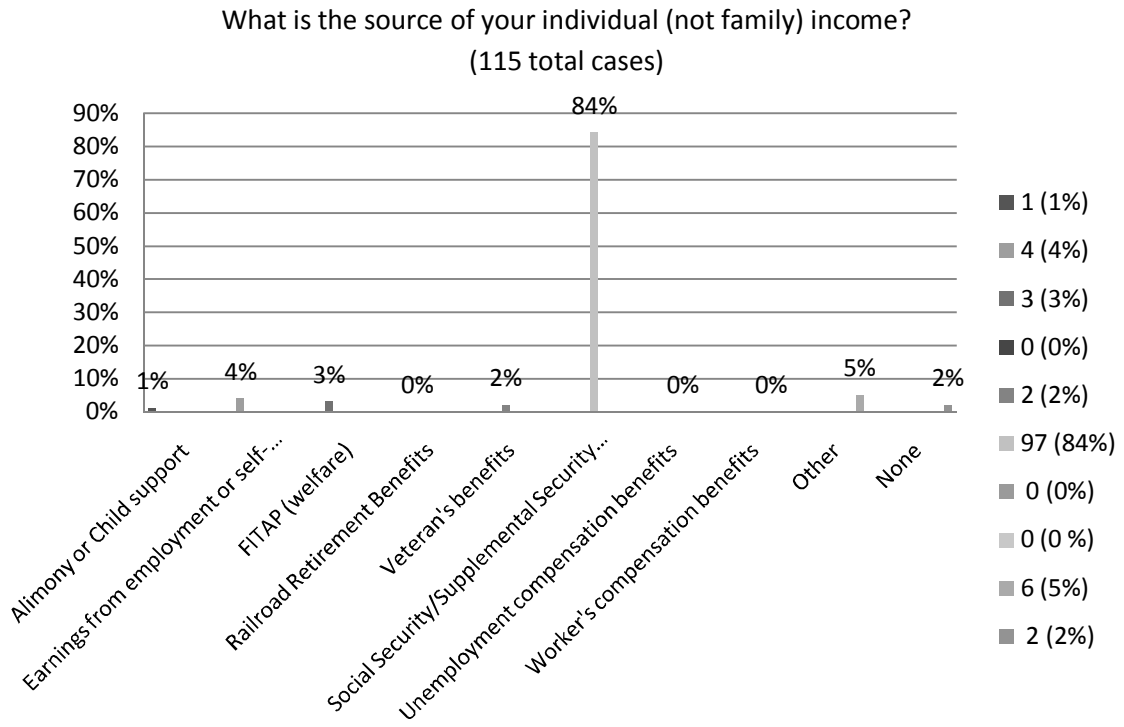
**EMPLOYMENT**


Which of the following describe your employment situation?
(92 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
0%
15%
5%
47%
14%
5%
5%
0%
8%
I work full-time
I am retired
I work part-time
I am unemployed
I am a student
I am currently looking for a job
I am not employed but volunteer regularly
I am self-employed
I work in a sheltered workshop, mobile...
0 (0%)
14 (15%)
5 (5%)
43 (47%)
13 (14%)
5(5%)
5 (5 %)
0 (0%)
7 (8%)

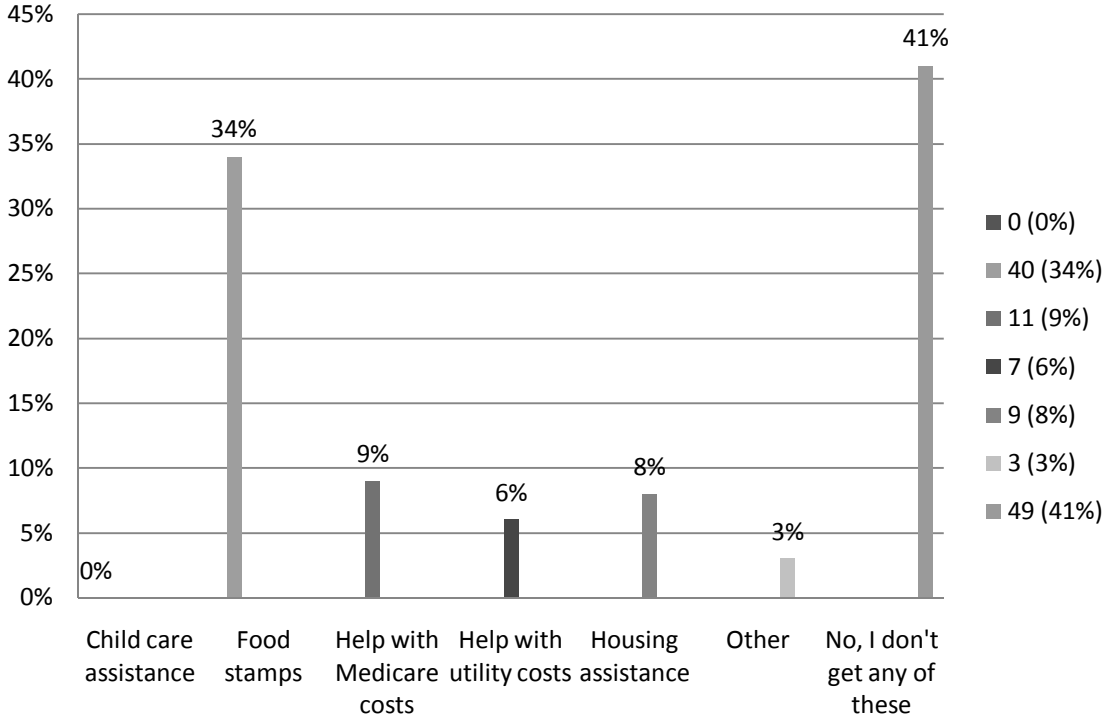

What problem(s) you have finding or keeping a job?
(126 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
4%
6%
2%
14%
8%
5%
5%
19%
6%
33%
There are not enough jobs
There are not enough training...
I do not have the assistive devices I need
I can't work as much as I need or want
I don't have transportation
I do not have the supports I need
I can't find a job that will let me use my...
I am not looking for a job
I do not have a problem finding or...
Other
5 (4%)
7 (6%)
3 (2%)
17 (14%)
10 (8%)
6 (5%)
6 (5 %)
24 (19%)
7(6%)
41 (33%)

**FINANCES**

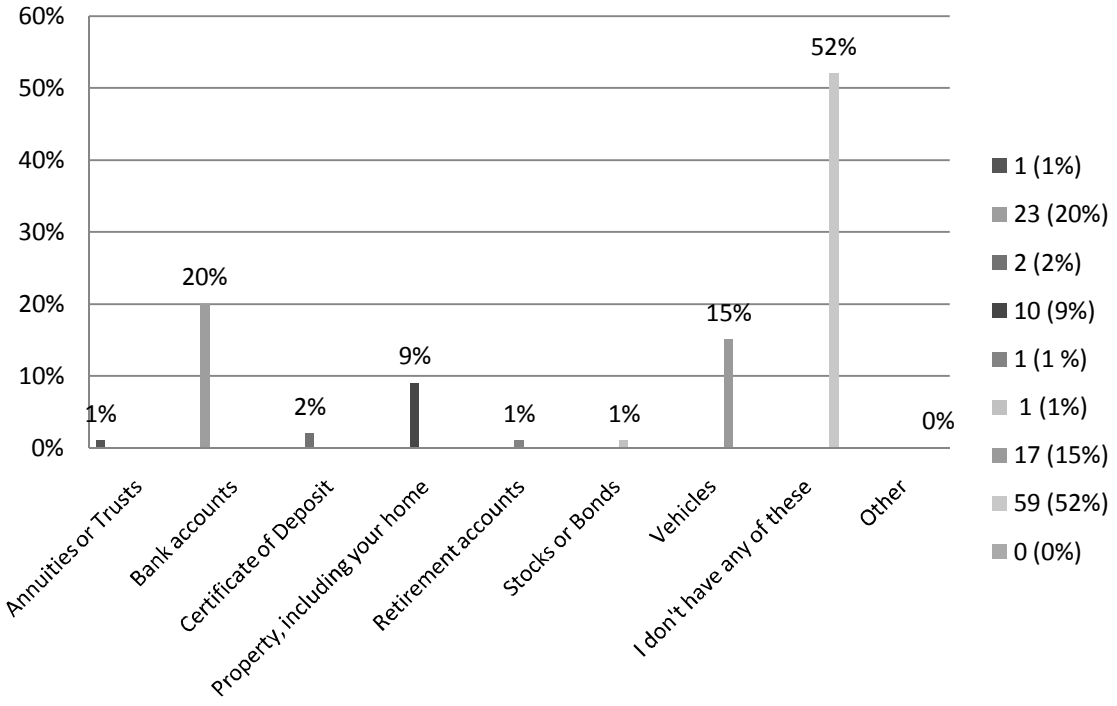

How much is your individual (not family) monthly income?
(110 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
75%
9%
2%
2%
3%
10%
$1-$1,000
$1,001-$2,000
$2,001-$3,000
More than $3,000
I have no personal income
Missing
82 (75%)
10 (9%)
2 (2%)
2 (2 %)
3 (3%)
11 (10%)


What is the source of your individual (not family) income?
(115 total cases)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
1%
4%
3%
0%
2%
84%
0%
0%
5%
2%
Alimony or Child support
Earnings from employment or self-...
FITAP (welfare)
Railroad Retirement Benefits
Veteran's benefits
Social Security/Supplemental Security...
Unemployment compensation benefits
Worker's compensation benefits
Other
None
1 (1%)
4 (4%)
3 (3%)
0 (0%)
2 (2%)
97 (84%)
0 (0%)
0 (0 %)
6 (5%)
2 (2%)

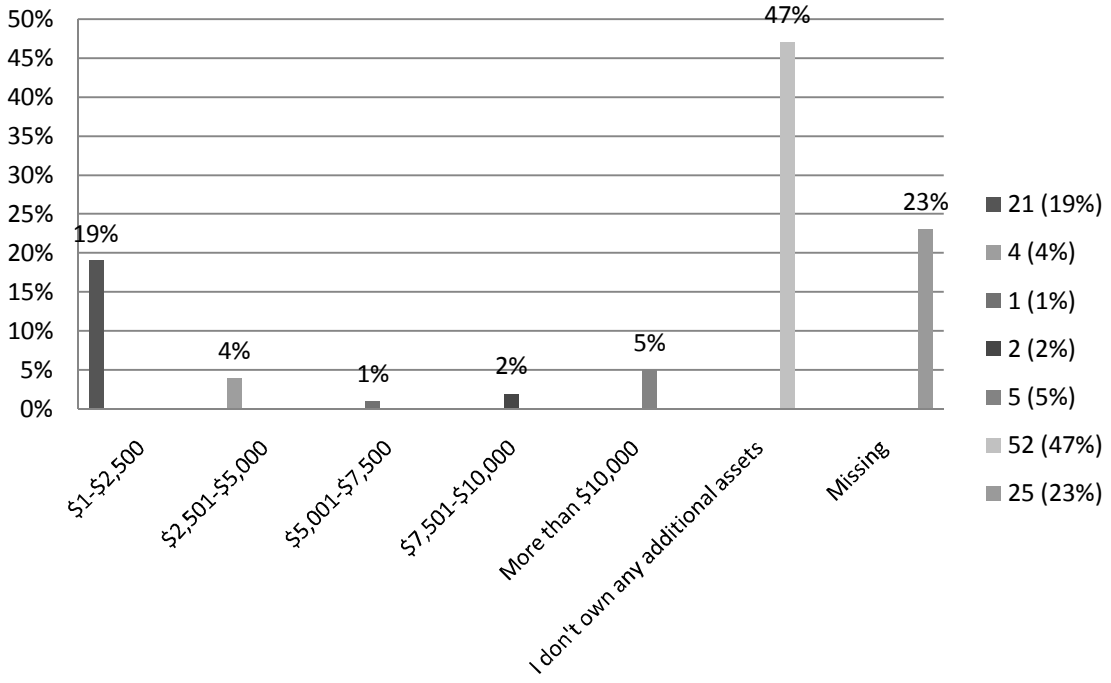
Do you personally get financial help from any of the following programs?
(119 total cases)



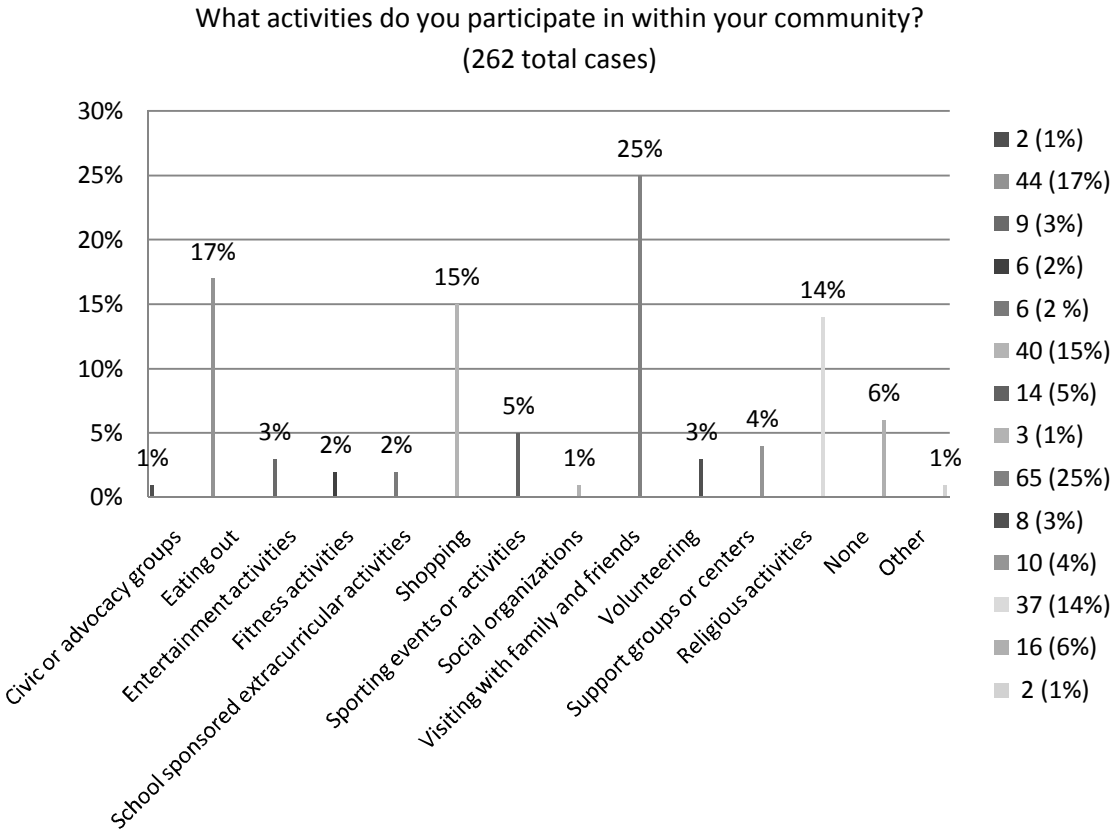

Which of the following kinds of assets or resources do you personally own?
(114 total cases)



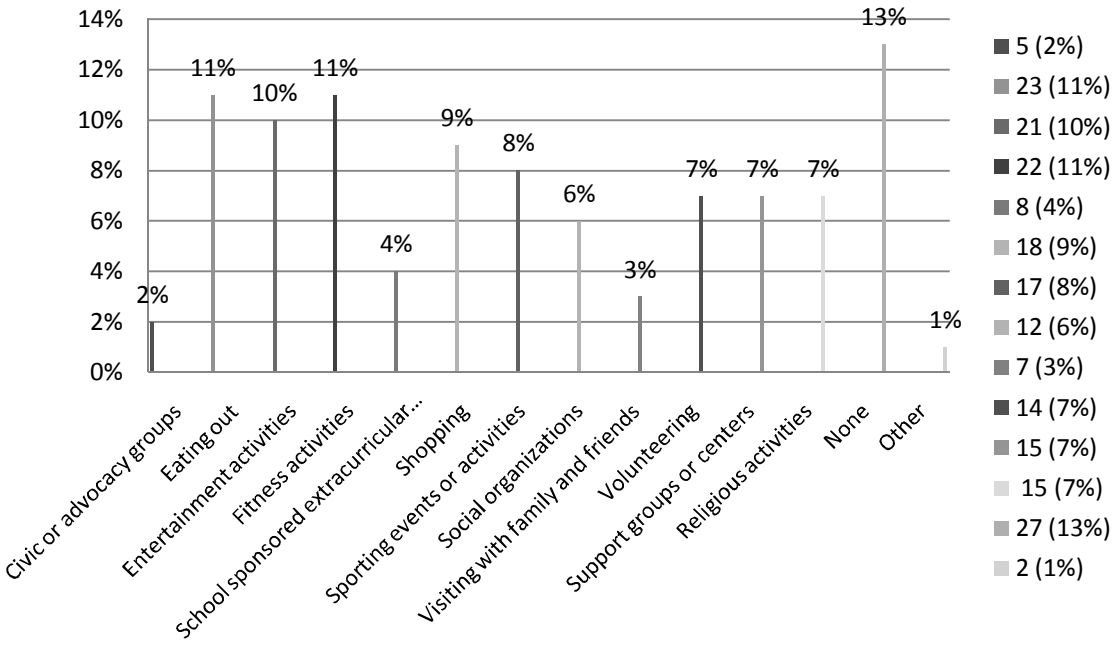
How much are your personal resources worth, other than your home or vehicle?
(110 total cases)



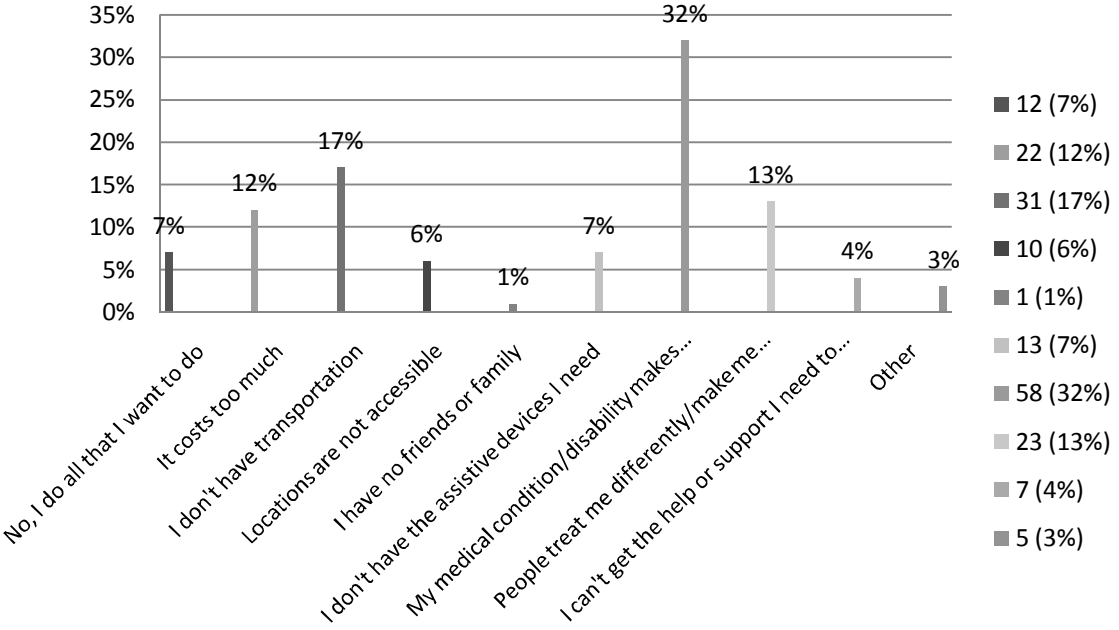
## COMMUNITY INVOLVEMENT



What activities would you like to participate in, but cannot?
(206 total cases)

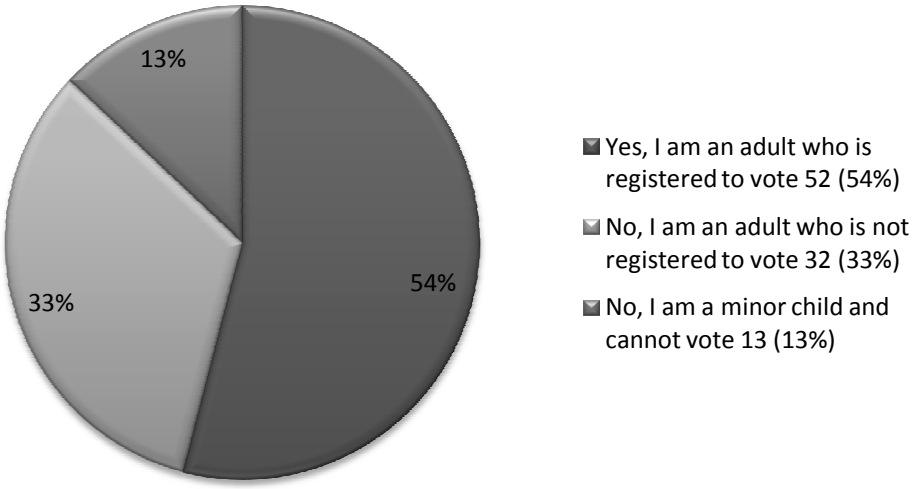



Is there anything that makes it hard for you to do the things you want?
(182 total cases)

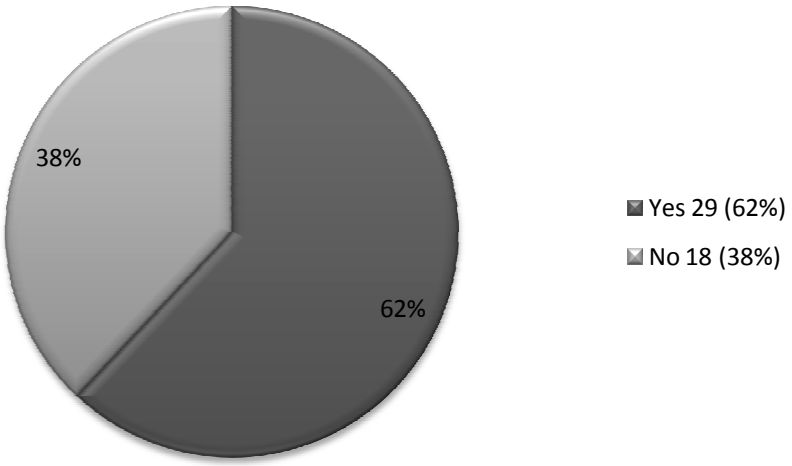


## CIVIC INVOLVEMENT

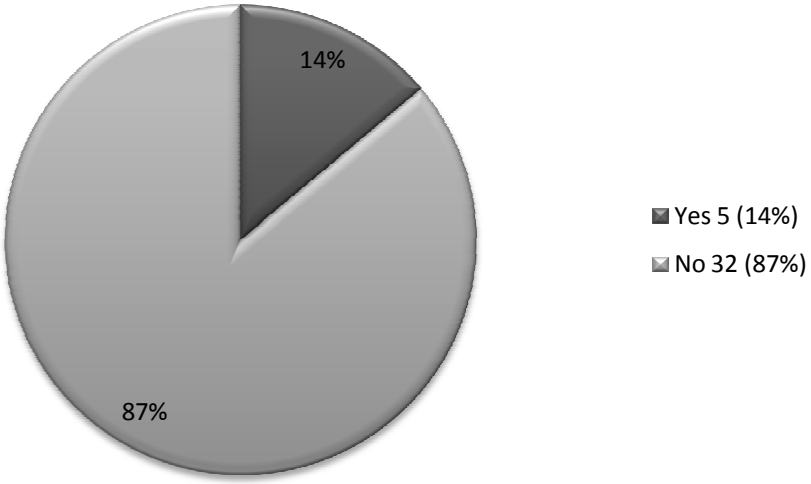
Are you registered to vote?
(97 total cases)



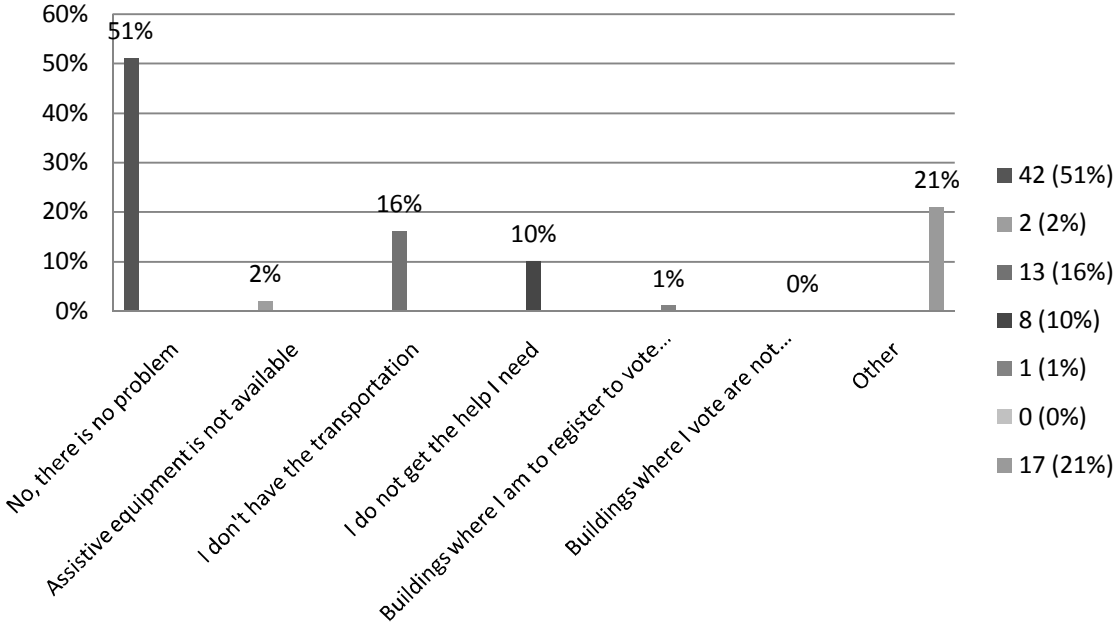

Have you voted in any election in the last four years?
(47 total cases)



Have you used special voting services such as vote by mail or early voting?
(37 total cases)

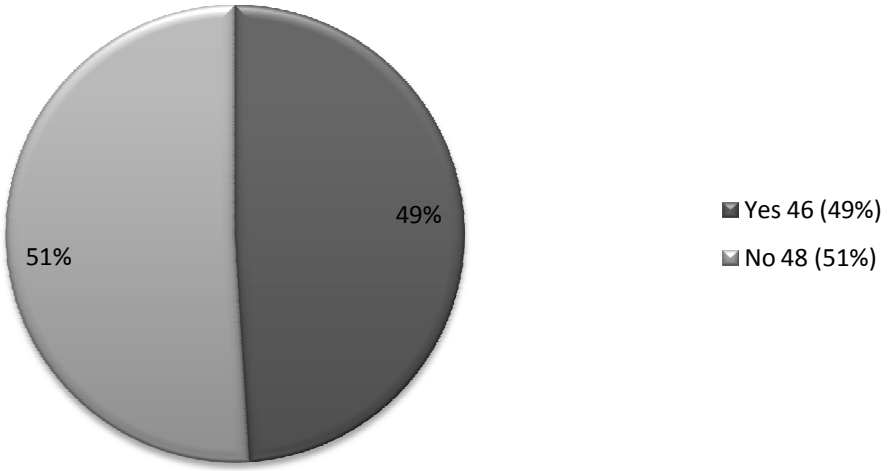



Is there anything that makes it hard for you to vote?
(83 total cases)

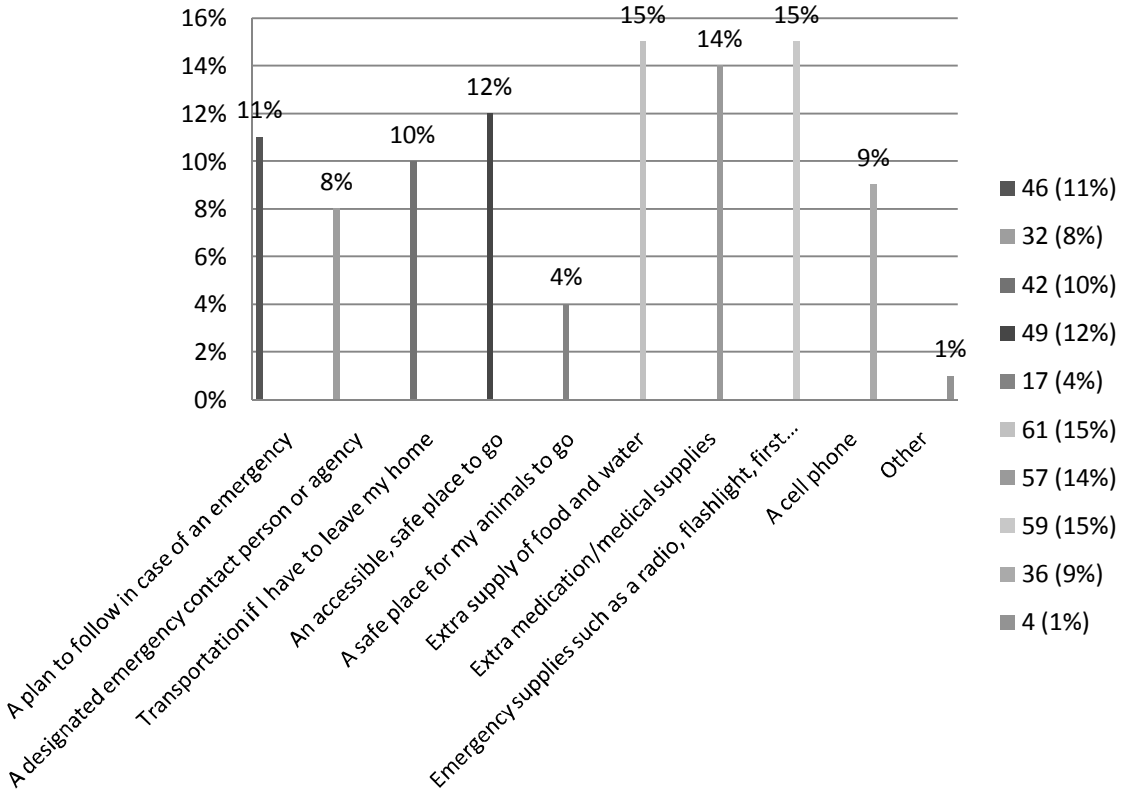


## EMERGENCY PREPAREDNESS

Do you have a plan in place to deal with an emergency situation?
(94 total cases)




What would you need to be prepared for a future emergency situation?
(403 total cases)



# REGION II - TABLES

## GENERAL INFORMATION

### Format of Survey

| | Number | Percent |
|---|---|---|
| Paper | 97 | 88% |
| Internet | 10 | 9% |
| Telephone | 3 | 3% |
| *Total Cases* | 110 | |

### Who is filling out this survey?

| | Number | Percent |
|---|---|---|
| A person with a disability | 60 | 57% |
| A helper or friend of a person with a disability | 6 | 6% |
| The parent or guardian of a minor child with a disability | 19 | 18% |
| The parent or guardian of an adult with a disability | 18 | 17% |
| A court appointed guardian, curator, tutor or agent | 1 | 1% |
| A professional or advocate | 2 | 2% |
| *Total Cases* | 106 | |

### Why is someone helping you fill out this survey?

| | Number | Percent |
|---|---|---|
| This doesn't apply to me- I am answering this survey by myself | 48 | 51% |
| I am providing the answers and this person is recording them | 14 | 15% |
| I am unable to answer this survey | 17 | 18% |
| I do not want to participate in this survey | 0 | 0% |
| I am under 18 and this person is my parent or guardian | 15 | 16% |
| Other | 1 | 1% |
| *Total Cases* | 95 | |

**What is the type of your disability?**

| | Number | Percent |
|---|---|---|
| Mental health/ Emotional disorder | 47 | 27% |
| Physical | 44 | 25% |
| Learning/ Cognitive | 31 | 18% |
| Speech Communication | 16 | 9% |
| Sensory | 4 | 2% |
| Chronic health condition | 34 | 19% |
| *Total Cases* | 176 | |

**How long have you lived with your disability?**

| | Number | Percent |
|---|---|---|
| 1-10 years | 41 | 14% |
| 11-20 years | 27 | 27% |
| 21-30 years | 13 | 13% |
| 31-40 years | 11 | 11% |
| 41-50 years | 6 | 6% |
| 51-60 years | 3 | 3% |
| 61-70 years | 0 | 0% |
| *Total Cases* | 101 | |

**How would you judge your condition?**

| | Number | Percent |
|---|---|---|
| It is getting better | 7 | 7% |
| It comes and goes | 13 | 13% |
| It only gets worse | 21 | 20% |
| It is ongoing with little or no change | 40 | 39% |
| It is ongoing with constant change | 22 | 21% |
| *Total Cases* | 103 | |

**How long is your disability expected to last?**

| | Number | Percent |
|---|---|---|
| It is permanent | 82 | 77% |
| It is temporary | 3 | 3% |
| I'm not sure | 21 | 20% |
| *Total Cases* | 115 | |

**What is your race or ethnicity?**

| | Number | Percent |
|---|---|---|
| African American/ Black | 73 | 65% |
| Asian/ Pacific Islander | 0 | 0% |
| Caucasian/ White | 32 | 29% |
| Hispanic/ Latino | 2 | 2% |
| Native American | 4 | 4% |
| Multi-racial | 0 | 0% |
| Other | 1 | 1% |
| *Total Cases* | 112 | |

**What is your gender?**

| | Number | Percent |
|---|---|---|
| Male | 62 | 57% |
| Female | 47 | 43% |
| *Total Cases* | 109 | |

**How old are you?**

| | Number | Percent |
|---|---|---|
| Under 18 | 16 | 15% |
| 18-21 | 5 | 5% |
| 22-30 | 15 | 14% |
| 31-40 | 15 | 14% |
| 41-50 | 25 | 23% |
| 51-60 | 26 | 24% |
| 61-70 | 8 | 7% |
| 71-79 | 0 | 0% |
| *Total Cases* | 110 | |

**Which of the following helps you find out about available services?**

| | Number | Percent |
|---|---|---|
| Agencies | 34 | 12% |
| Healthcare providers | 61 | 21% |
| Internet | 18 | 6% |
| Library | 4 | 1% |
| Magazines | 10 | 3% |
| Mail | 32 | 11% |
| Newsletters | 14 | 5% |
| Newspaper | 18 | 6% |
| Radio | 14 | 5% |
| Relatives/ friends | 54 | 18% |
| Television | 32 | 11% |
| Other | 5 | 2% |
| *Total Cases* | 296 | |

## HEALTH CARE

### What type of health insurance do you have?

| | Number | Percent |
|---|---|---|
| None | 6 | 4% |
| Insurance through an employer | 3 | 2% |
| Medicaid (blue & white card) | 80 | 54% |
| Medicare (red, white & blue card) | 25 | 17% |
| Medicare prescription drug coverage | 23 | 16% |
| Private insurance | 5 | 3% |
| Other | 5 | 3% |
| *Total Cases* | 147 | |

### About how much do you or your family pay each month for this insurance?

| | Number | Percent |
|---|---|---|
| $0 | 53 | 48% |
| $1-10 | 1 | 1% |
| $11-20 | 1 | 1% |
| $21-30 | 1 | 1% |
| $31-40 | 0 | 0% |
| $41-50 | 0 | 0% |
| $51-60 | 0 | 0% |
| $61-70 | 0 | 0% |
| $71-80 | 1 | 1% |
| $81-90 | 0 | 0% |
| $91-100 | 4 | 4% |
| $101-200 | 4 | 4% |
| $210-300 | 0 | 0% |
| More than $300 | 4 | 4% |
| Missing | 41 | 37% |
| *Total Cases* | 110 | |

**About how much of your own or your family's money is spent each month for medical expenses other than insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 23 | 21% |
| $1-10 | 3 | 3% |
| $11-20 | 5 | 5% |
| $21-30 | 9 | 8% |
| $31-40 | 3 | 3% |
| $41-50 | 6 | 6% |
| $51-60 | 3 | 3% |
| $61-70 | 3 | 3% |
| $71-80 | 2 | 2% |
| $81-90 | 0 | 0% |
| $91-100 | 5 | 5% |
| $101-200 | 9 | 8% |
| $210-300 | 1 | 1% |
| More than $300 | 4 | 4% |
| Missing | 34 | 31% |
| *Total Cases* | 110 | |

**What medical services do you use on a regular basis?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 91 | 23% |
| Specialist doctor | 34 | 9% |
| Medical supplies | 31 | 8% |
| Prescription medications | 80 | 20% |
| Mental health services | 28 | 7% |
| Hospital care | 11 | 3% |
| Home health services | 7 | 2% |
| Emergency care | 17 | 4% |
| Nutrition services | 9 | 2% |
| Substance abuse counseling | 2 | 1% |
| Nursing services | 5 | 1% |
| Dialysis | 2 | 1% |
| Hearing services | 4 | 1% |
| Dental services | 22 | 6% |
| Eye/vision | 23 | 6% |
| Therapy services | 15 | 4% |
| Rehabilitation services | 8 | 2% |
| Orthotics | 5 | 1% |
| None | 1 | 1% |
| Other | 1 | 1% |
| *Total Cases* | 396 | |

**What medical services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 6 | 4% |
| Specialist doctor | 9 | 5% |
| Medical supplies | 6 | 4% |
| Prescription medications | 5 | 3% |
| Mental health services | 10 | 6% |
| Hospital care | 1 | 1% |
| Home health services | 7 | 4% |
| Emergency care | 2 | 1% |
| Nutrition services | 7 | 4% |
| Substance abuse counseling | 1 | 1% |
| Nursing services | 2 | 1% |
| Dialysis | 2 | 1% |
| Hearing services | 6 | 4% |
| Dental services | 40 | 23% |
| Eye/vision | 31 | 18% |
| Therapy services | 9 | 5% |
| Rehabilitation services | 4 | 2% |
| Orthotics | 2 | 1% |
| None | 22 | 13% |
| Other | 1 | 1% |
| *Total Cases* | 173 | |

**Why don't you get the medical care you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 22 | 14% |
| It costs too much | 25 | 16% |
| It's not available where I live | 6 | 4% |
| I don't have transportation | 16 | 11% |
| Support services are limited | 17 | 11% |
| It's hard to find out where to get services | 25 | 16% |
| Care options are limited | 10 | 7% |
| Medical facilities/ offices are not accessible | 3 | 2% |
| I get the care I need so this doesn't apply to me | 25 | 16% |
| Other | 4 | 3% |
| *Total Cases* | 153 | |

**INDEPENDENT LIVING**

**What services and supports do you use?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 23 | 15% |
| Personal care attendant | 16 | 10% |
| Support/counseling from a peer or professional | 22 | 14% |
| Transportation services | 17 | 11% |
| Skills training to live independently | 10 | 6% |
| Financial assistance | 16 | 10% |
| Interpreter/communication services | 1 | 1% |
| Advocacy | 3 | 2% |
| Assistive technology devices | 5 | 3% |
| I do not use any of these | 42 | 27% |
| Other | 1 | 1% |
| *Total Cases* | 156 | |

**Who provides these supports and services to you?**

| | Number | Percent |
|---|---|---|
| Office for Citizens with Developmental Disabilities (OCDD) | 9 | 7% |
| Office of aging and adult services (OAAS) | 0 | 0% |
| Office of Mental Health (OMH) | 11 | 9% |
| Louisiana Rehabilitation Services (LRS) | 5 | 4% |
| Governor's Office of Disability Affairs (GODA) | 4 | 3% |
| Independent living centers | 4 | 3% |
| Office for Addictive Disorders and Counseling (OADC) | 1 | 1% |
| Louisiana Assistive Technology Access Network (LATAN) | 2 | 2% |
| Work Incentive Planning Assistance (WIPA) | 1 | 1% |
| Louisiana Department of Education | 1 | 1% |
| Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) | 0 | 0% |
| Medicaid | 43 | 34% |
| Other | 18 | 14% |
| I don't receive any of these services | 29 | 23% |
| *TotalCases* | 128 | |

**What services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 40 | 24% |
| Personal care attendant | 7 | 4% |
| Support/counseling from a peer or professional | 11 | 7% |
| Transportation services | 32 | 20% |
| Skills training to live independently | 9 | 6% |
| Financial assistance | 28 | 17% |
| Interpreter/communication services | 1 | 1% |
| Advocacy | 7 | 4% |
| Assistive technology devices | 4 | 2% |
| I do not use any of these | 20 | 12% |
| Other | 5 | 3% |
| *Total Cases* | 164 | |

**Why don't you get the services and supports you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 16 | 12% |
| It costs too much | 16 | 12% |
| It's not available where I live | 10 | 7% |
| Transportation is not available | 12 | 9% |
| I don't know where to get services | 37 | 27% |
| Facilities/ offices are not accessible | 5 | 4% |
| Support services are limited | 11 | 8% |
| Available care options are limited | 13 | 10% |
| I live how I want to live so this does not apply to me | 11 | 8% |
| Other | 6 | 4% |
| *Total Cases* | 137 | |

**Who plans most of the care you get?**

| | Number | Percent |
|---|---|---|
| I do | 48 | 47% |
| A relative | 45 | 44% |
| A friend | 2 | 2% |
| An agency | 6 | 6% |
| Other | 2 | 2% |
| *Total Cases* | 103 | |

## ASSISTIVE TECHNOLOGY

**Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?**

| | Number | Percent |
|---|---|---|
| Yes | 27 | 31% |
| No | 59 | 69% |
| *Total Cases* | 86 | |

**What sort of assistive technology do you use?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 6 | 13% |
| Hearing | 2 | 4% |
| Environmental adaptations | 2 | 4% |
| Speech communication | 1 | 2% |
| Learning/cognitive/development | 3 | 6% |
| Daily living aids | 6 | 13% |
| Mobility/seating/positioning | 9 | 19% |
| Vision | 7 | 15% |
| Vehicle modification/transportation | 6 | 13% |
| Computers and related | 5 | 10% |
| Other | 1 | 2% |
| *Total Cases* | 48 | |

**What sort of assistive technology do you need but not get?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 4 | 10% |
| Hearing | 1 | 3% |
| Environmental adaptations | 5 | 13% |
| Speech communication | 2 | 5% |
| Learning/cognitive/development | 3 | 8% |
| Daily living aids | 4 | 10% |
| Mobility/seating/positioning | 5 | 13% |
| Vision | 5 | 13% |
| Vehicle modification/transportation | 3 | 8% |
| Computers and related | 6 | 15% |
| None | 0 | 0% |
| Other | 1 | 3% |
| *Total Cases* | 39 | |

**If you don't have access to assistive technology, what is the reason?**

| | Number | Percent |
|---|---|---|
| I can't afford it | 8 | 27% |
| I need help to use it | 2 | 7% |
| I need training to use it | 6 | 20% |
| It is not available in my community | 2 | 7% |
| It is not covered by my health insurance | 5 | 17% |
| This does not apply to me | 5 | 17% |
| Other | 2 | 7% |
| *Total Cases* | 30 | |

**How would you describe your use of assistive technology?**

| | Number | Percent |
|---|---|---|
| I have all the assistive technology I need | 2 | 7% |
| I have some but not all of the assistive technology I need | 11 | 38% |
| I do not have any of the assistive technology I need | 1 | 3% |
| The assistive technology I use is in good condition | 4 | 14% |
| The assistive technology I use is outdated or in need of repair | 3 | 10% |
| I don't think I know about the assistive technology available | 7 | 24% |
| I find it difficult to learn to use new assistive technology | 1 | 3% |
| *Total Cases* | 29 | |

**TRANSPORTATION**

**What means of transportation are available to you?**

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 24 | 15% |
| I have my own vehicle | 20 | 12% |
| Rides from friends/ family | 65 | 39% |
| Public transportation | 17 | 10% |
| Para Transit | 0 | 0% |
| Taxi service | 5 | 3% |
| Medicaid transportation service | 25 | 15% |
| None | 4 | 2% |
| Other | 6 | 4% |
| *Total Cases* | 166 | |

**What means of transportation do you use?**

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 22 | 15% |
| I have my own vehicle | 20 | 13% |
| Rides from friends/ family | 70 | 47% |
| Public transportation | 15 | 10% |
| Para Transit | 0 | 0% |
| Taxi service | 4 | 3% |
| Medicaid transportation service | 0 | 0% |
| None | 19 | 13% |
| Other | 0 | 0% |
| *Total Cases* | 150 | |

**What problems do you have with transportation?**

| | Number | Percent |
|---|---|---|
| I don't have any problems with transportation | 51 | 36% |
| It's too far away | 9 | 6% |
| There are not enough options | 14 | 10% |
| It is not reliable | 14 | 10% |
| It is not available when I need it | 15 | 11% |
| It does not go where I need it to go | 11 | 8% |
| It costs too much | 15 | 11% |
| It is not available or accessible for someone with my disability | 8 | 6% |
| Other | 6 | 4% |
| *Total Cases* | 143 | |

**For which purposes do you use public transportation?**

| | Number | Percent |
|---|---|---|
| To go to work | 5 | 4% |
| To go to school/ training program | 5 | 4% |
| To go to social activities | 5 | 4% |
| To go to medical appointments | 34 | 25% |
| To do personal errands | 17 | 13% |
| To go to religious activities | 9 | 7% |
| I do not use public transportation | 59 | 44% |
| Other | 0 | 0% |
| *Total Cases* | 134 | |

## HOUSING

### Where do you live?

| | Number | Percent |
|---|---|---|
| House, apartment, or mobile home | 100 | 94% |
| Facility such as a nursing home, group home, or other institution | 4 | 4% |
| Shelter | 1 | 1% |
| Other | 2 | 2% |
| *Total Cases* | 107 | |

### Who do you live with?

| | Number | Percent |
|---|---|---|
| I live alone | 24 | 23% |
| Family | 54 | 51% |
| Spouse/significant other | 14 | 13% |
| Paid caretaker or care attendant | 3 | 3% |
| Unpaid caretaker or care attendant | 3 | 3% |
| Roommate(s)/ Friend(s) | 4 | 4% |
| Other residents or nursing home/ group home/ shelter or other institution | 3 | 3% |
| *Total Cases* | 105 | |

### How much do you pay for housing each month, not including utilities?

| | Number | Percent |
|---|---|---|
| $1-$250 | 22 | 20% |
| $251-$500 | 38 | 35% |
| $501-$750 | 13 | 12% |
| $750-$1,000 | 5 | 5% |
| More than $1,000 | 3 | 3% |
| I do not pay anything/ my family pays for my housing | 18 | 16% |
| Missing | 11 | 10% |
| *Total Cases* | 110 | |

**Are you currently living in your preferred living arrangement?**

| | Number | Percent |
|---|---|---|
| Yes | 61 | 72% |
| No | 24 | 28% |
| *Total Cases* | 85 | |

**What would you need to live where you want to live?**

| | Number | Percent |
|---|---|---|
| Accessible housing options | 8 | 14% |
| Personal care attendant | 2 | 4% |
| Assistive technology | 1 | 2% |
| Community support services | 5 | 9% |
| Independent living skills | 3 | 5% |
| Affordable housing options | 19 | 34% |
| More available housing options | 14 | 25% |
| Other | 4 | 7% |
| *Total Cases* | 56 | |

## EDUCATION

**What is the highest level of education or grade level that you have completed?**

| | Number | Percent |
|---|---|---|
| Junior high or less | 23 | 24% |
| Some high school | 21 | 22% |
| High school certificate | 15 | 16% |
| GED | 3 | 3% |
| High school diploma | 14 | 14% |
| Business/ technical/ vocational school | 9 | 9% |
| Some college | 7 | 7% |
| College degree | 4 | 4% |
| Some postgraduate study | 0 | 0% |
| Graduate degree | 1 | 1% |
| *Total Cases* | 97 | |

**Do you want to or are you currently continuing your education?**

| | Number | Percent |
|---|---|---|
| Yes | 41 | 44% |
| No | 52 | 56% |
| *Total Cases* | 93 | |

**What are you current educational goals?**

| | Number | Percent |
|---|---|---|
| Get a high school diploma | 4 | 9% |
| Get a GED | 9 | 20% |
| Get a high school certificate | 5 | 11% |
| Get job training | 8 | 17% |
| Attend or complete business/vocational/technical school | 10 | 22% |
| Attend or complete college | 8 | 17% |
| Attend or complete graduate school | 2 | 4% |
| *Total Cases* | 46 | |

**Are you currently enrolled in school or in a training program?**

| | Number | Percent |
|---|---|---|
| Yes | 14 | 36% |
| No | 25 | 64% |
| *Total Cases* | 39 | |

**What type of school or program are you enrolled in?**

| | Number | Percent |
|---|---|---|
| Home school | 0 | 0% |
| Private school | 2 | 15% |
| Public school | 9 | 69% |
| College or university | 2 | 15% |
| Business/ vocational/ technical school | 0 | 0% |
| Correspondence courses or online instruction | 0 | 0% |
| *Total Cases* | 13 | |

**What keeps you from getting the education or training you need?**

| | Number | Percent |
|---|---|---|
| I don't have transportation | 14 | 20% |
| I don't know where I get it | 8 | 11% |
| I don't have assistive devices I need | 3 | 4% |
| I have trouble with tests | 12 | 17% |
| It costs too much | 14 | 20% |
| I don't know how to get it | 8 | 11% |
| I don't have any problems getting the education or training I need | 7 | 10% |
| Other | 4 | 6% |
| *Total Cases* | 70 | |

**EMPLOYMENT**

**Which of the following describes your employment situation?**

| | Number | Percent |
|---|---|---|
| I work full time | 0 | 0% |
| I am retired | 14 | 15% |
| I work part-time | 5 | 5% |
| I am unemployed | 43 | 47% |
| I am a student | 13 | 14% |
| I am currently looking for a job | 5 | 5% |
| I am not employed by volunteer regularly | 5 | 5% |
| I am self-employed | 0 | 0% |
| I work in a sheltered workshop, mobile crew, or enclave | 7 | 8% |
| *Total Cases* | 92 | |

**What problem(s) do you have finding or keeping a job?**

| | Number | Percent |
|---|---|---|
| There are not enough jobs | 5 | 4% |
| There are not enough training opportunities | 7 | 6% |
| I do not have the assistive devices I need | 3 | 2% |
| I can't work as much as I need or want | 17 | 14% |
| I don't have transportation | 10 | 8% |
| I do not have the supports I need | 6 | 5% |
| I can't find a job that will let me use my existing skills | 6 | 5% |
| I am not looking for a job | 24 | 19% |
| I do not have a problem finding or keeping jobs | 7 | 6% |
| Other | 41 | 33% |
| *Total Cases* | 126 | |

**FINANCES**

**How much is your individual (not family) monthly income?**

| | Number | Percent |
|---|---|---|
| $1-$1,000 | 82 | 75% |
| $1,001- $2,000 | 10 | 9% |
| $2,001-$3,000 | 2 | 2% |
| More than $3,000 | 2 | 2% |
| I have no personal income | 3 | 3% |
| Missing | 11 | 10% |
| *Total Cases* | 110 | |

**What is the source of your individual (not family) income?**

| | Number | Percent |
|---|---|---|
| Alimony or Child support | 1 | 1% |
| Earnings from employment or self-employment | 4 | 4% |
| FITAP (welfare) | 3 | 3% |
| Railroad Retirement Benefits | 0 | 0% |
| Veteran's benefits | 2 | 2% |
| Social Security/ Supplemental Security Income | 97 | 84% |
| Unemployment compensation benefits | 0 | 0% |
| Worker's compensation benefits | 0 | 0% |
| Other | 6 | 5% |
| None | 2 | 2% |
| *Total Cases* | 115 | |

**Do you personally get financial help from any of the following programs?**

| | Number | Percent |
|---|---|---|
| Child care assistance | 0 | 0% |
| Food stamps | 40 | 34% |
| Help with Medicare costs | 11 | 9% |
| Help with utility costs | 7 | 6% |
| Housing assistance | 9 | 8% |
| Other | 3 | 3% |
| No, I don't get any of these | 49 | 41% |
| *Total Cases* | 119 | |

**Which of the following kinds of assets or resources do you personally own?**

| | Number | Percent |
|---|---|---|
| Annuities or Trusts | 1 | 1% |
| Bank accounts | 23 | 20% |
| Certificate of deposit | 2 | 2% |
| Property, including your home | 10 | 9% |
| Retirement accounts | 1 | 1% |
| Stocks or Bonds | 1 | 1% |
| Vehicles | 17 | 15% |
| I don't have any of these | 59 | 52% |
| Other | 0 | 0% |
| *Total Cases* | 114 | |

**How much are your personal resources worth, other than your home or vehicle?**

| | Number | Percent |
|---|---|---|
| $1-$2,5000 | 21 | 19% |
| $2,501-$5,000 | 4 | 4% |
| $5,001-$7,500 | 1 | 1% |
| $7,501-$10,000 | 2 | 2% |
| More than $10,000 | 5 | 5% |
| I don't own any additional assets | 52 | 47% |
| Missing | 25 | 23% |
| *Total Cases* | 110 | |

## COMMUNITY INVOLVEMENT

**What activities do you participate in within your community?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 2 | 1% |
| Eating out | 44 | 17% |
| Entertainment activities | 9 | 3% |
| Fitness activities | 6 | 2% |
| School sponsored extracurricular activities | 6 | 2% |
| Shopping | 40 | 15% |
| Sporting events or activities | 14 | 5% |
| Social organizations | 3 | 1% |
| Visiting with family and friends | 65 | 25% |
| Volunteering | 8 | 3% |
| Support groups or centers | 10 | 4% |
| Religious activities | 37 | 14% |
| None | 16 | 6% |
| Other | 2 | 1% |
| *Total Cases* | 262 | |

**What activities would you like to participate in, but cannot?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 5 | 2% |
| Eating out | 23 | 11% |
| Entertainment activities | 21 | 10% |
| Fitness activities | 22 | 11% |
| School sponsored extracurricular activities | 8 | 4% |
| Shopping | 18 | 9% |
| Sporting events or activities | 17 | 8% |
| Social organizations | 12 | 6% |
| Visiting with family and friends | 7 | 3% |
| Volunteering | 14 | 7% |
| Support groups or centers | 15 | 7% |
| Religious activities | 15 | 7% |
| None | 27 | 13% |
| Other | 2 | 1 |
| *Total Cases* | 206 | |

**Is there anything that makes it hard for you to do the things you want?**

| | Number | Percent |
|---|---|---|
| No, I do all that I Want to do | 12 | 7% |
| It costs too much | 22 | 12% |
| I don't have transportation | 31 | 17% |
| Locations are not accessible | 10 | 6% |
| I have no friends or family | 1 | 1% |
| I don't have the assistive devices I need | 13 | 7% |
| My medical condition/ disability makes it too hard | 58 | 32% |
| People treat me differently/ make me feel uncomfortable | 23 | 13% |
| I can't get the help or support I need to participate in community activities | 7 | 4% |
| Other | 5 | 3% |
| *Total Cases* | 182 | |

## CIVIC INVOLVEMENT

### Are you registered to vote?

| | Number | Percent |
|---|---|---|
| Yes, I am an adult who is registered to vote | 52 | 54% |
| No, I am an adult who is not registered to vote | 32 | 33% |
| No, I am a minor child and cannot vote | 13 | 13% |
| *Total Cases* | 97 | |

### Have you voted in any election in the last four years?

| | Number | Percent |
|---|---|---|
| Yes | 29 | 62% |
| No | 18 | 38% |
| *Total Cases* | 47 | |

### Have you used special voting services such as vote by mail or early vote?

| | Number | Percent |
|---|---|---|
| Yes | 5 | 14% |
| No | 32 | 87% |
| *Total Cases* | 37 | |

### Is there anything that makes it hard for you to vote?

| | Number | Percent |
|---|---|---|
| No, there is no problem | 42 | 51% |
| Assistive equipment is not available | 2 | 2% |
| I don't have the transportation | 13 | 16% |
| I do not get the help I need | 8 | 10% |
| Buildings where I am to register to vote are not accessible because | 1 | 1% |
| Buildings where I vote are not accessible because | 0 | 0% |
| Other | 17 | 21% |
| *Total Cases* | 83 | |

## EMERGENCY PREPAREDNESS

**Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?**

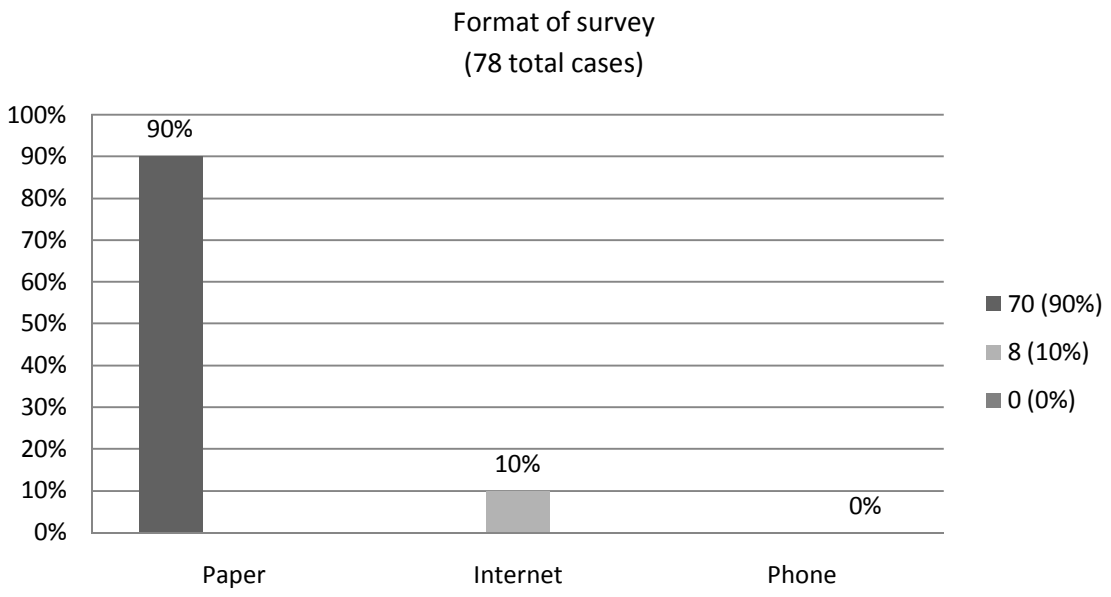
| | Number | Percent |
|---|---|---|
| Yes | 46 | 49% |
| No | 48 | 51% |
| *Total Cases* | 94 | |

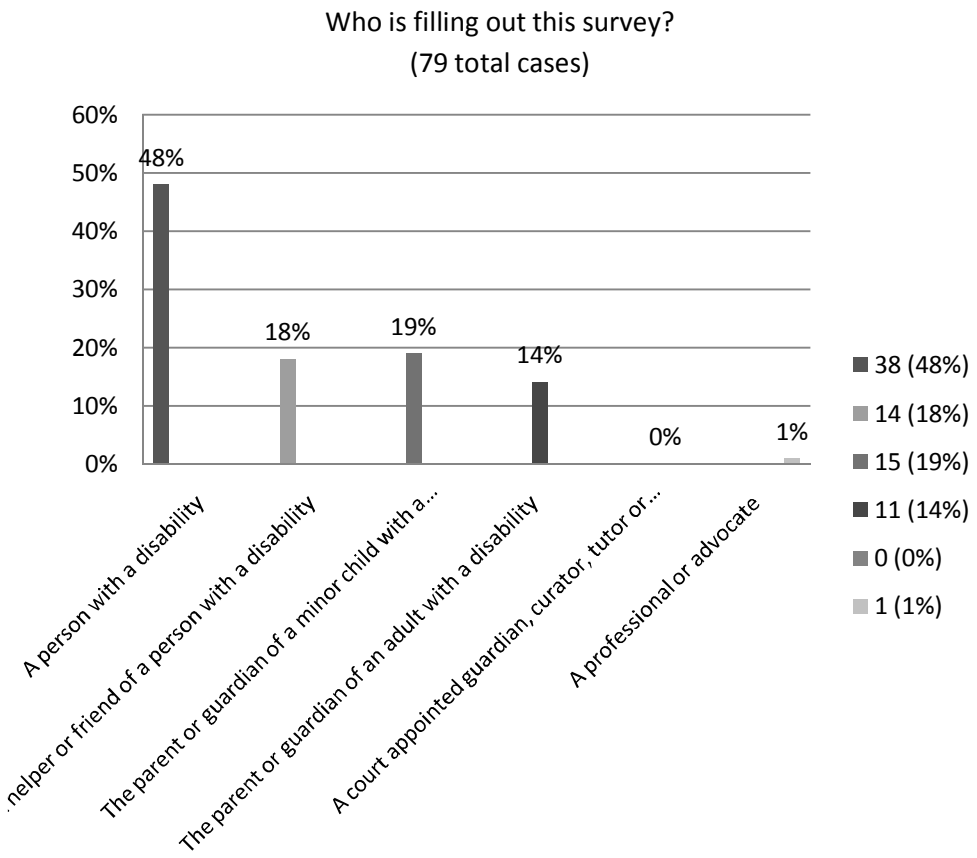
**What would you need to be prepared for a future emergency situation?**

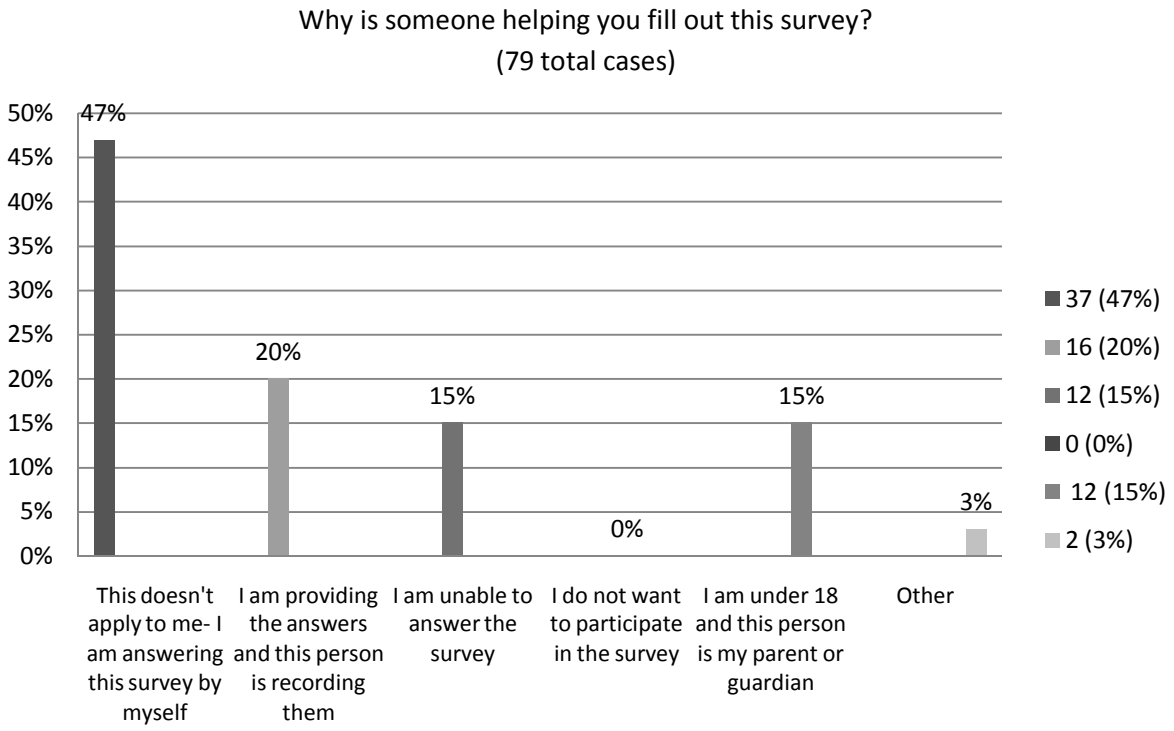
| | Number | Percent |
|---|---|---|
| A plan to follow in case of an emergency | 46 | 11% |
| A designated emergency contact person or agency | 32 | 8% |
| Transportation if I have to leave my home | 42 | 10% |
| An accessible, safe place to go | 49 | 12% |
| A safe place for my animals to go | 17 | 4% |
| Extra supply of food and water | 61 | 15% |
| Extra medication/ medical supplies | 57 | 14% |
| Emergency supplies such as a radio, flashlight, first aid kit, or generator | 59 | 15% |
| A cell phone | 36 | 9% |
| Other | 4 | 1% |
| *Total Cases* | 403 | |

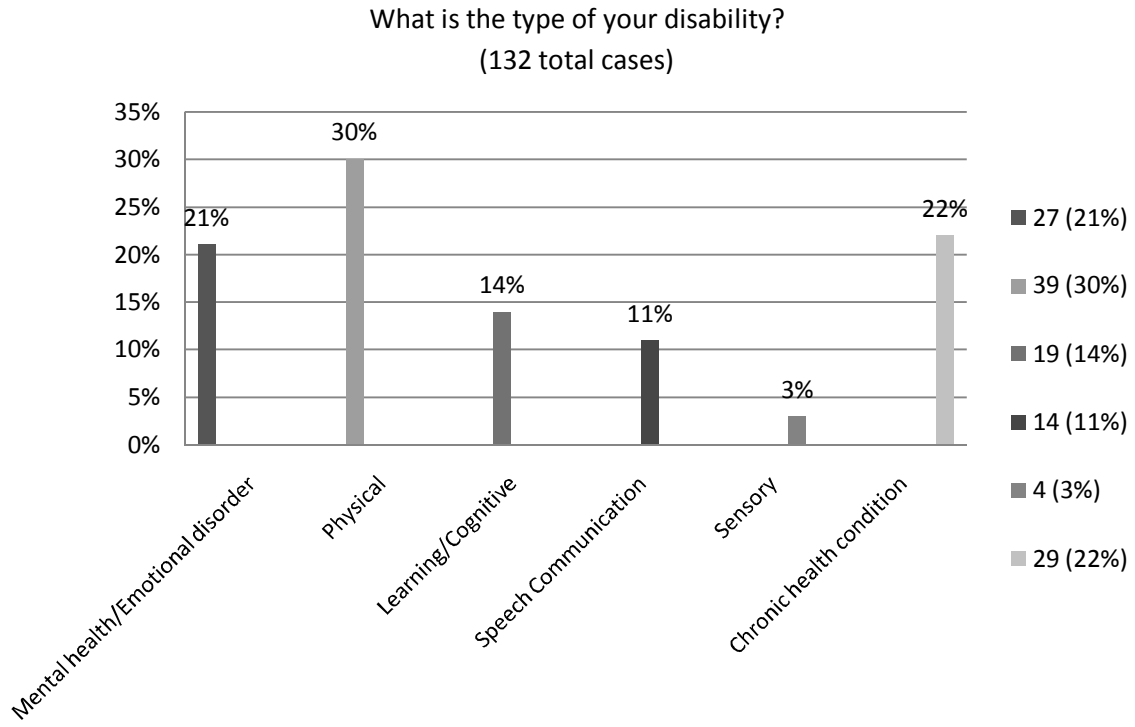
# REGION III - GRAPHS

## GENERAL INFORMATION

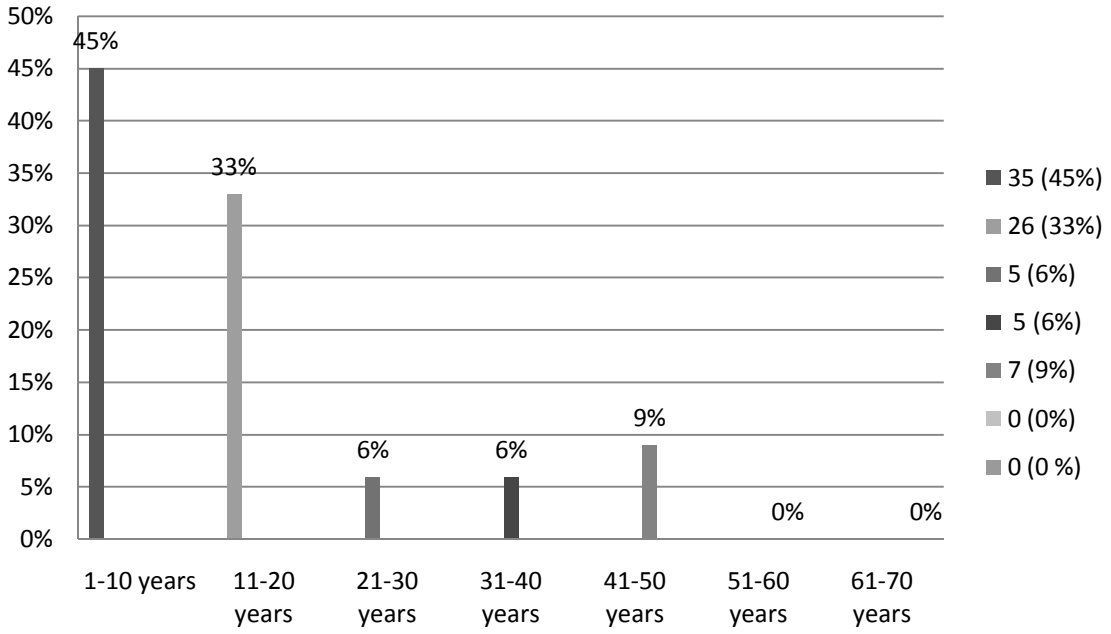


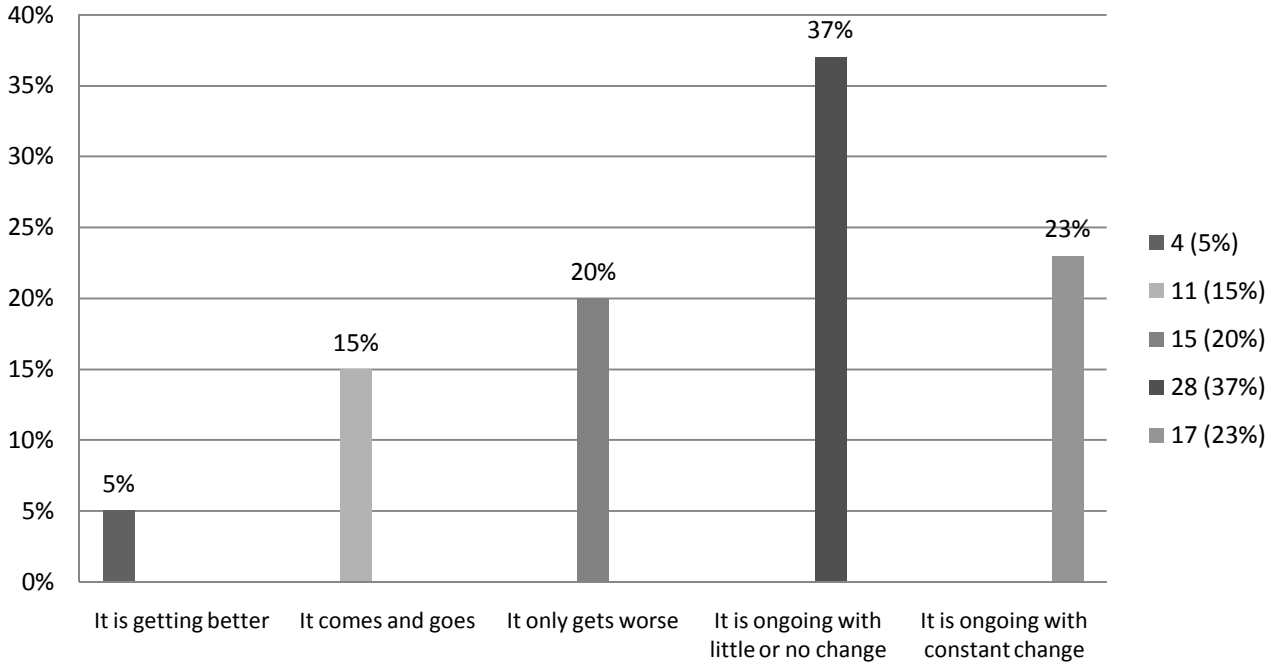

Why is someone helping you fill out this survey?
(79 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
47%
20%
15%
0%
15%
3%
This doesn't apply to me- I am answering this survey by myself
I am providing the answers and this person is recording them
I am unable to answer the survey
I do not want to participate in the survey
I am under 18 and this person is my parent or guardian
Other
37 (47%)
16 (20%)
12 (15%)
0 (0%)
12 (15%)
2 (3%)


What is the type of your disability?
(132 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
21%
30%
14%
11%
3%
22%
Mental health/Emotional disorder
Physical
Learning/Cognitive
Speech Communication
Sensory
Chronic health condition
27 (21%)
39 (30%)
19 (14%)
14 (11%)
4 (3%)
29 (22%)

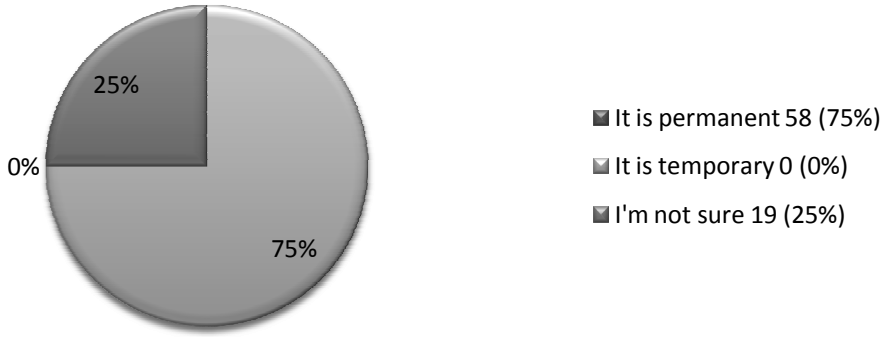
How long have you lived with your disability?
(78 total cases)



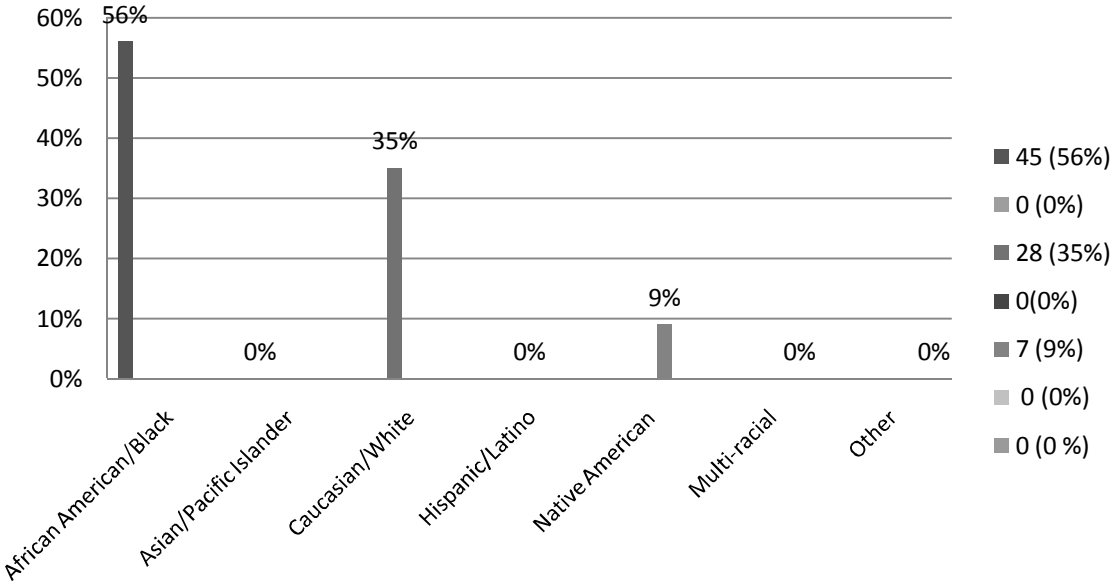

How would you judge your condition?
(75 total cases)



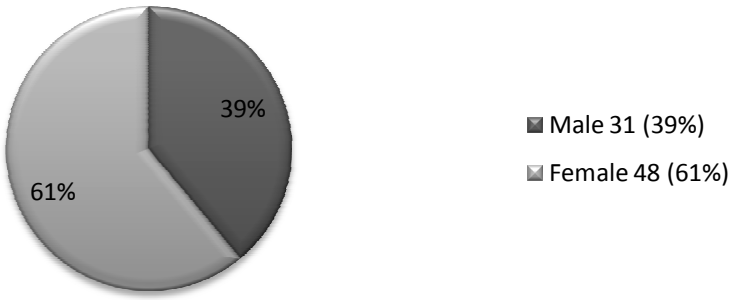
How long is your disability expected to last?
(77 total cases)



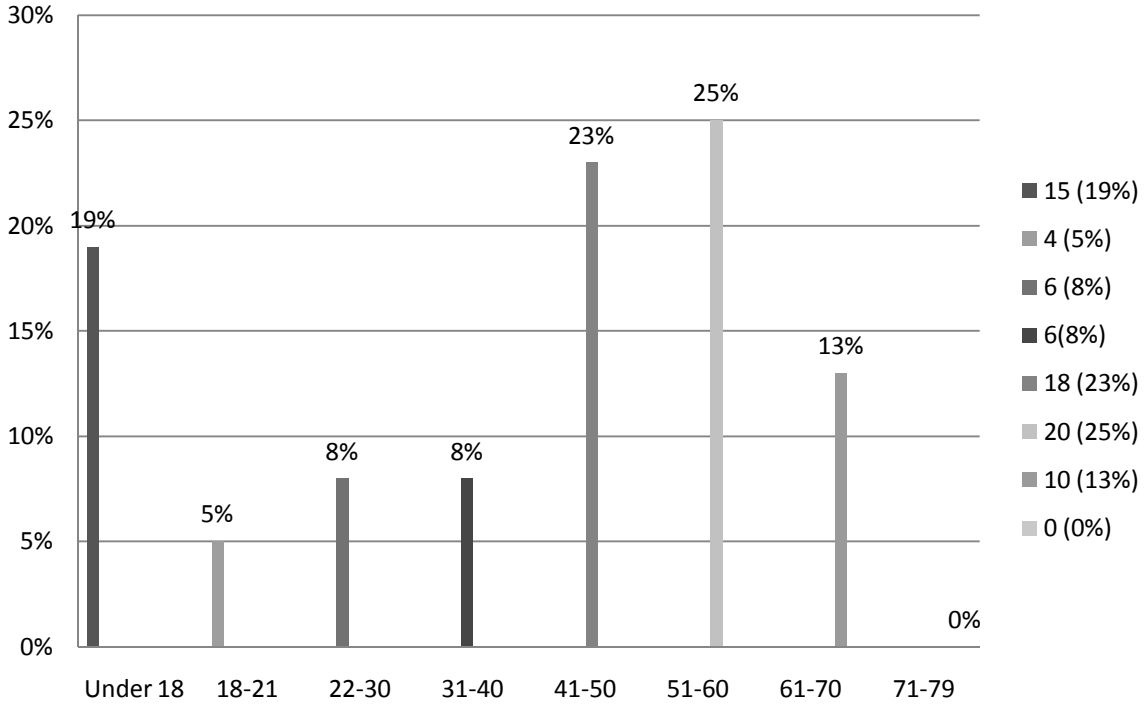

What is your race or ethnicity?
(80 total cases)



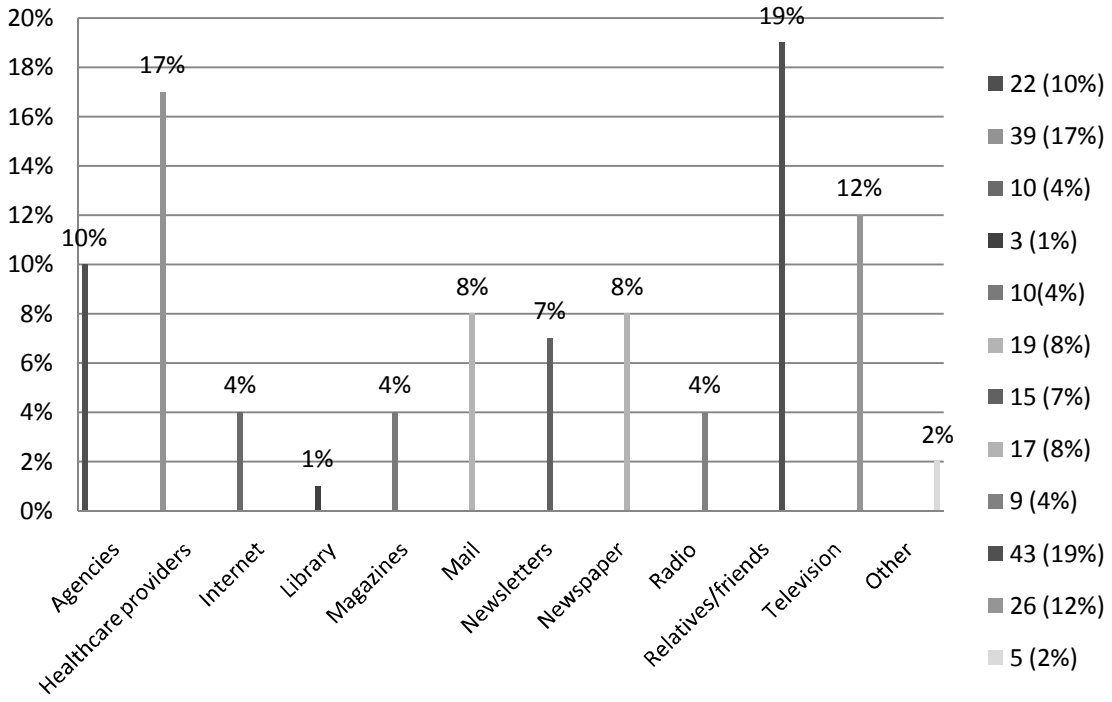

What is your gender?
(79 total cases)



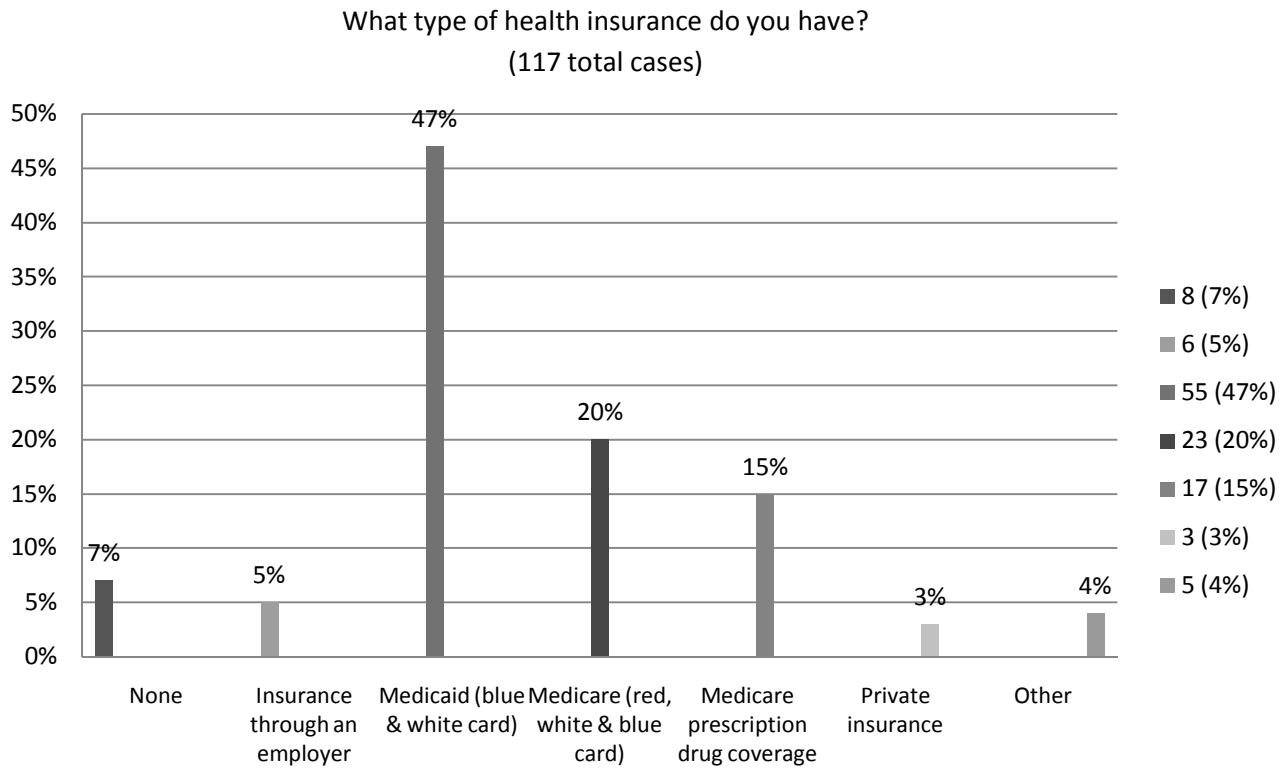
How old are you?
(79 total cases)

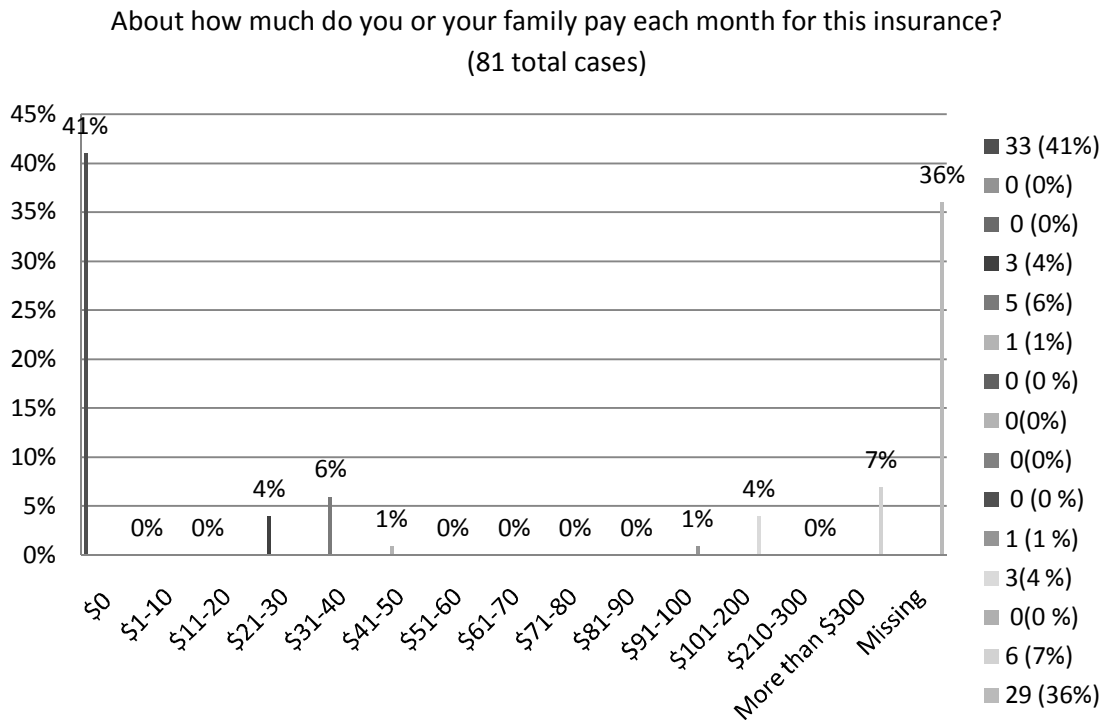



Which of the following helps you find out about available services?
(226 total cases)

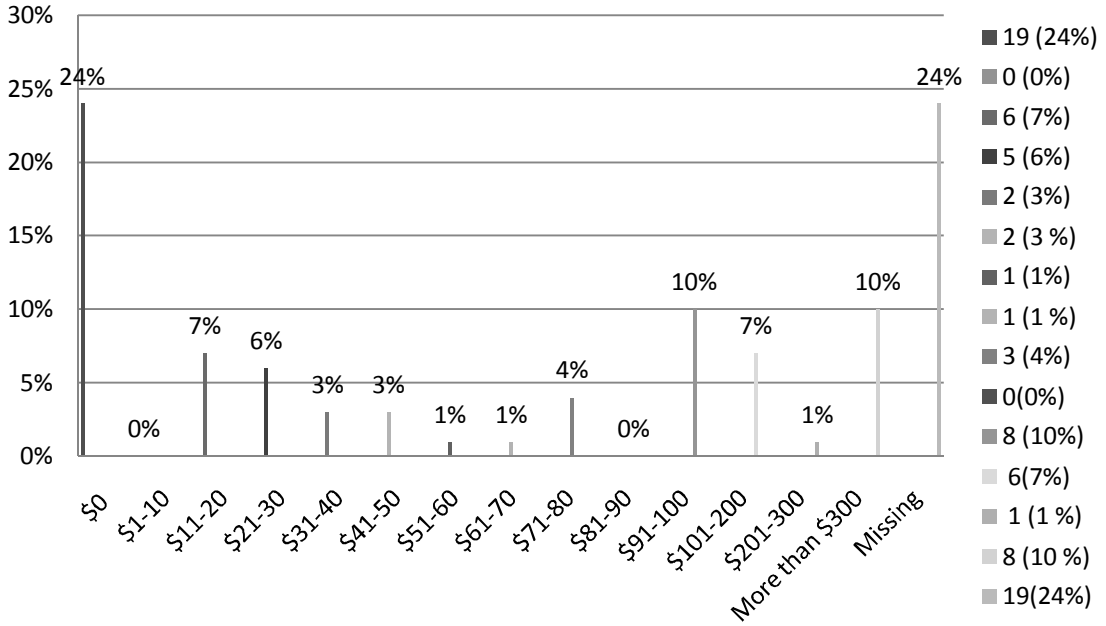


## HEALTH CARE

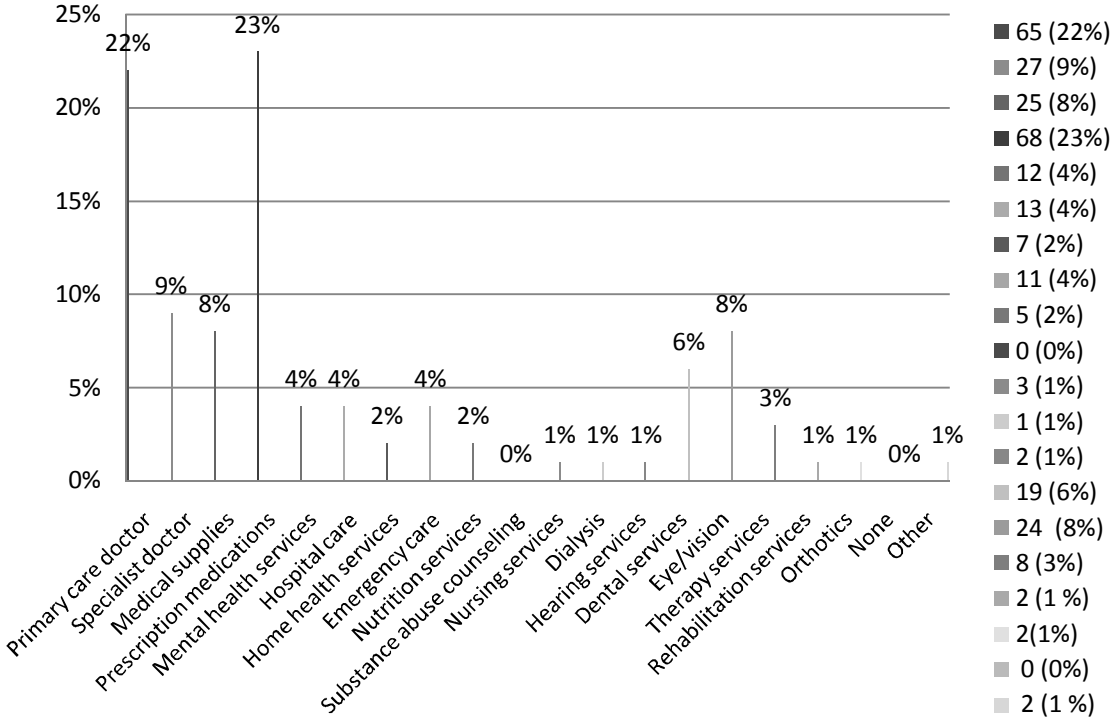

What type of health insurance do you have?
(117 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
7%
5%
47%
20%
15%
3%
4%
None
Insurance through an employer
Medicaid (blue & white card)
Medicare (red, white & blue card)
Medicare prescription drug coverage
Private insurance
Other
8 (7%)
6 (5%)
55 (47%)
23 (20%)
17 (15%)
3 (3%)
5 (4%)

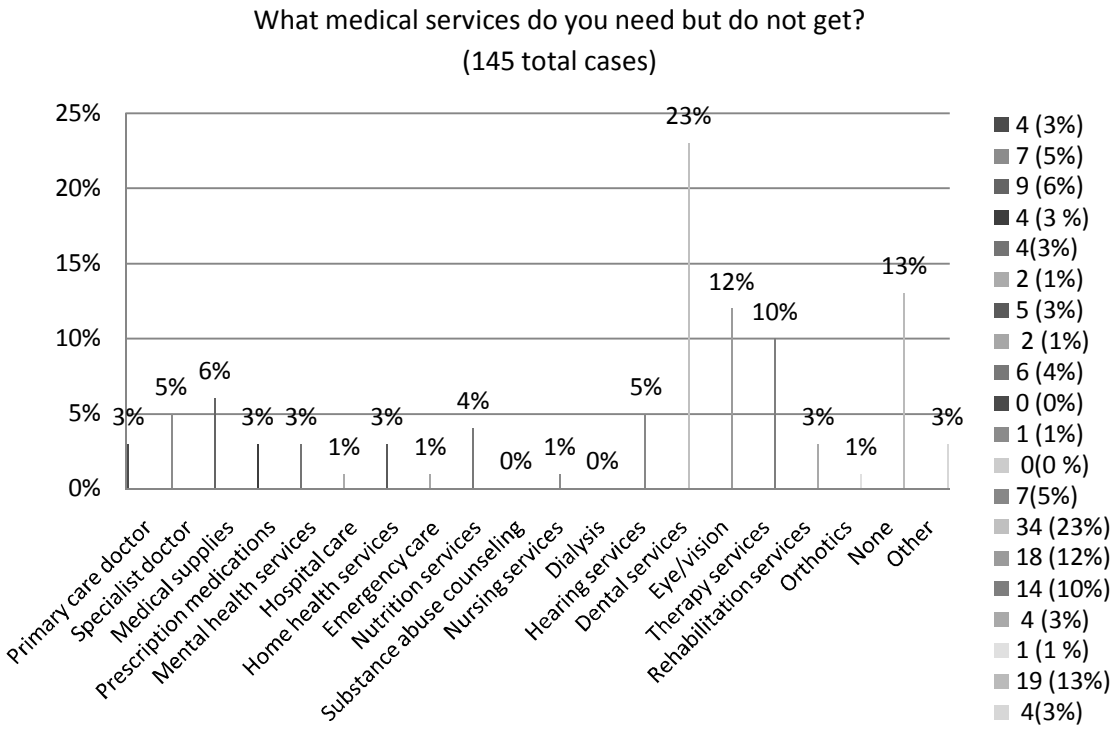

About how much do you or your family pay each month for this insurance?
(81 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
41%
0%
0%
4%
6%
1%
0%
0%
0%
0%
1%
4%
0%
7%
36%
$0
$1-10
$11-20
$21-30
$31-40
$41-50
$51-60
$61-70
$71-80
$81-90
$91-100
$101-200
$210-300
More than $300
Missing
33 (41%)
0 (0%)
0 (0%)
3 (4%)
5 (6%)
1 (1%)
0 (0 %)
0(0%)
0(0%)
0 (0 %)
1 (1 %)
3(4 %)
0(0 %)
6 (7%)
29 (36%)

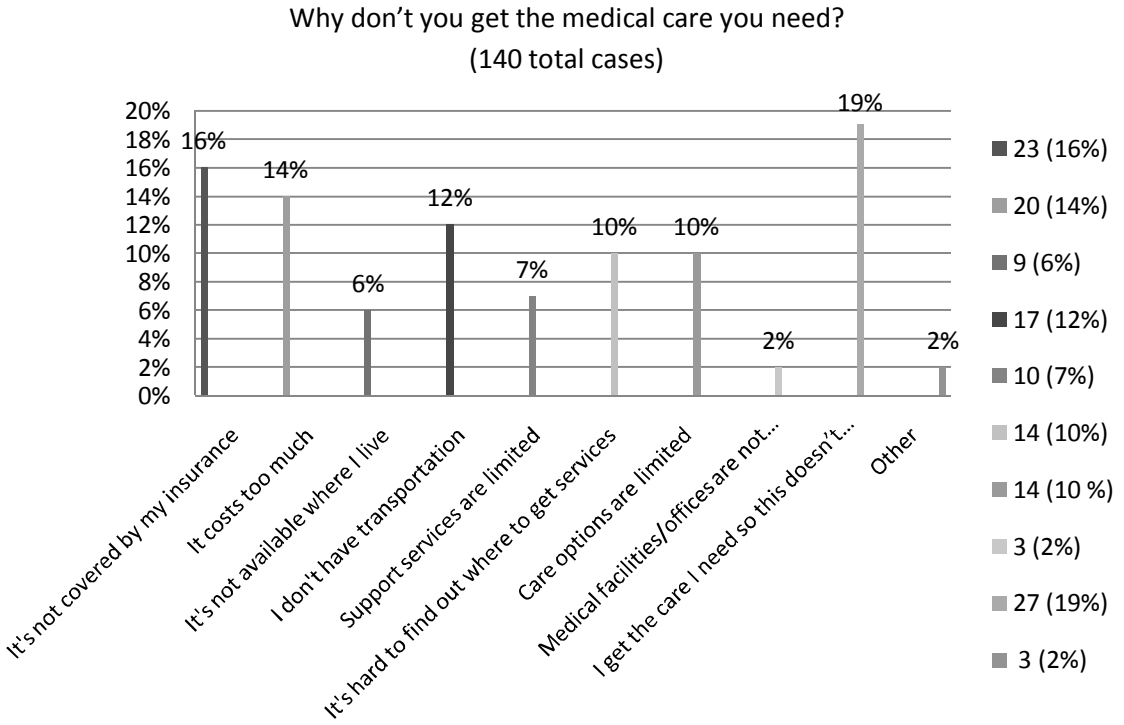
About how much of your own or your family's money is spent each month for medical expenses other than insurance?
(81 total cases)



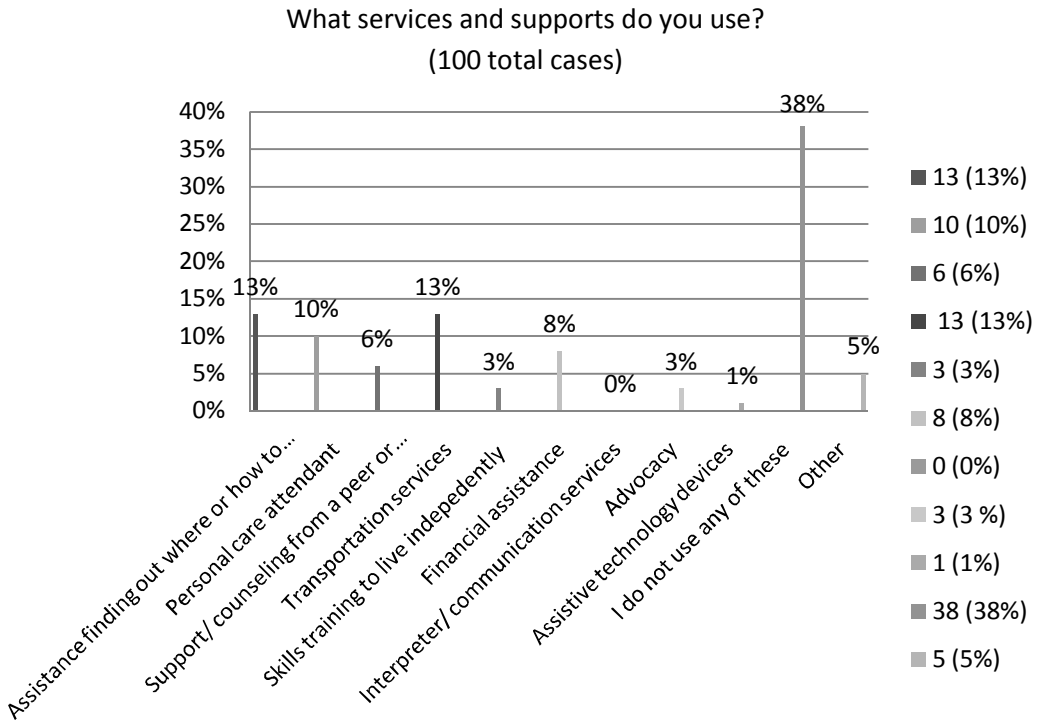

What medical services do you use on a regular basis?
(296 total cases)

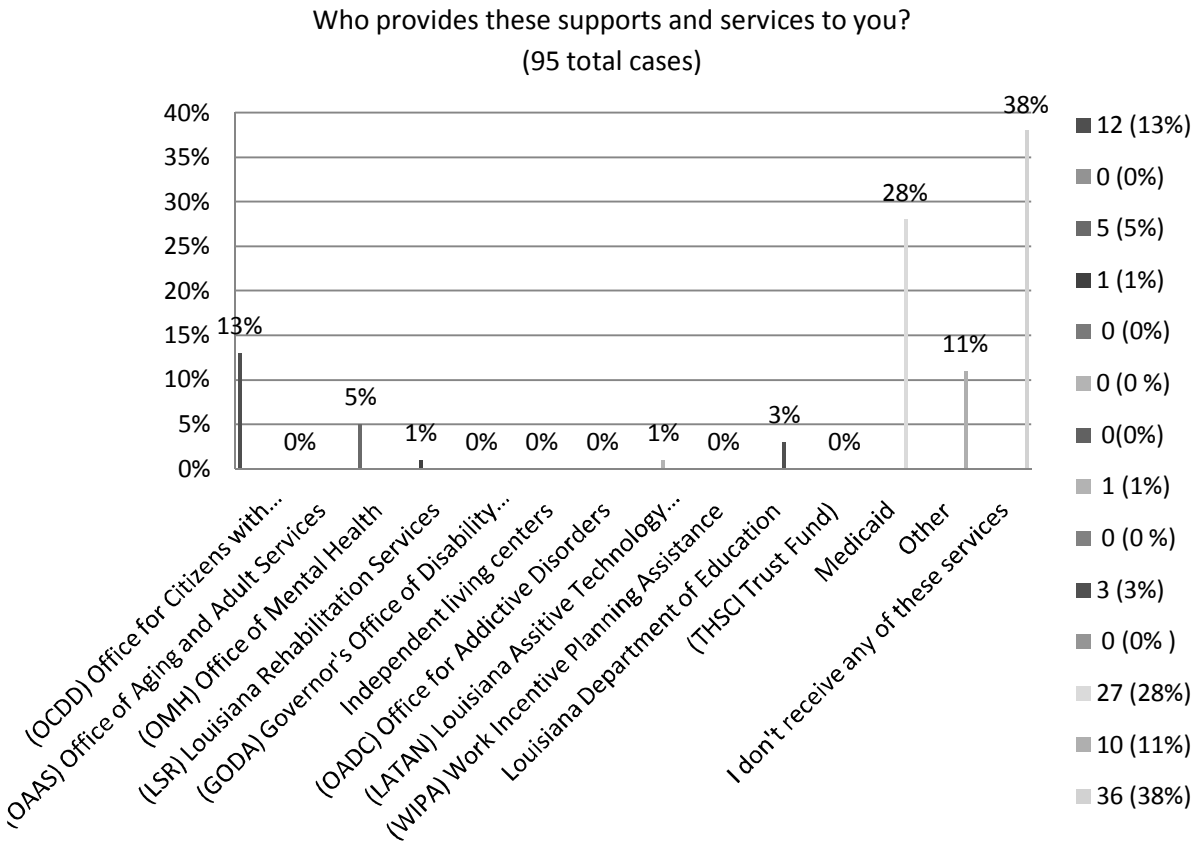


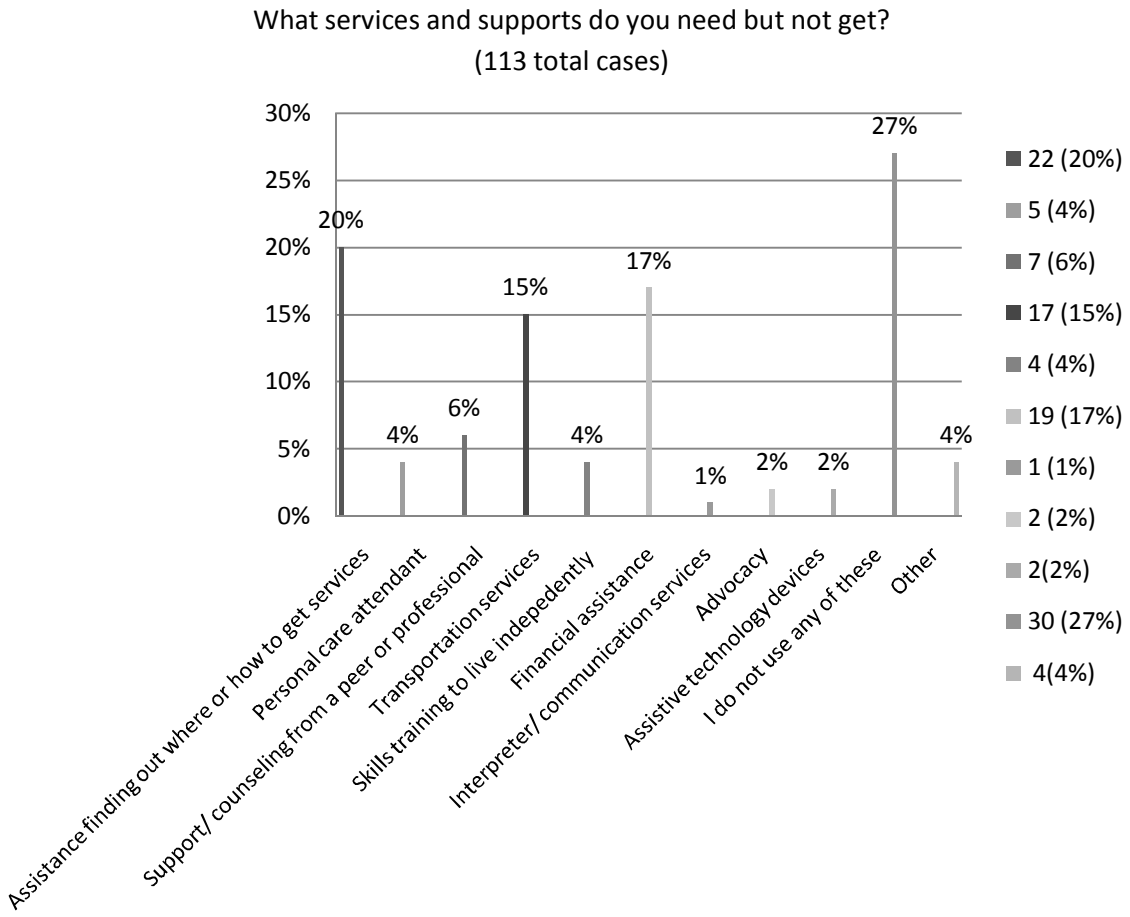

What medical services do you need but do not get?
(145 total cases)
25%
20%
15%
10%
5%
0%
3%
5%
6%
3%
3%
1%
3%
1%
4%
0%
1%
0%
5%
23%
12%
10%
3%
1%
13%
3%
Primary care doctor
Specialist doctor
Medical supplies
Prescription medications
Mental health services
Hospital care
Home health services
Emergency care
Nutrition services
Substance abuse counseling
Nursing services
Dialysis
Hearing services
Dental services
Eye/vision
Therapy services
Rehabilitation services
Orthotics
None
Other
4 (3%)
7 (5%)
9 (6%)
4 (3 %)
4(3%)
2 (1%)
5 (3%)
2 (1%)
6 (4%)
0 (0%)
1 (1%)
0(0 %)
7(5%)
34 (23%)
18 (12%)
14 (10%)
4 (3%)
1 (1 %)
19 (13%)
4(3%)

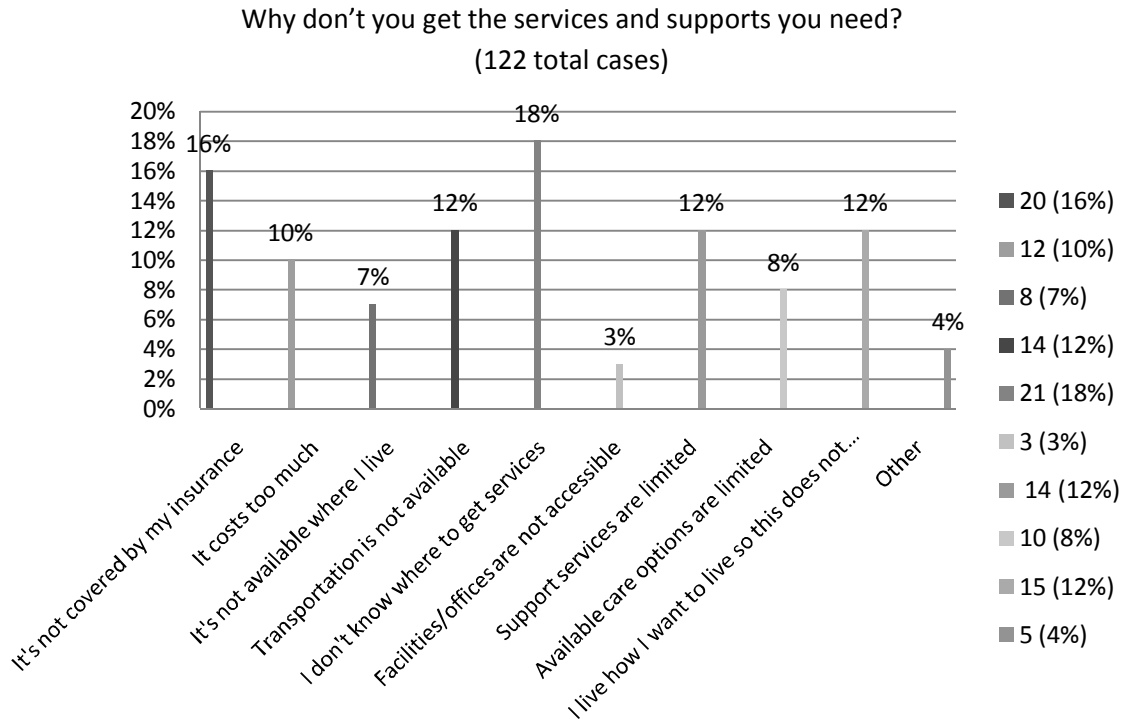

Why don't you get the medical care you need?
(140 total cases)
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
16%
14%
6%
12%
7%
10%
10%
2%
19%
2%
It's not covered by my insurance
It costs too much
It's not available where I live
I don't have transportation
Support services are limited
It's hard to find out where to get services
Care options are limited
Medical facilities/offices are not...
I get the care I need so this doesn't...
Other
23 (16%)
20 (14%)
9 (6%)
17 (12%)
10 (7%)
14 (10%)
14 (10 %)
3 (2%)
27 (19%)
3 (2%)

**INDEPENDENT LIVING**

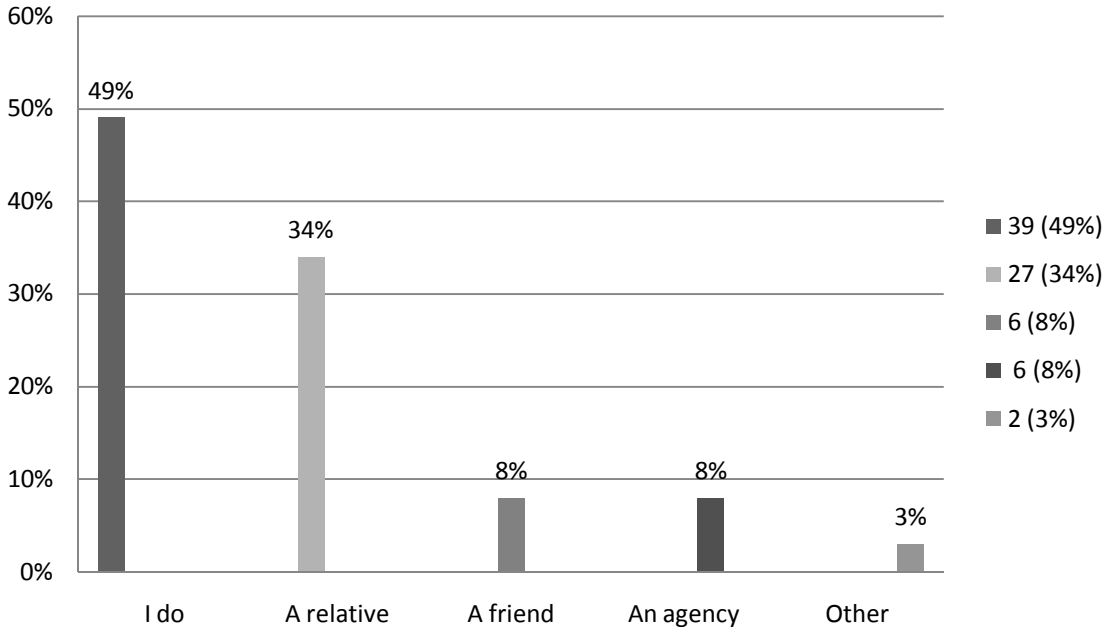


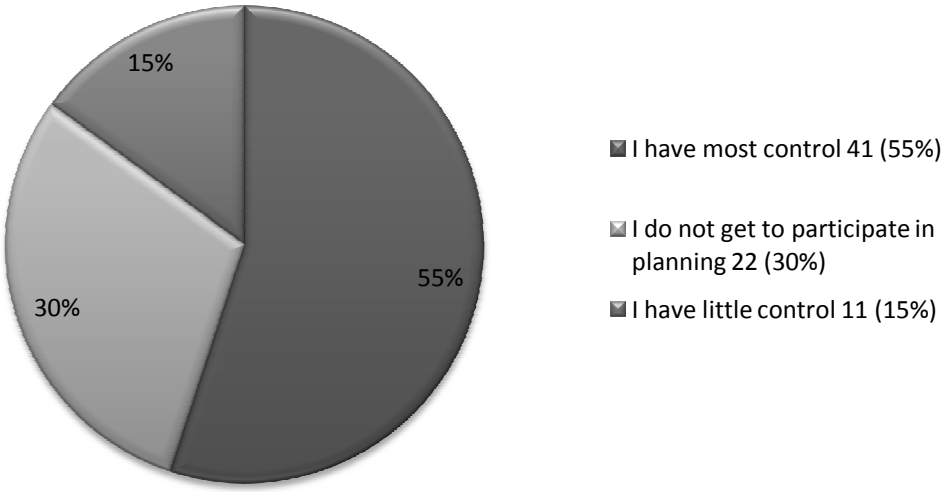

What services and supports do you need but not get?
(113 total cases)
30%
25%
20%
15%
10%
5%
0%
20%
4%
6%
15%
4%
17%
1%
2%
2%
27%
4%
Assistance finding out where or how to get services
Personal care attendant
Support/ counseling from a peer or professional
Transportation services
Skills training to live indepedently
Financial assistance
Interpreter/ communication services
Advocacy
Assistive technology devices
I do not use any of these
Other
22 (20%)
5 (4%)
7 (6%)
17 (15%)
4 (4%)
19 (17%)
1 (1%)
2 (2%)
2(2%)
30 (27%)
4(4%)


Why don't you get the services and supports you need?
(122 total cases)
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
16%
10%
7%
12%
18%
3%
12%
8%
12%
4%
It's not covered by my insurance
It costs too much
It's not available where I live
Transportation is not available
I don't know where to get services
Facilities/offices are not accessible
Support services are limited
Available care options are limited
I live how I want to live so this does not...
Other
20 (16%)
12 (10%)
8 (7%)
14 (12%)
21 (18%)
3 (3%)
14 (12%)
10 (8%)
15 (12%)
5 (4%)

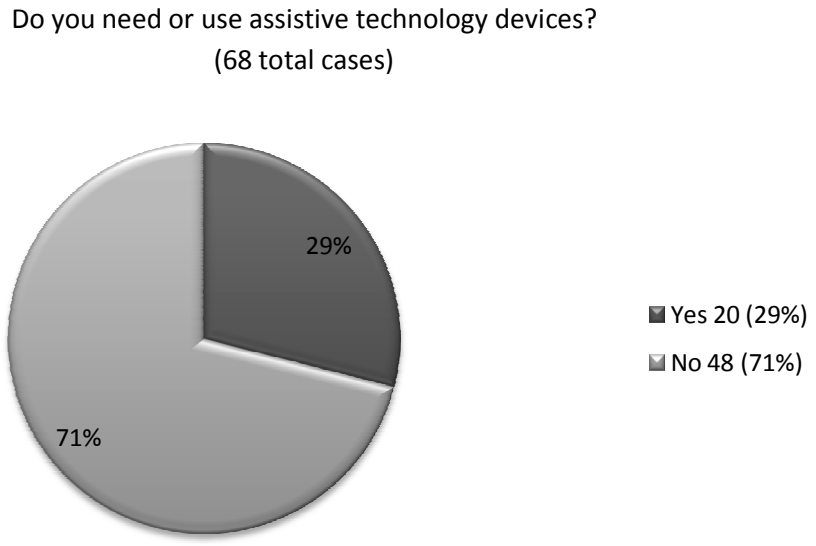
Who plans most of the care you get?
(80 total cases)

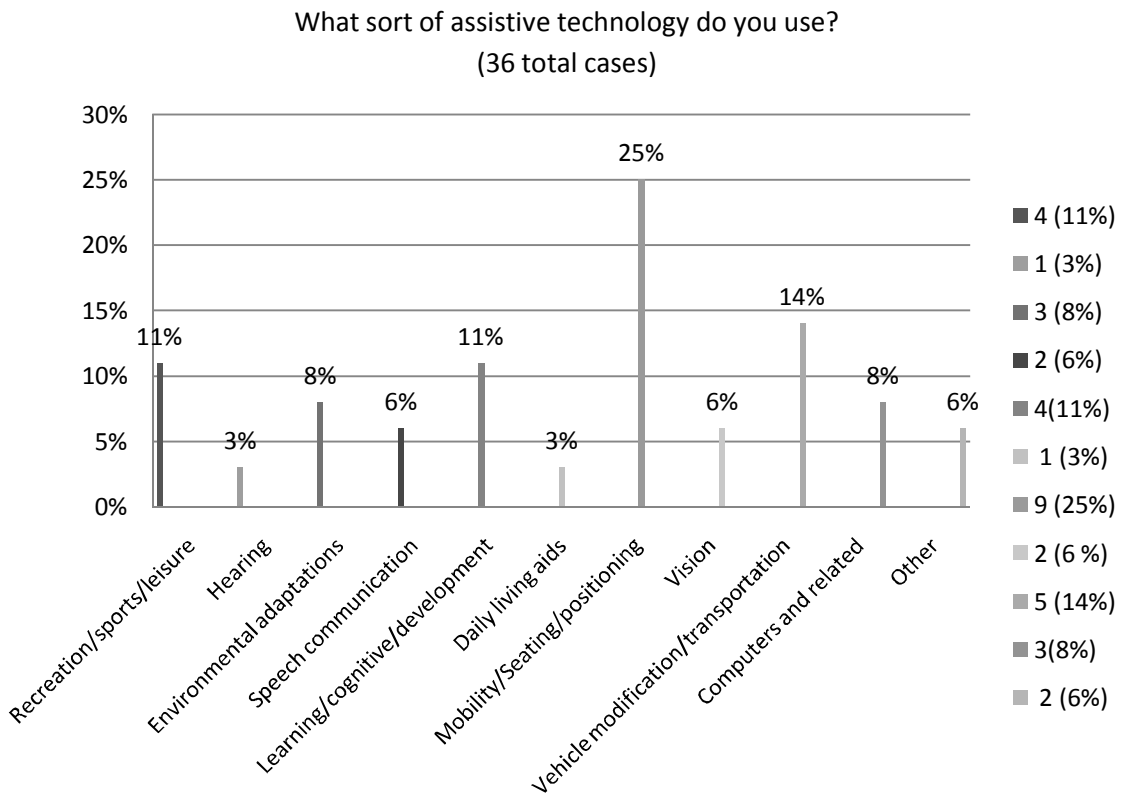


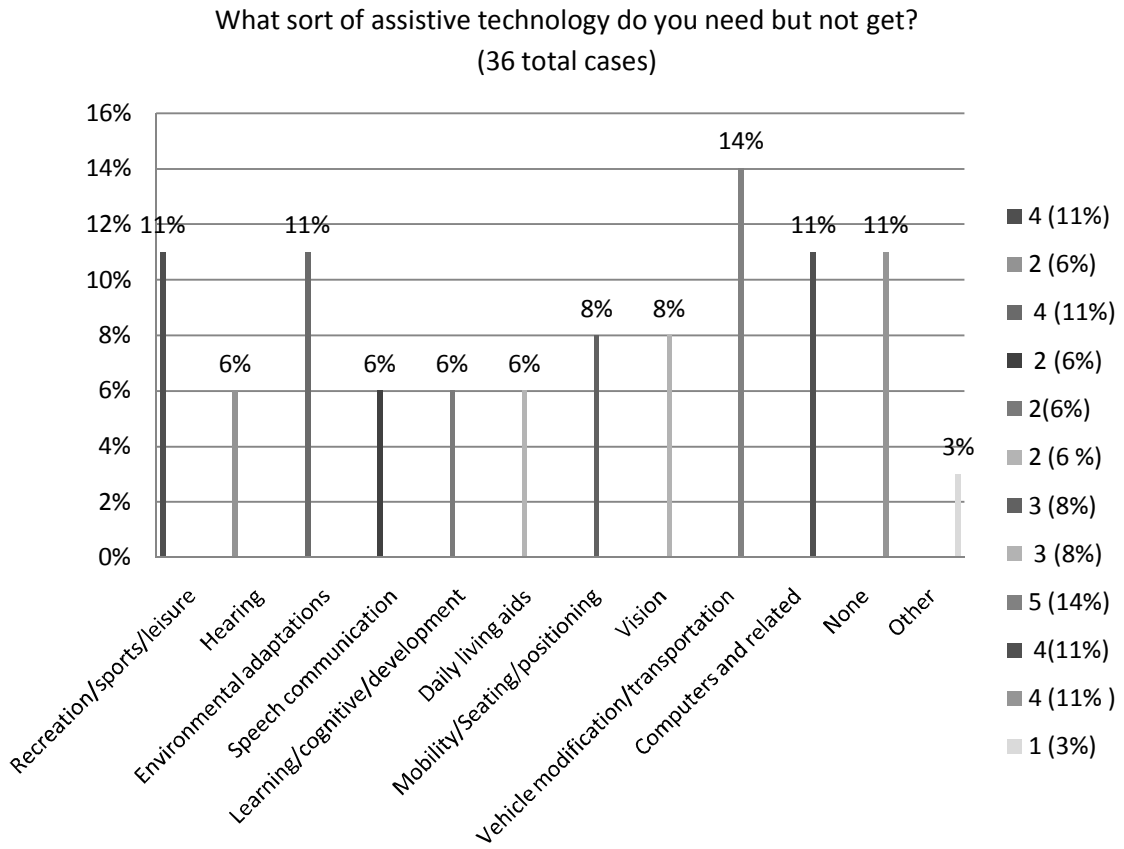

How much choice do you have when planning for the services or care that you get?
(74 total cases)

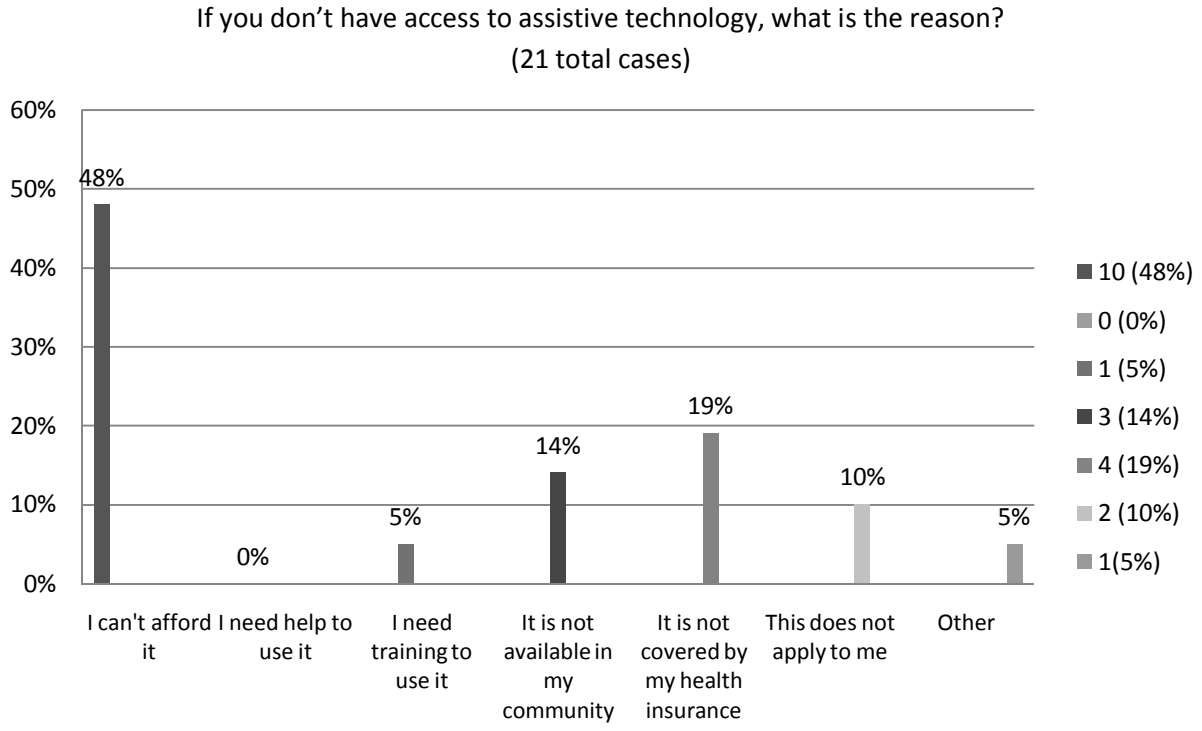


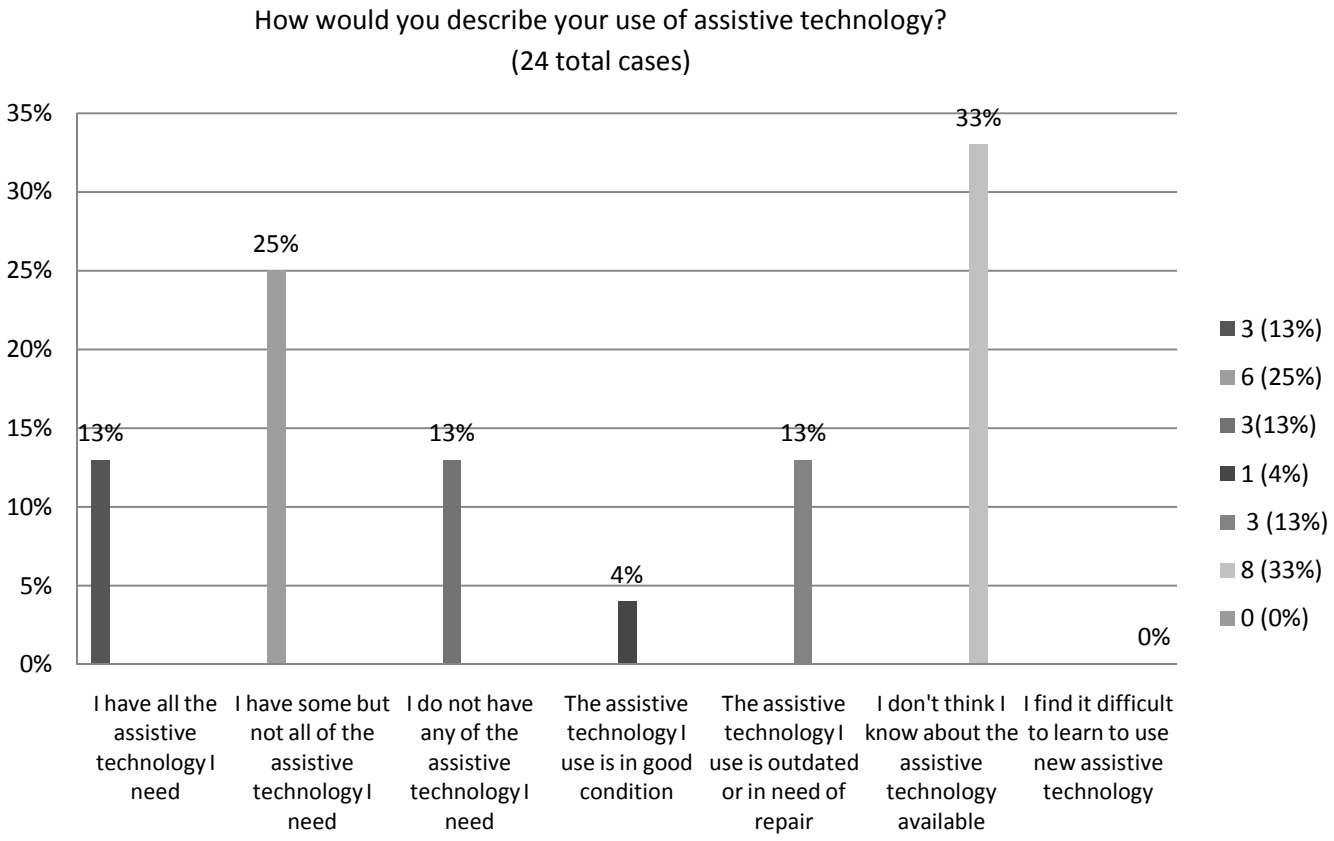
## ASSISTIVE TECHNOLOGY



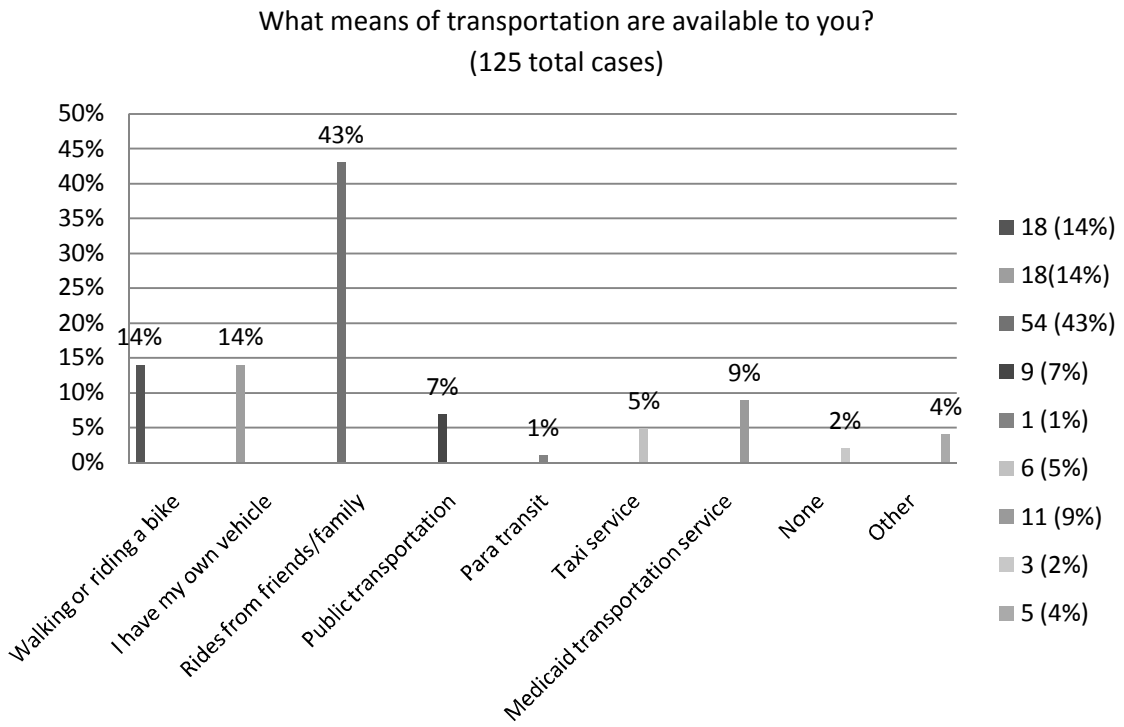



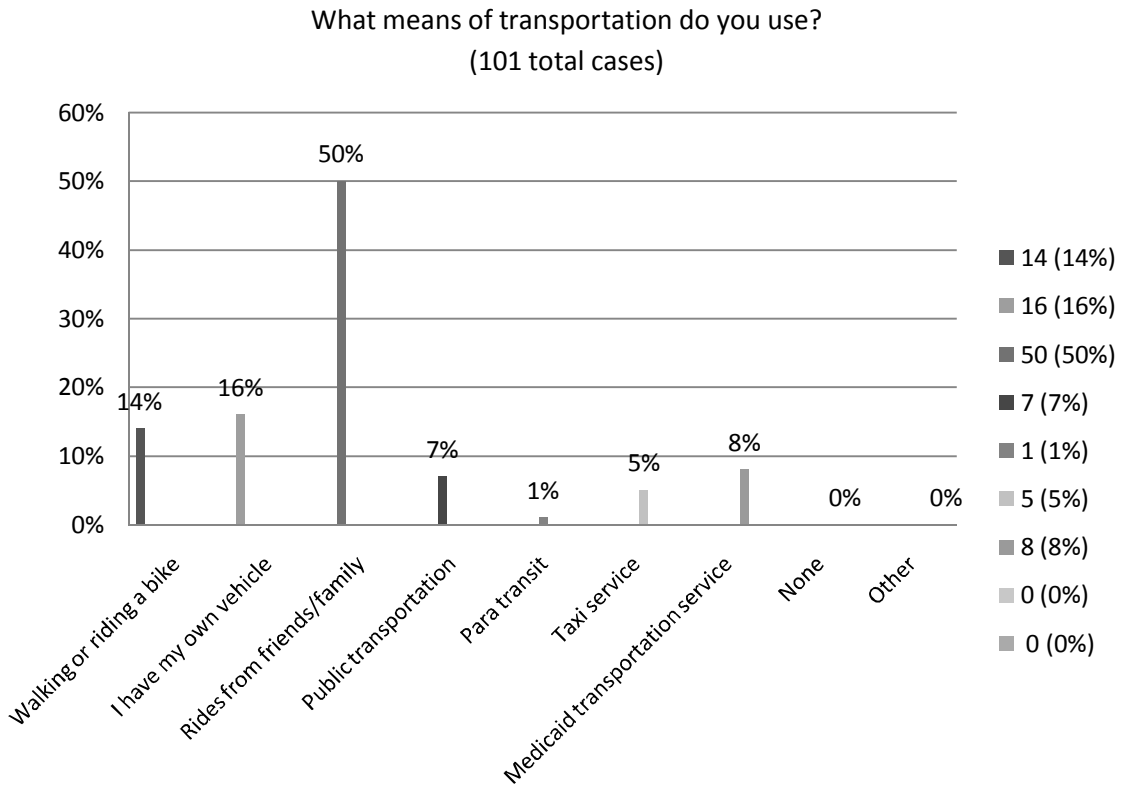

What sort of assistive technology do you need but not get?
(36 total cases)
16%
14%
12%
10%
8%
6%
4%
2%
0%
11%
6%
11%
6%
6%
6%
8%
8%
14%
11%
11%
3%
Recreation/sports/leisure
Hearing
Environmental adaptations
Speech communication
Learning/cognitive/development
Daily living aids
Mobility/Seating/positioning
Vision
Vehicle modification/transportation
Computers and related
None
Other
4 (11%)
2 (6%)
4 (11%)
2 (6%)
2(6%)
2 (6 %)
3 (8%)
3 (8%)
5 (14%)
4(11%)
4 (11% )
1 (3%)

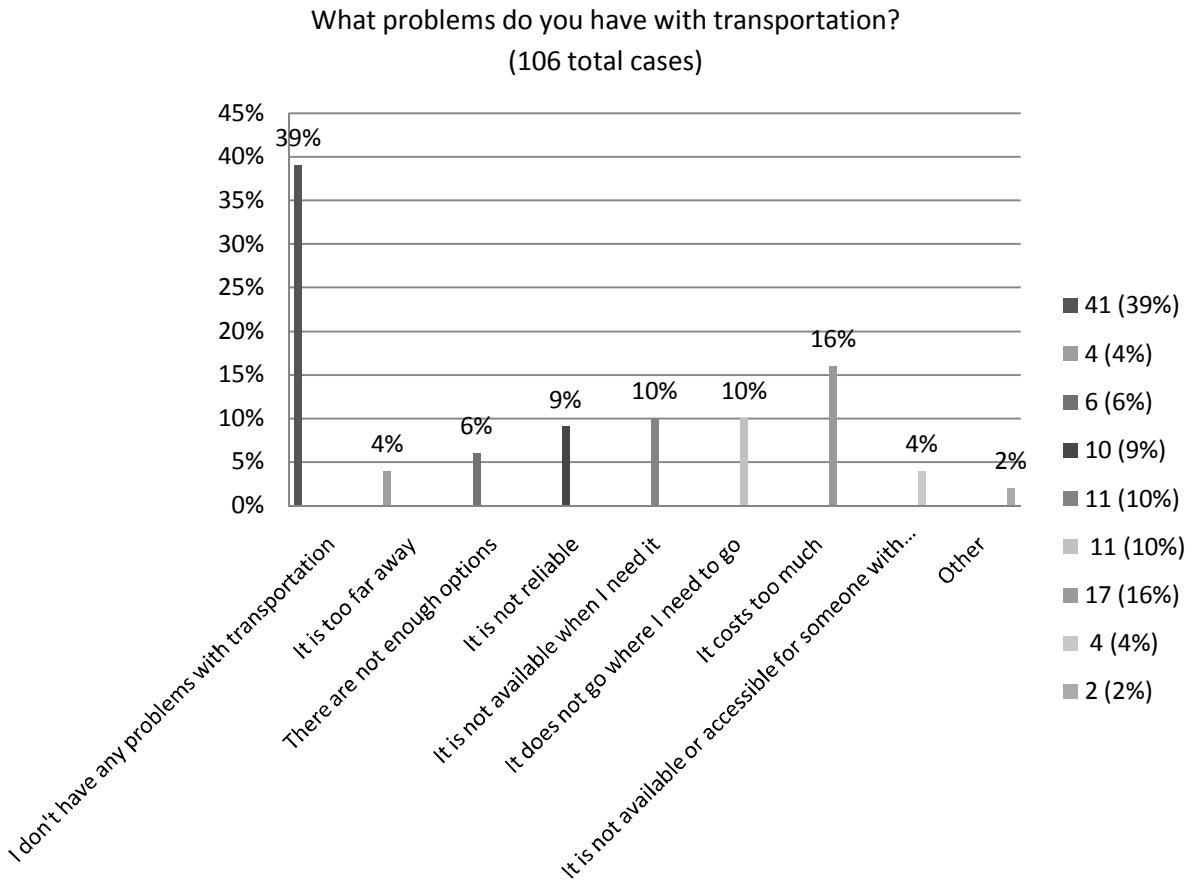

If you don't have access to assistive technology, what is the reason?
(21 total cases)
60%
50%
40%
30%
20%
10%
0%
48%
0%
5%
14%
19%
10%
5%
I can't afford it
I need help to use it
I need training to use it
It is not available in my community
It is not covered by my health insurance
This does not apply to me
Other
10 (48%)
0 (0%)
1 (5%)
3 (14%)
4 (19%)
2 (10%)
1(5%)

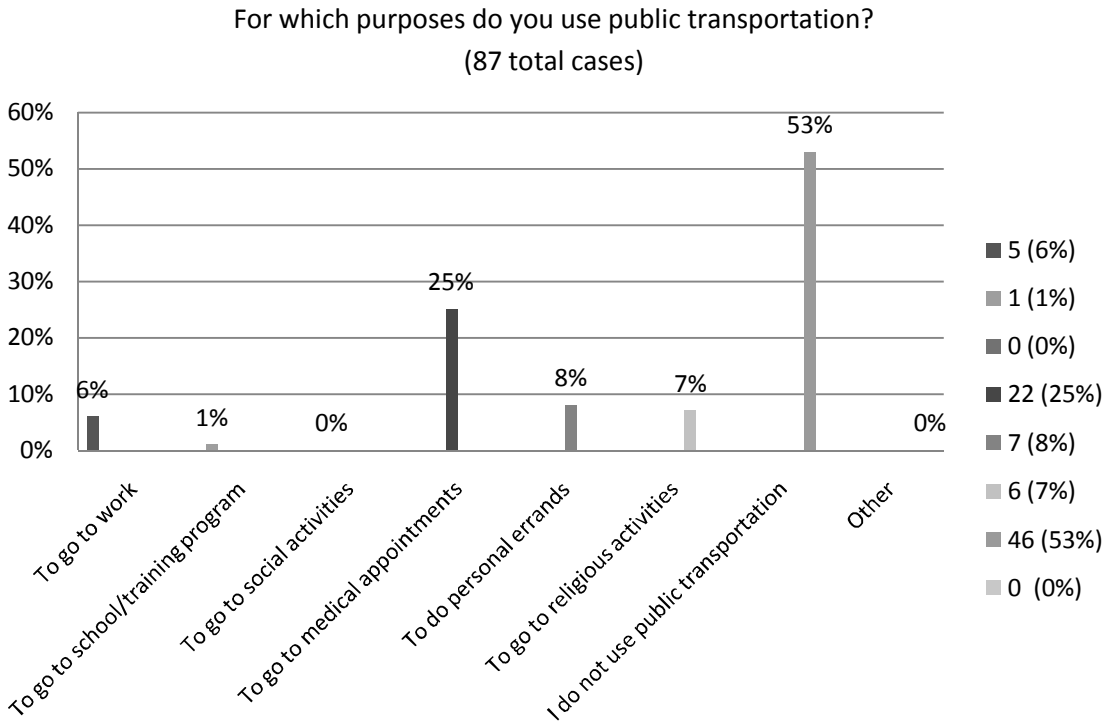

How would you describe your use of assistive technology?
(24 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
13%
25%
13%
4%
13%
33%
0%
I have all the assistive technology I need
I have some but not all of the assistive technology I need
I do not have any of the assistive technology I need
The assistive technology I use is in good condition
The assistive technology I use is outdated or in need of repair
I don't think I know about the assistive technology available
I find it difficult to learn to use new assistive technology
3 (13%)
6 (25%)
3(13%)
1 (4%)
3 (13%)
8 (33%)
0 (0%)

**TRANSPORTATION**

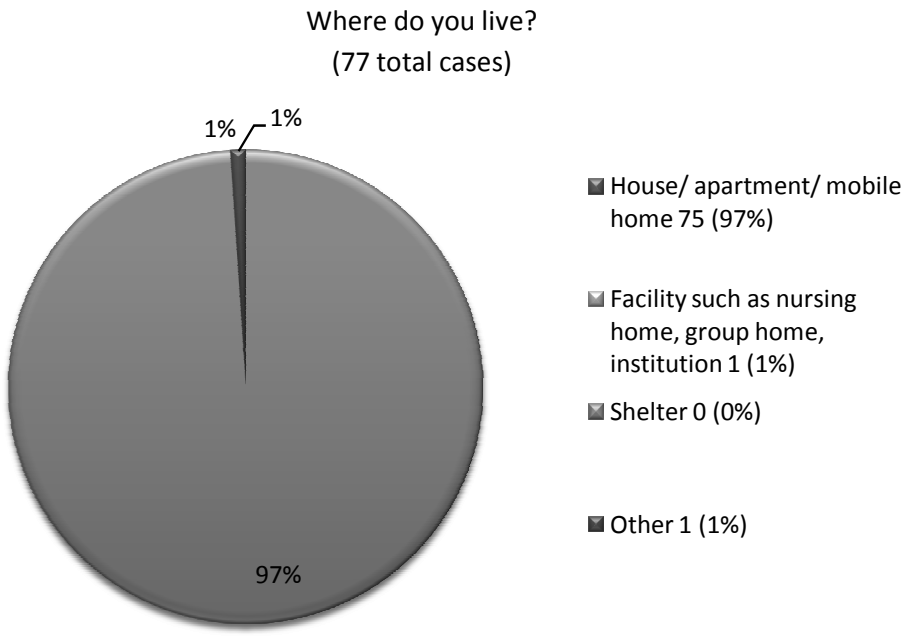


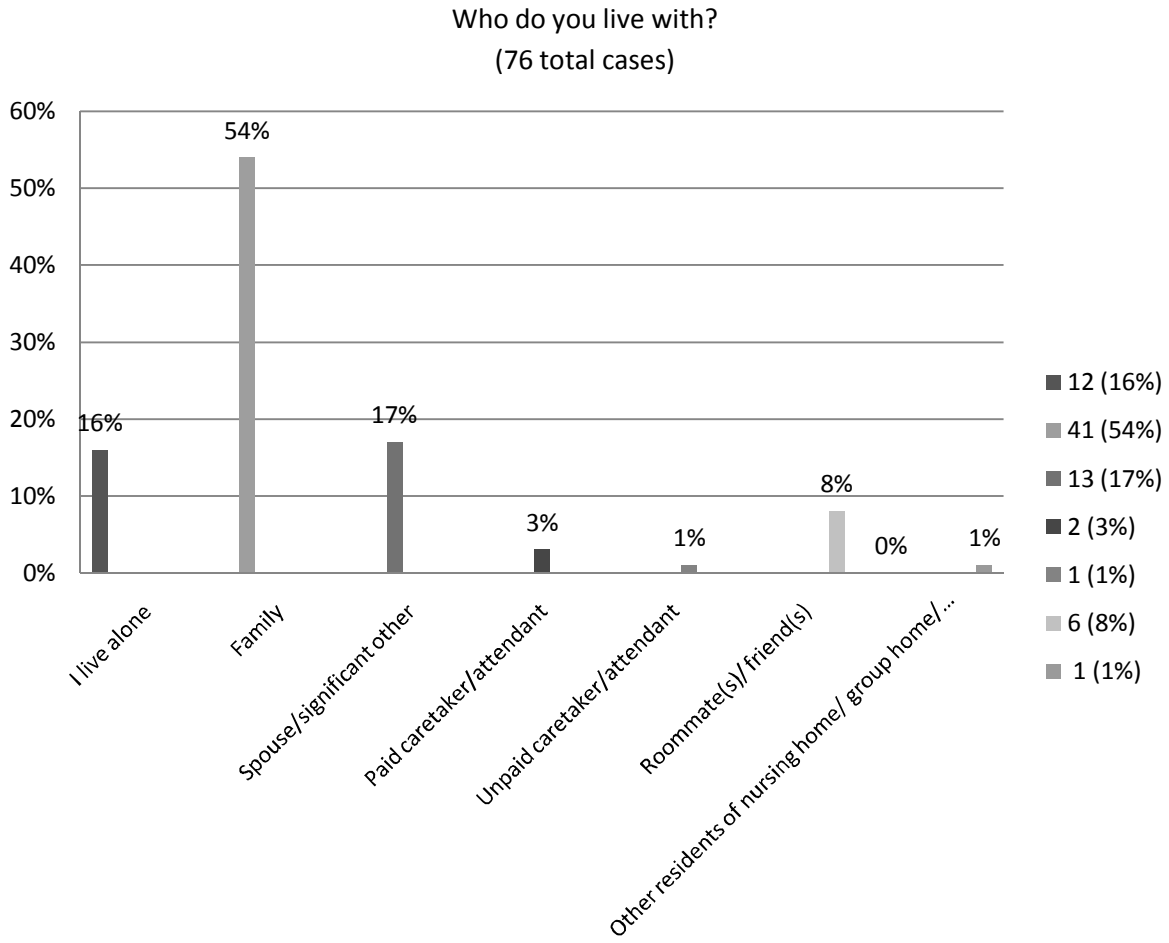




What problems do you have with transportation?
(106 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
39%
4%
6%
9%
10%
10%
16%
4%
2%
I don't have any problems with transportation
It is too far away
There are not enough options
It is not reliable
It is not available when I need it
It does not go where I need to go
It costs too much
It is not available or accessible for someone with...
Other
41 (39%)
4 (4%)
6 (6%)
10 (9%)
11 (10%)
11 (10%)
17 (16%)
4 (4%)
2 (2%)

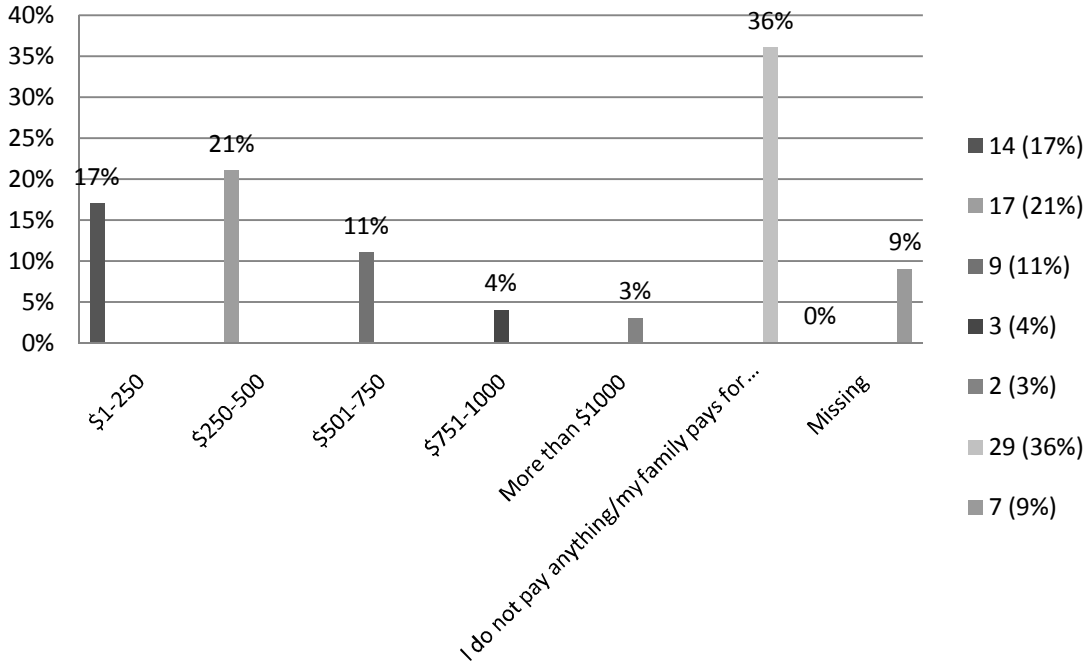

For which purposes do you use public transportation?
(87 total cases)
60%
50%
40%
30%
20%
10%
0%
6%
1%
0%
25%
8%
7%
53%
0%
To go to work
To go to school/training program
To go to social activities
To go to medical appointments
To do personal errands
To go to religious activities
I do not use public transportation
Other
5 (6%)
1 (1%)
0 (0%)
22 (25%)
7 (8%)
6 (7%)
46 (53%)
0 (0%)

## HOUSING

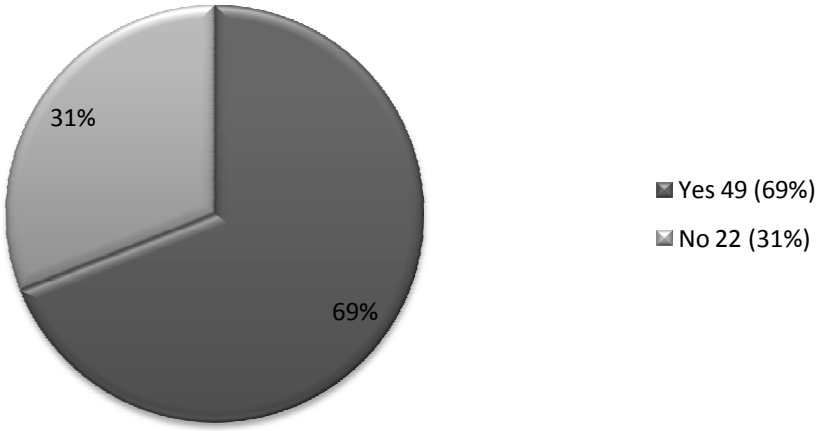

Where do you live?
(77 total cases)
1%
1%
97%
House/ apartment/ mobile home 75 (97%)
Facility such as nursing home, group home, institution 1 (1%)
Shelter 0 (0%)
Other 1 (1%)

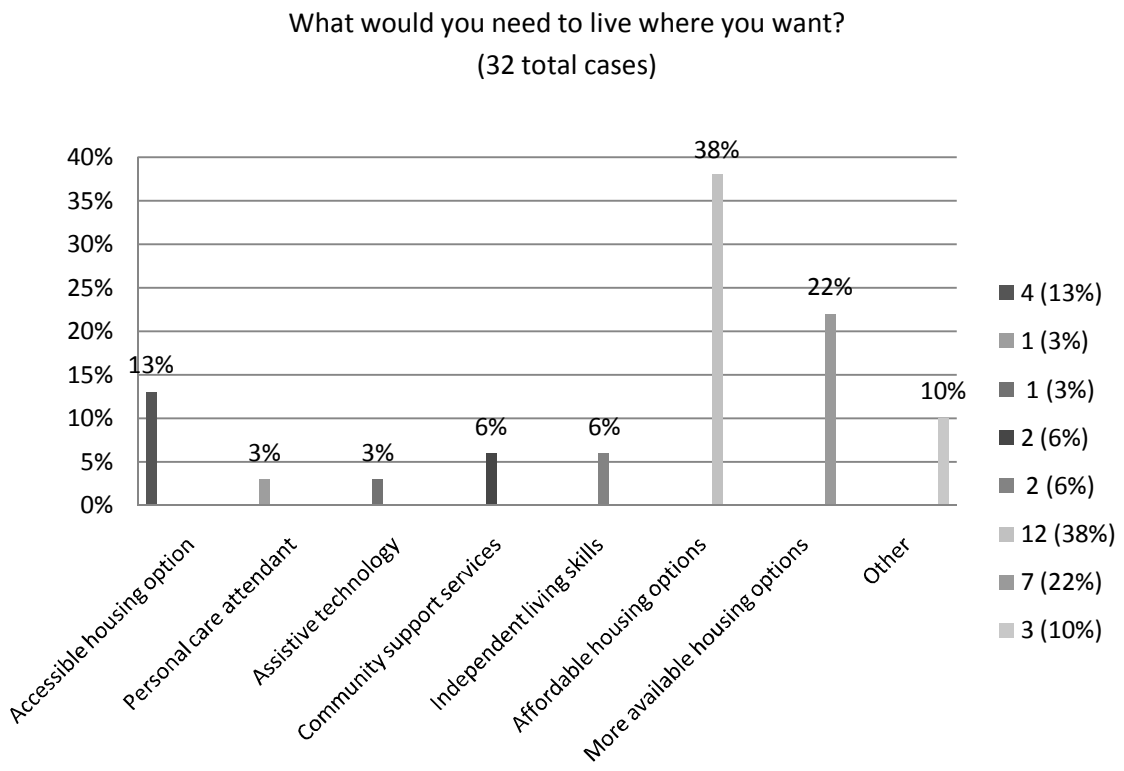

Who do you live with?
(76 total cases)
60%
50%
40%
30%
20%
10%
0%
16%
54%
17%
3%
1%
8%
0%
1%
I live alone
Family
Spouse/significant other
Paid caretaker/attendant
Unpaid caretaker/attendant
Roommate(s)/ friend(s)
Other residents of nursing home/ group home/...
12 (16%)
41 (54%)
13 (17%)
2 (3%)
1 (1%)
6 (8%)
1 (1%)

How much do you pay for housing each month not including utilities?
(74 total cases)

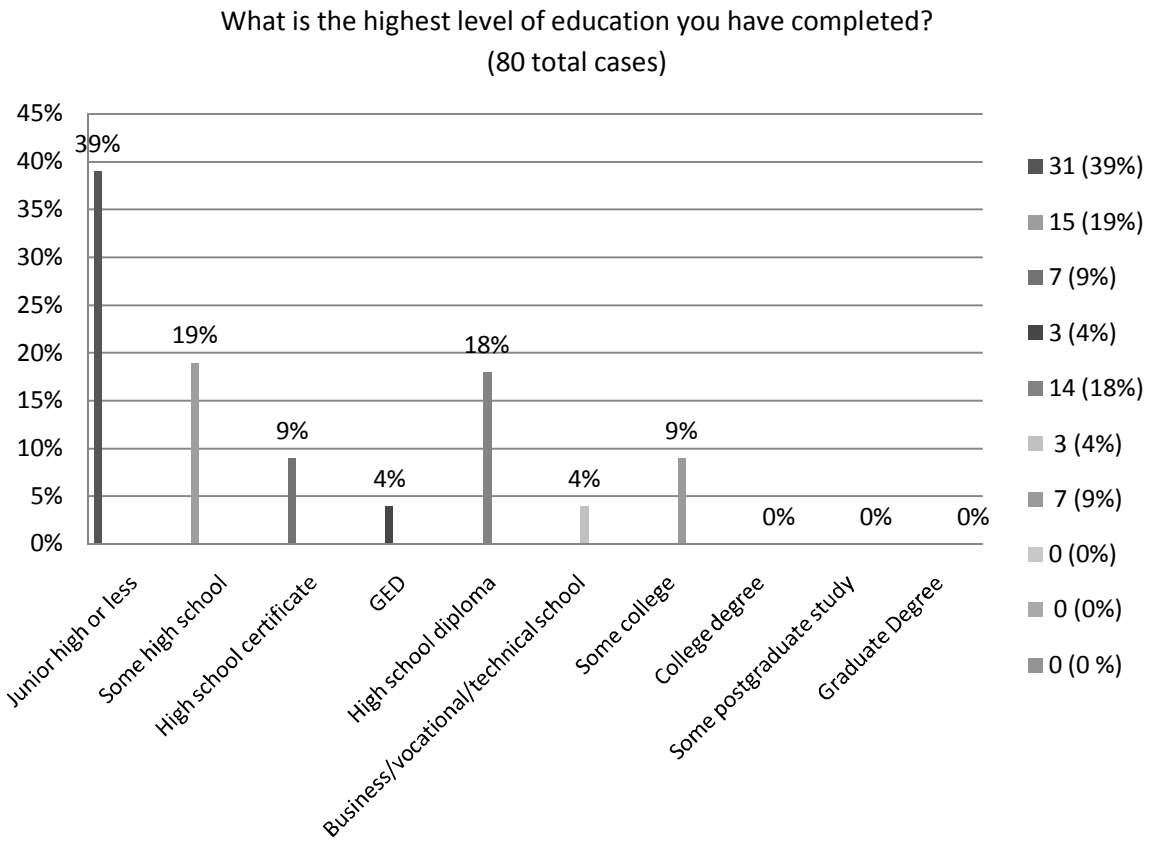


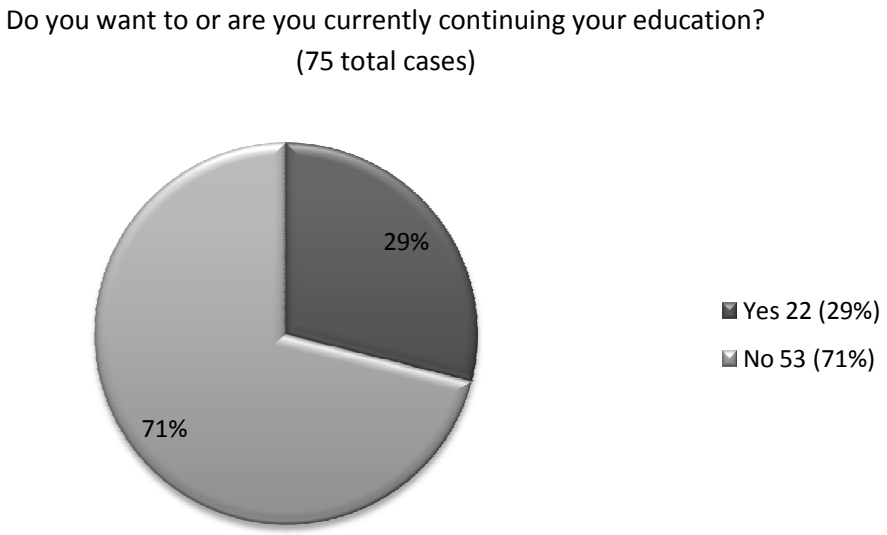

Are you currently living in your preferred arrangement?
(71 total cases)



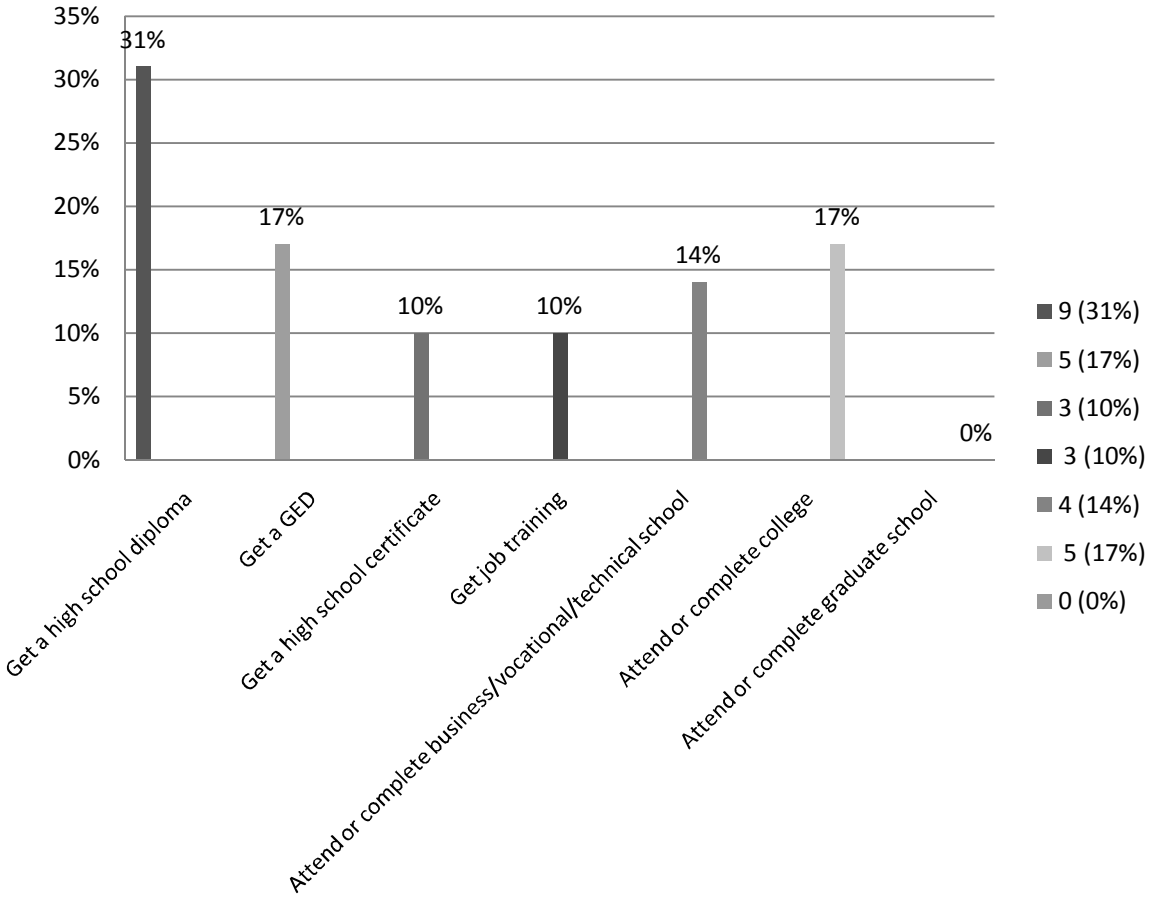

What would you need to live where you want?
(32 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
13%
3%
3%
6%
6%
38%
22%
10%
Accessible housing option
Personal care attendant
Assistive technology
Community support services
Independent living skills
Affordable housing options
More available housing options
Other
4 (13%)
1 (3%)
1 (3%)
2 (6%)
2 (6%)
12 (38%)
7 (22%)
3 (10%)

**EDUCATION**

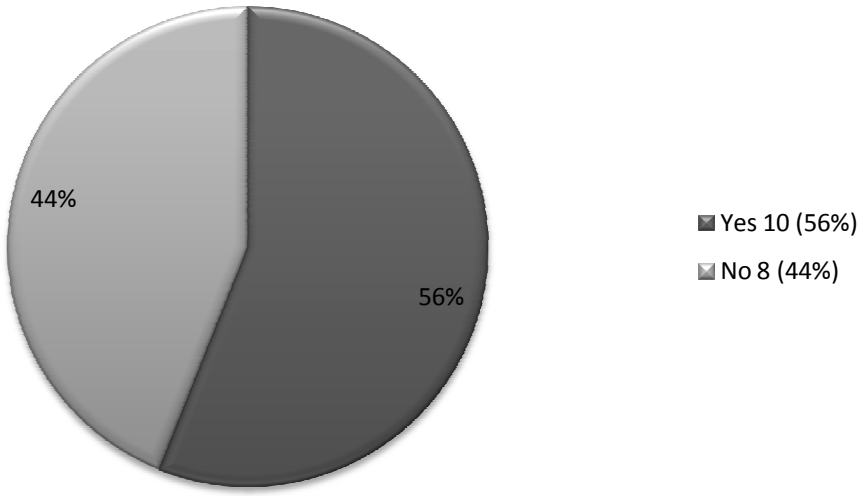

What is the highest level of education you have completed?
(80 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
39%
19%
9%
4%
18%
4%
9%
0%
0%
0%
Junior high or less
Some high school
High school certificate
GED
High school diploma
Business/vocational/technical school
Some college
College degree
Some postgraduate study
Graduate Degree
31 (39%)
15 (19%)
7 (9%)
3 (4%)
14 (18%)
3 (4%)
7 (9%)
0 (0%)
0 (0%)
0 (0 %)

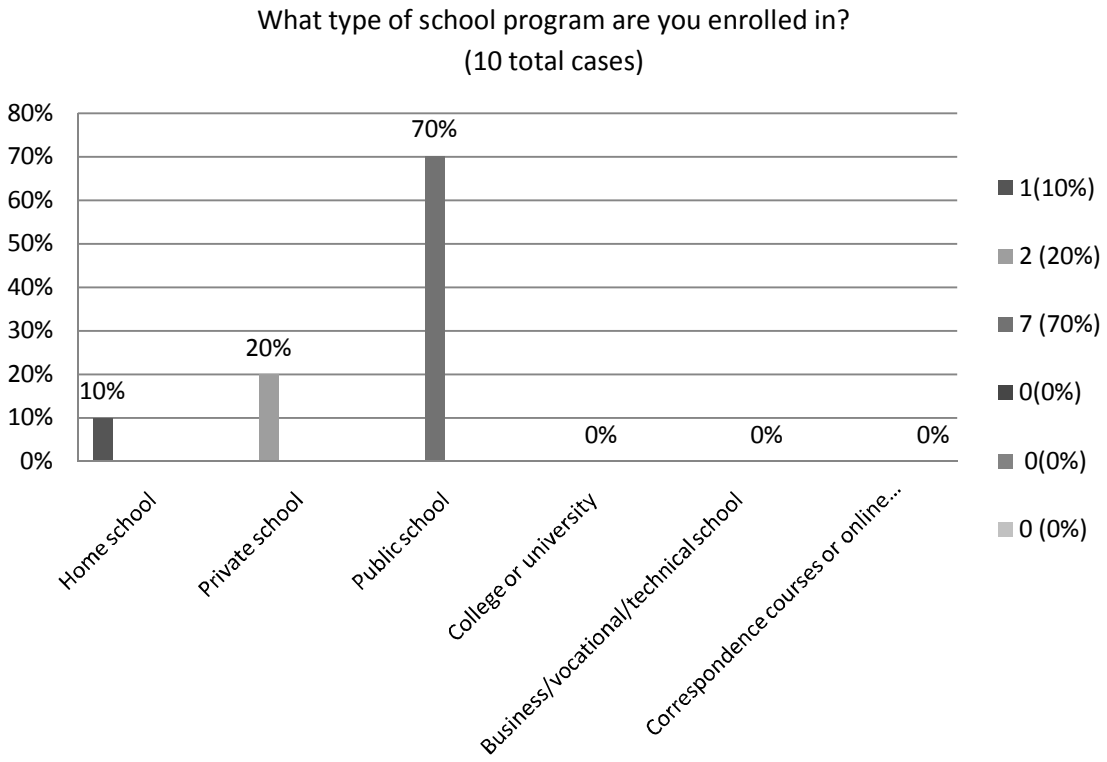

Do you want to or are you currently continuing your education?
(75 total cases)
29%
71%
Yes 22 (29%)
No 53 (71%)

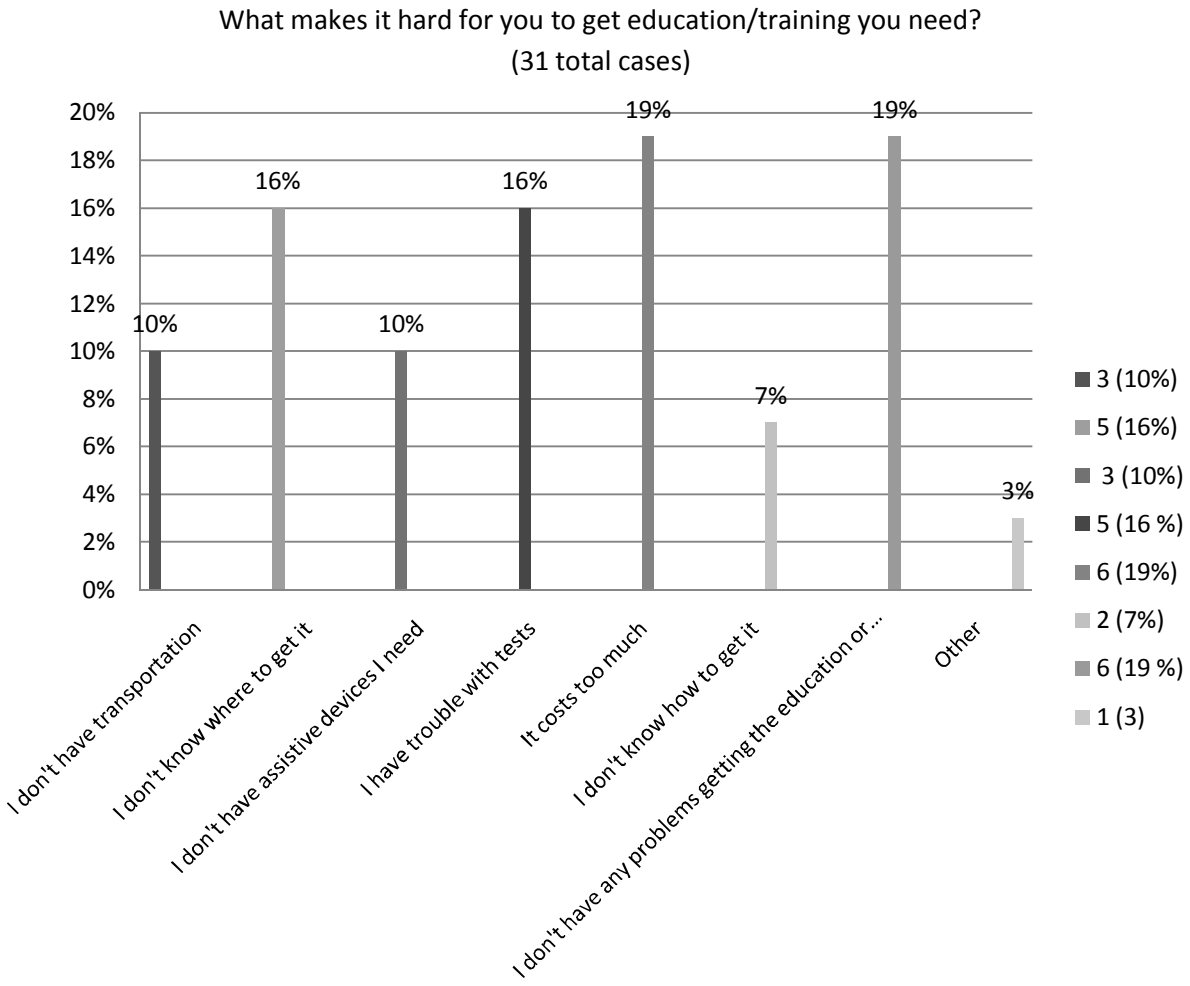
What are your current educational goals?
(29 total cases)



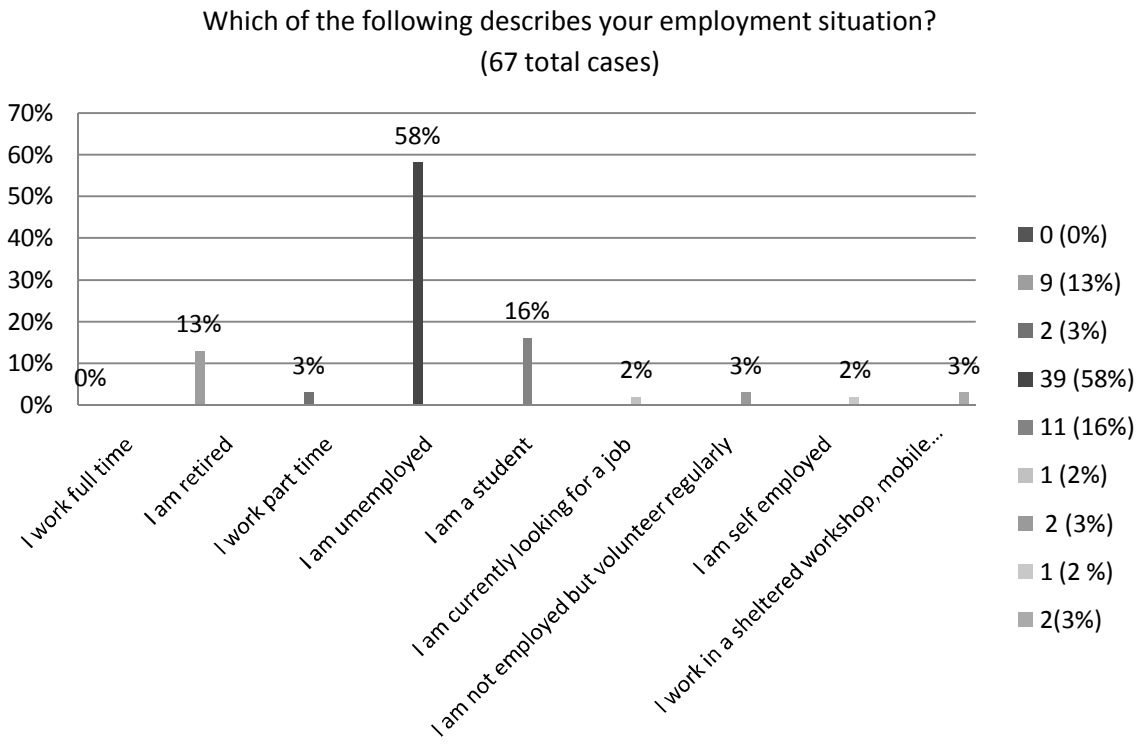

Are you currently enrolled in school or a training program?
(18 total cases)



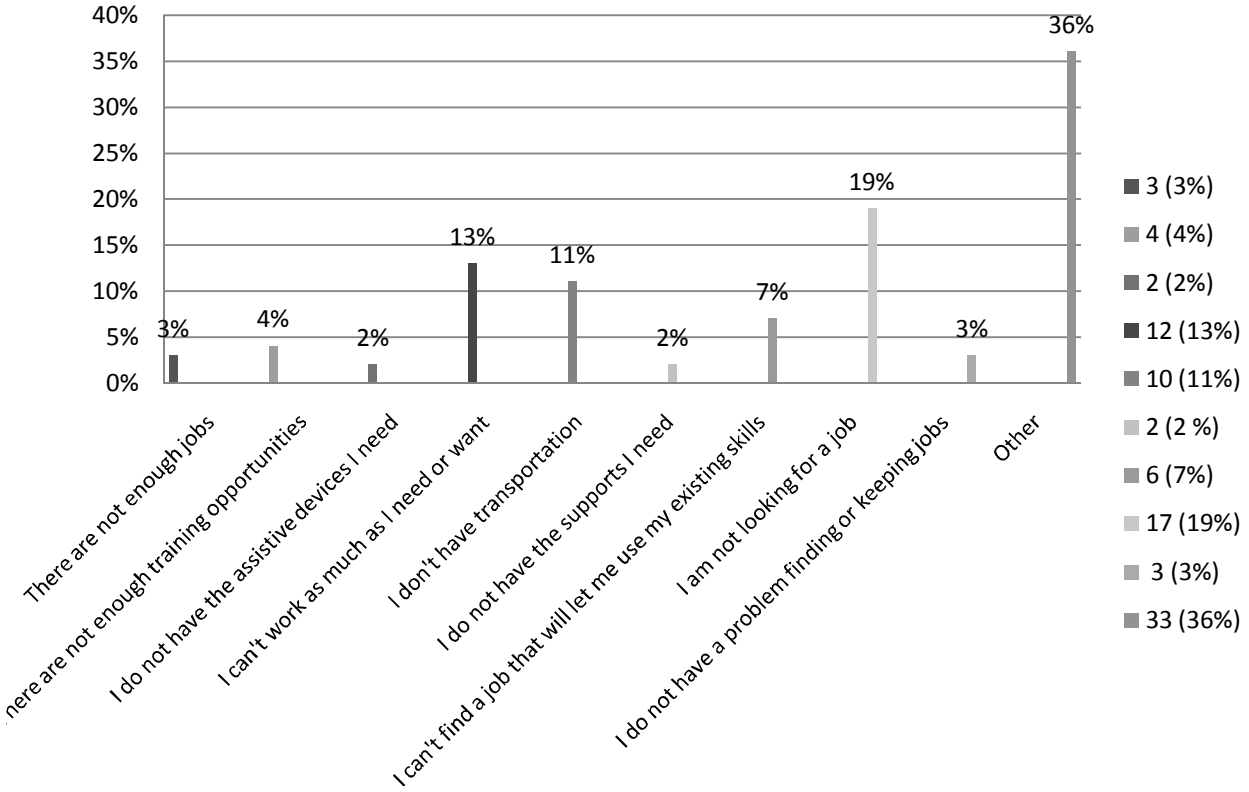

What type of school program are you enrolled in?
(10 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
10%
20%
70%
0%
0%
0%
Home school
Private school
Public school
College or university
Business/vocational/technical school
Correspondence courses or online...
1(10%)
2 (20%)
7 (70%)
0(0%)
0(0%)
0 (0%)


What makes it hard for you to get education/training you need?
(31 total cases)
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
10%
16%
10%
16%
19%
7%
19%
3%
I don't have transportation
I don't know where to get it
I don't have assistive devices I need
I have trouble with tests
It costs too much
I don't know how to get it
I don't have any problems getting the education or...
Other
3 (10%)
5 (16%)
3 (10%)
5 (16 %)
6 (19%)
2 (7%)
6 (19 %)
1 (3)

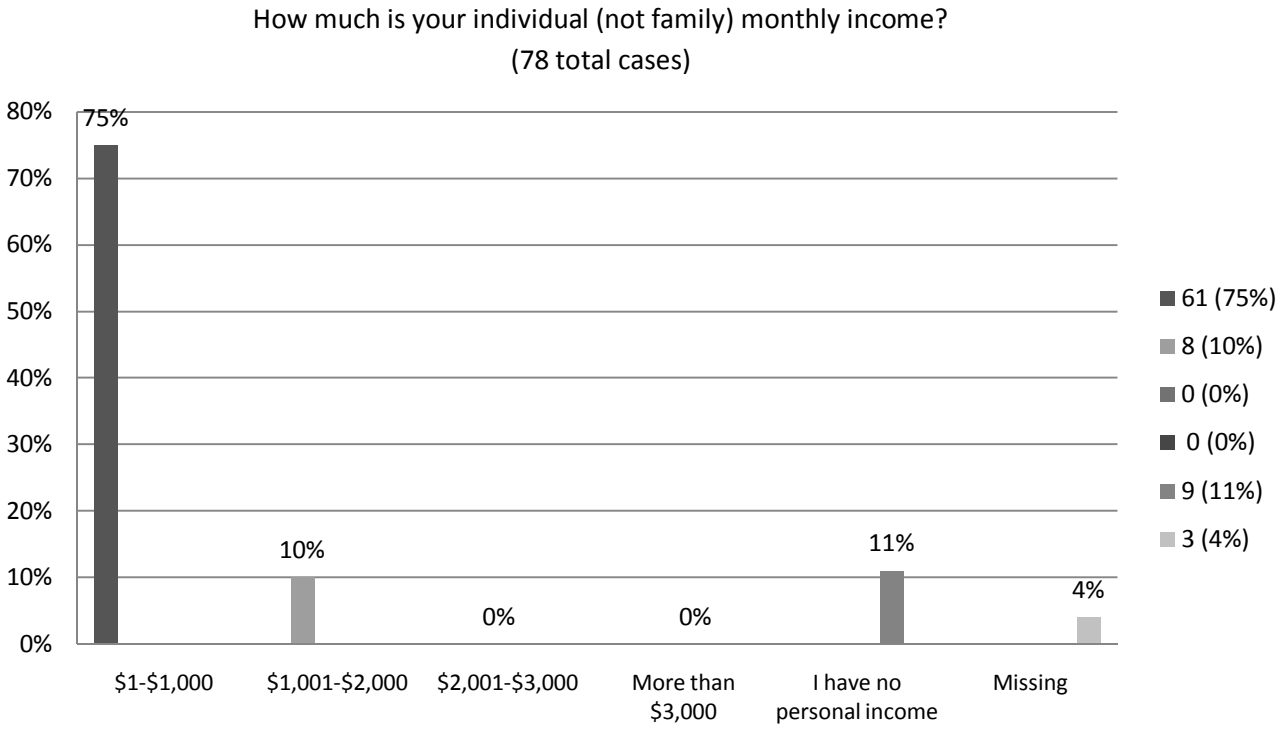
**EMPLOYMENT**

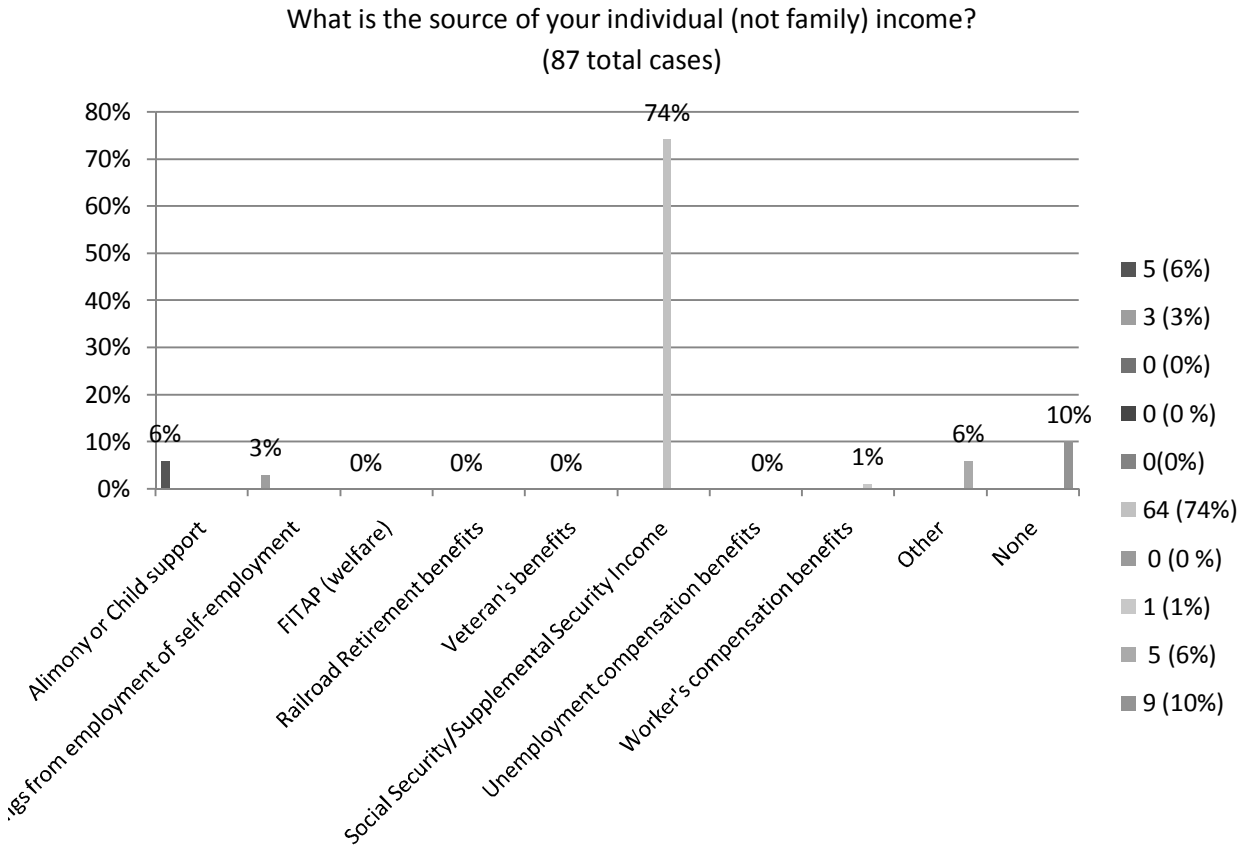

Which of the following describes your employment situation?
(67 total cases)
70%
60%
50%
40%
30%
20%
10%
0%
0%
13%
3%
58%
16%
2%
3%
2%
3%
I work full time
I am retired
I work part time
I am umemployed
I am a student
I am currently looking for a job
I am not employed but volunteer regularly
I am self employed
I work in a sheltered workshop, mobile...
0 (0%)
9 (13%)
2 (3%)
39 (58%)
11 (16%)
1 (2%)
2 (3%)
1 (2 %)
2(3%)

What problems do you have a problem finding/keeping jobs?
(92 total cases)

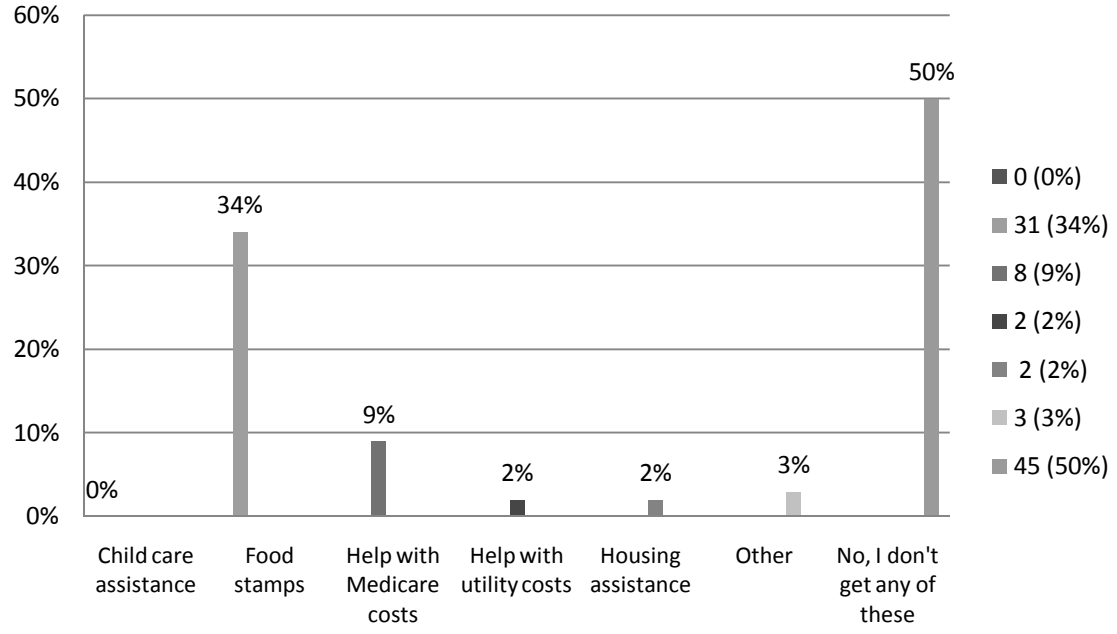


**FINANCES**

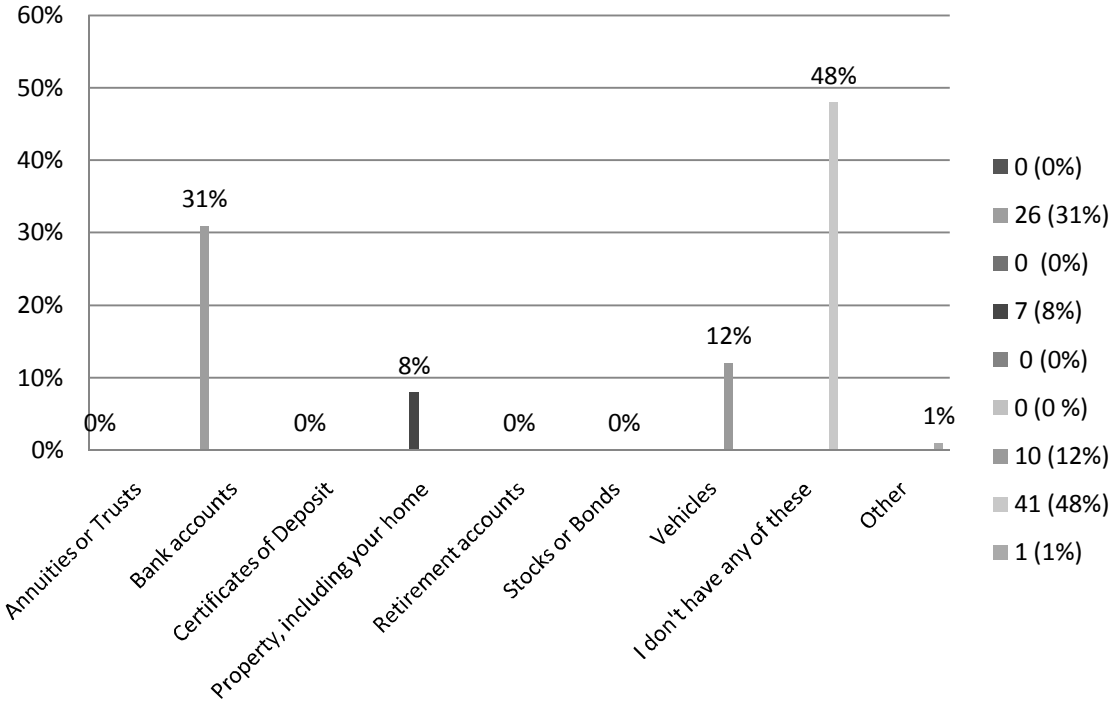

How much is your individual (not family) monthly income?
(78 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
75%
10%
0%
0%
11%
4%
$1-$1,000
$1,001-$2,000
$2,001-$3,000
More than $3,000
I have no personal income
Missing
61 (75%)
8 (10%)
0 (0%)
0 (0%)
9 (11%)
3 (4%)


What is the source of your individual (not family) income?
(87 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
6%
3%
0%
0%
0%
74%
0%
1%
6%
10%
Alimony or Child support
ngs from employment of self-employment
FITAP (welfare)
Railroad Retirement benefits
Veteran's benefits
Social Security/Supplemental Security Income
Unemployment compensation benefits
Worker's compensation benefits
Other
None
5 (6%)
3 (3%)
0 (0%)
0 (0 %)
0(0%)
64 (74%)
0 (0 %)
1 (1%)
5 (6%)
9 (10%)

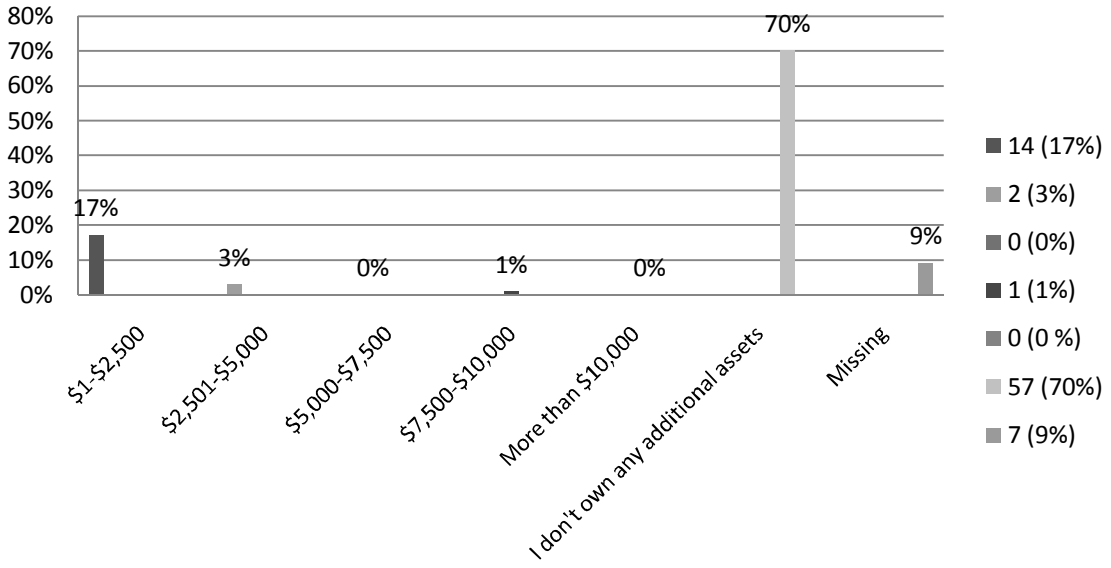
Do you personally get financial help from any of the following programs? This means help that is intended just for you rather than you and your family?
(91 total cases)



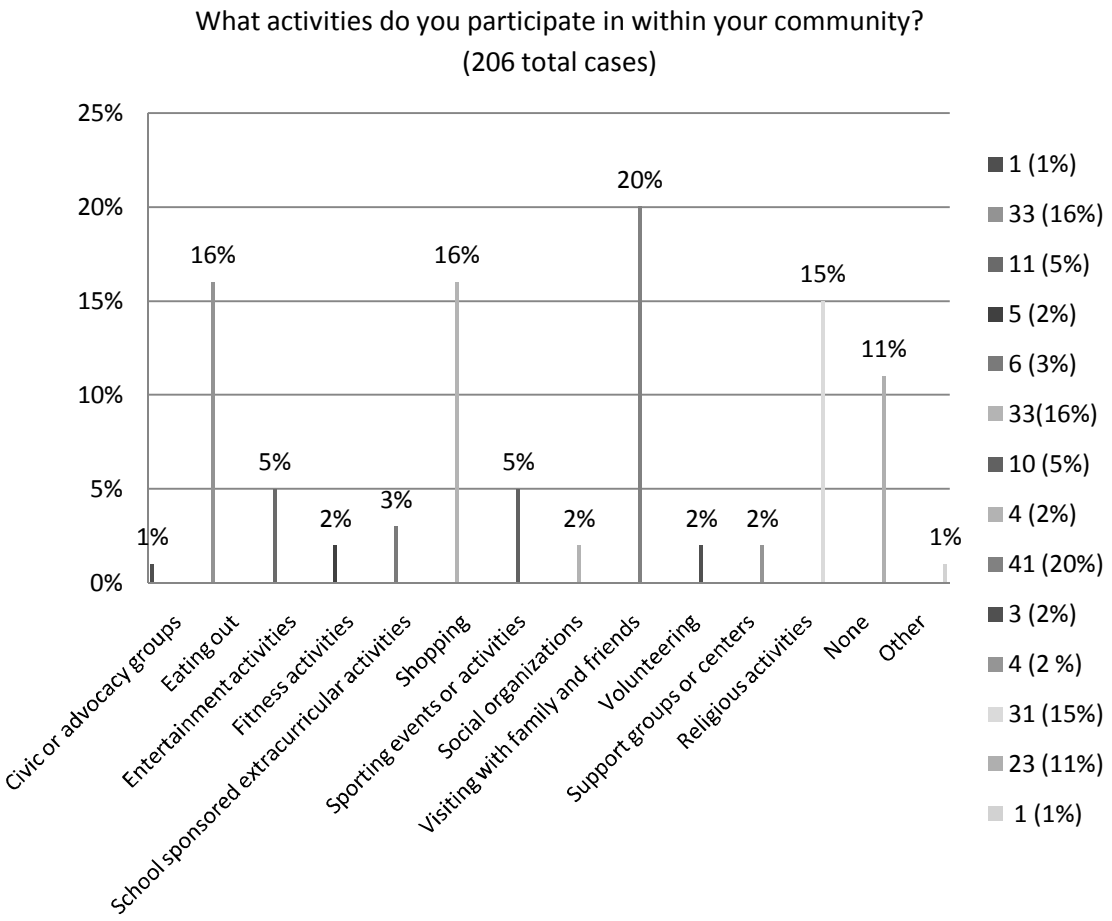

Which of the following kinds of assets or resources do you personally own?
This means assets that are in your name.
(85 total cases)



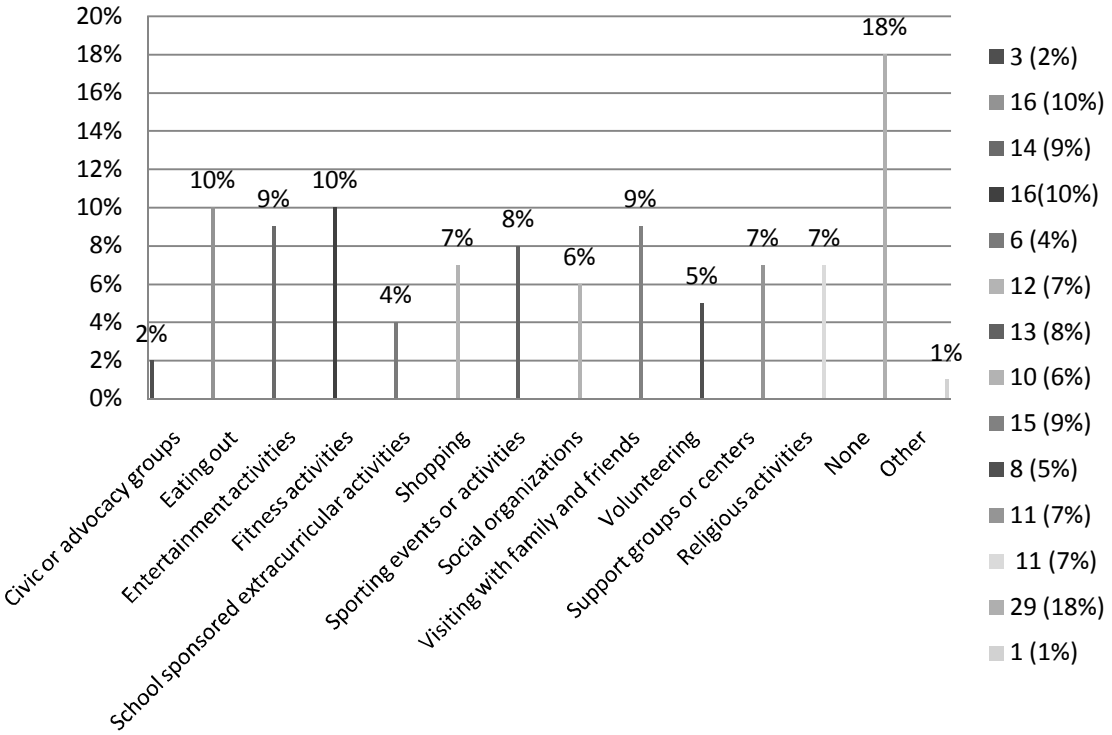
How much are your personal resources worth, other than your home or vehicle?
(74 total cases)



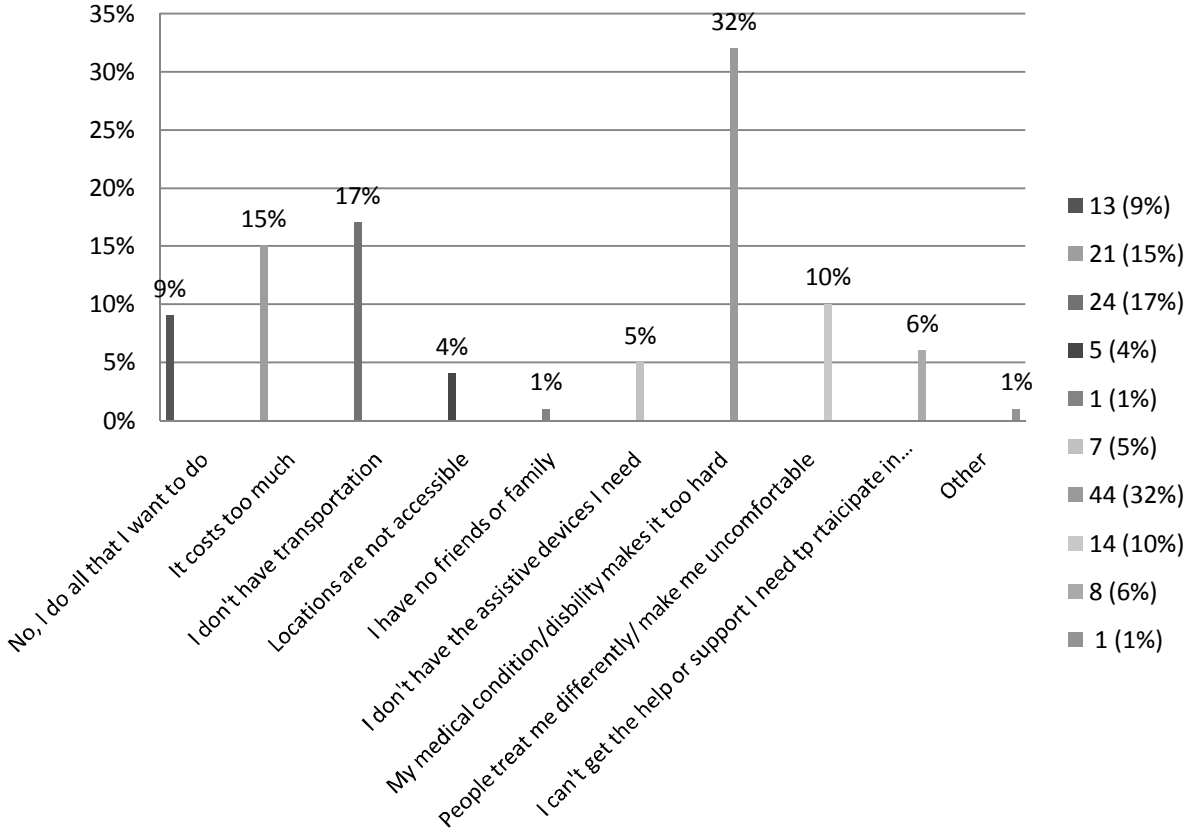
## COMMUNITY INVOLVEMENT



What activities would you like to participate in, but cannot?
(165 total cases)

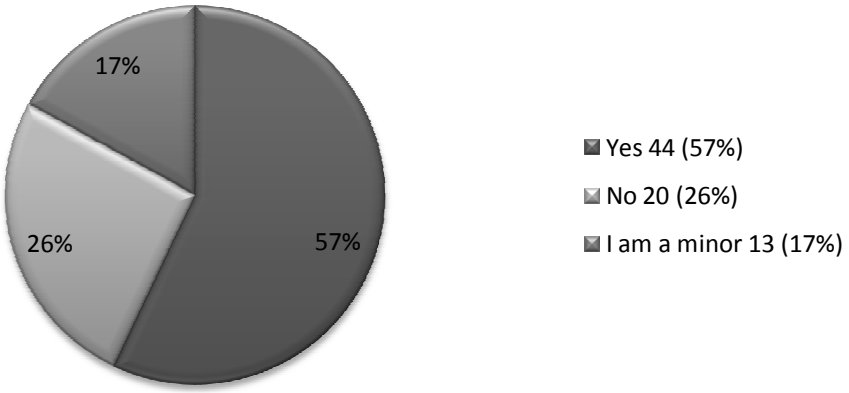



Is there anything that makes it hard for you to do the things you want?
(138 total cases)

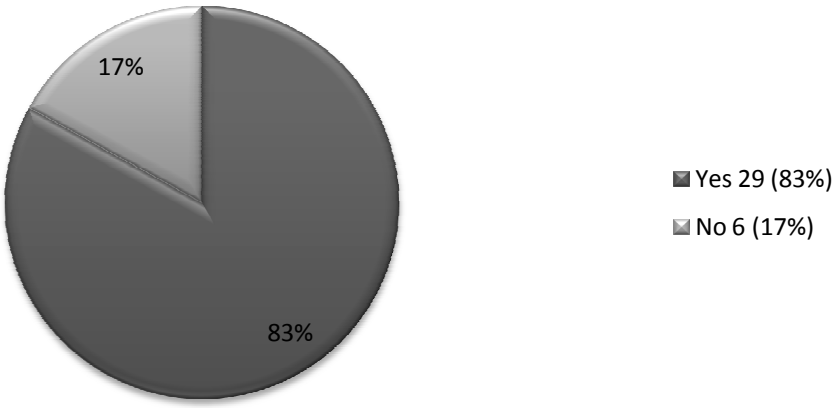


**CIVIC INVOLVEMENT**

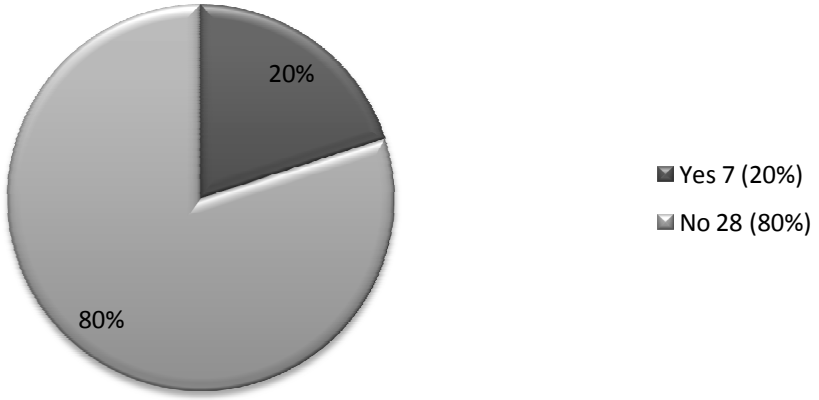
Are you registered to vote?
(77 total cases)



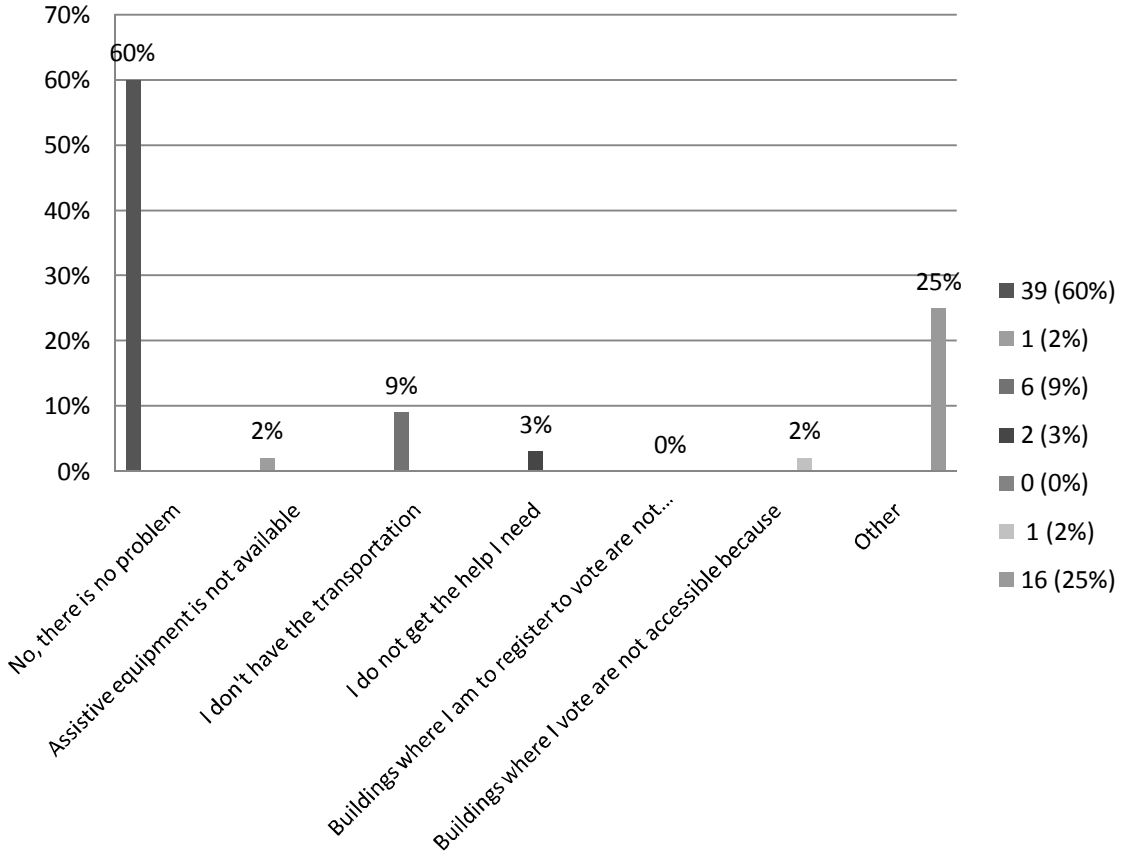

Have you voted in any election in the last four years?
(35 total cases)



Have you used special voting services such as vote by mail or early voting?
(35 total cases)

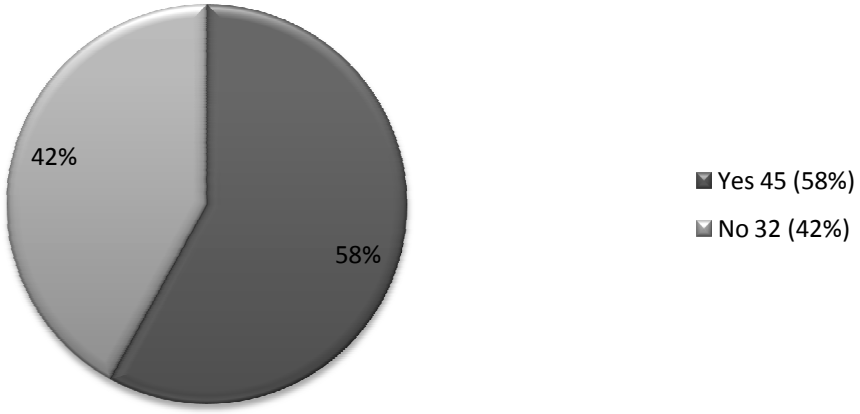



Is there anything that makes it hard for you to vote?
(65 total cases)

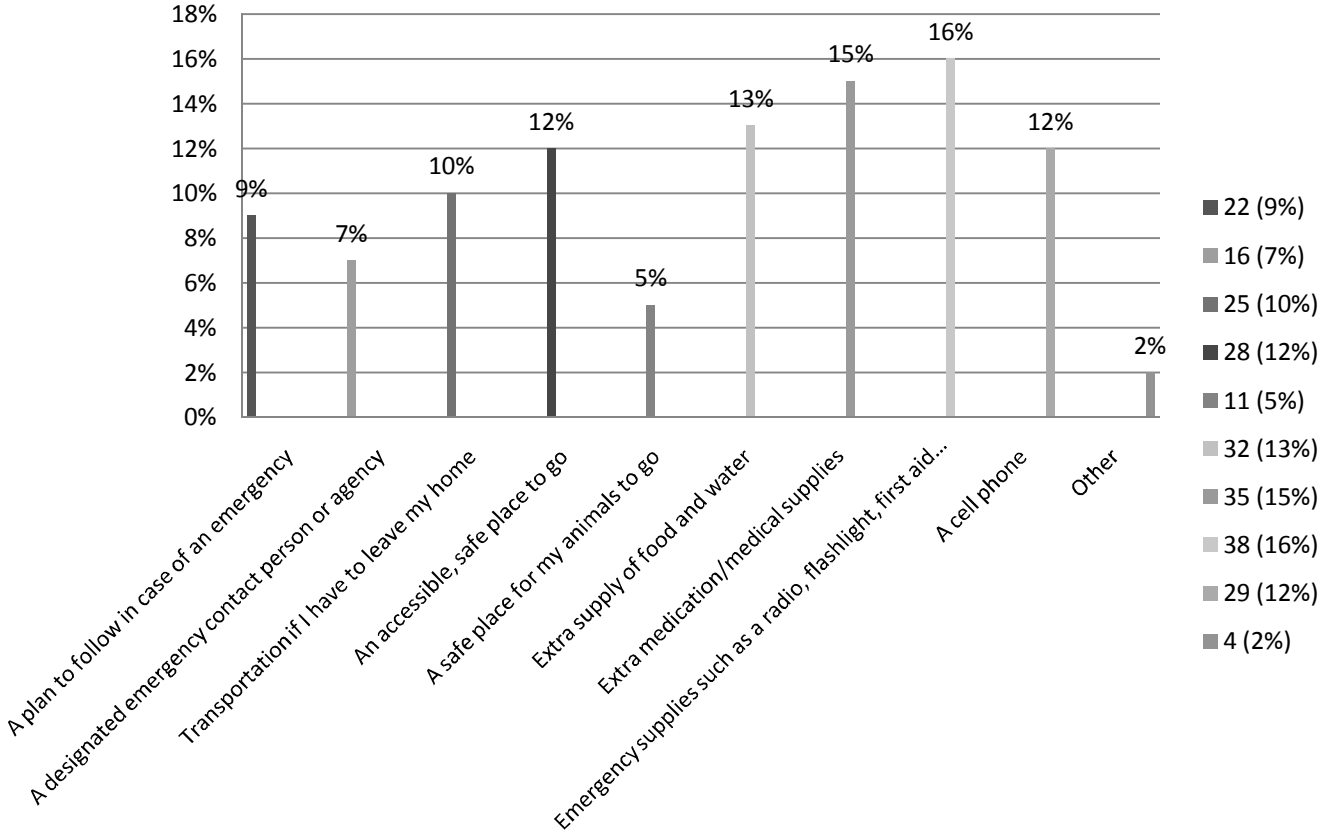


## EMERGENCY PREPAREDNESS

Do you have a plan in place to deal with an emergency situation?
(77 total cases)




What would you need to be prepared for a future emergency situation?
(240 total cases)



# REGION III - TABLES

## GENERAL INFORMATION

### Format of Survey

| | Number | Percent |
|---|---|---|
| Paper | 70 | 90% |
| Internet | 8 | 10% |
| Telephone | 0 | 0% |
| *Total Cases* | 78 | |

### Who is filling out this survey?

| | Number | Percent |
|---|---|---|
| A person with a disability | 38 | 48% |
| A helper or friend of a person with a disability | 14 | 18% |
| The parent or guardian of a minor child with a disability | 15 | 19% |
| The parent or guardian of an adult with a disability | 11 | 14% |
| A court appointed guardian, curator, tutor or agent | 0 | 0% |
| A professional or advocate | 1 | 1% |
| *Total Cases* | 79 | |

### Why is someone helping you fill out this survey?

| | Number | Percent |
|---|---|---|
| This doesn't apply to me- I am answering this survey by myself | 37 | 47% |
| I am providing the answers and this person is recording them | 16 | 20% |
| I am unable to answer this survey | 12 | 15% |
| I do not want to participate in this survey | 0 | 0% |
| I am under 18 and this person is my parent or guardian | 12 | 15% |
| Other | 2 | 3% |
| *Total Cases* | 79 | |

**What is the type of your disability?**

| | Number | Percent |
|---|---|---|
| Mental health/ Emotional disorder | 27 | 21% |
| Physical | 39 | 30% |
| Learning/ Cognitive | 19% | 14% |
| Speech Communication | 14 | 11% |
| Sensory | 4 | 3% |
| Chronic health condition | 29 | 22% |
| *Total Cases* | 132 | |

**How long have you lived with your disability?**

| | Number | Percent |
|---|---|---|
| 1-10 years | 35 | 45% |
| 11-20 years | 26 | 33% |
| 21-30 years | 5 | 6% |
| 31-40 years | 5 | 6% |
| 41-50 years | 7 | 9% |
| 51-60 years | 0 | 0% |
| 61-70 years | 0 | 0% |
| *Total Cases* | 78 | |

**How would you judge your condition?**

| | Number | Percent |
|---|---|---|
| It is getting better | 4 | 5% |
| It comes and goes | 11 | 15% |
| It only gets worse | 15 | 20% |
| It is ongoing with little or no change | 28 | 37% |
| It is ongoing with constant change | 17 | 23% |
| *Total Cases* | 75 | |

**How long is your disability expected to last?**

| | Number | Percent |
|---|---|---|
| It is permanent | 58 | 75% |
| It is temporary | 0 | 0% |
| I'm not sure | 19 | 25% |
| *Total Cases* | 77 | |

**What is your race or ethnicity?**

| | Number | Percent |
|---|---|---|
| African American/ Black | 45 | 56% |
| Asian/ Pacific Islander | 0 | 0% |
| Caucasian/ White | 28 | 35% |
| Hispanic/ Latino | 0 | 0% |
| Native American | 7 | 9% |
| Multi-racial | 0 | 0% |
| Other | 0 | 0% |
| *Total Cases* | 80 | |

**What is your gender?**

| | Number | Percent |
|---|---|---|
| Male | 31 | 39% |
| Female | 48 | 61% |
| *Total Cases* | 79 | |

**How old are you?**

| | Number | Percent |
|---|---|---|
| Under 18 | 15 | 19% |
| 18-21 | 4 | 5% |
| 22-30 | 6 | 8% |
| 31-40 | 6 | 8% |
| 41-50 | 18 | 23% |
| 51-60 | 20 | 25% |
| 61-70 | 10 | 13% |
| 71-79 | 0 | 0% |
| *Total Cases* | 79 | |

**Which of the following helps you find out about available services?**

| | Number | Percent |
|---|---|---|
| Agencies | 22 | 10% |
| Healthcare providers | 39 | 17% |
| Internet | 10 | 4% |
| Library | 3 | 1% |
| Magazines | 10 | 4% |
| Mail | 19 | 8% |
| Newsletters | 15 | 7% |
| Newspaper | 17 | 8% |
| Radio | 9 | 4% |
| Relatives/ friends | 43 | 19% |
| Television | 26 | 12% |
| Other | 5 | 2% |
| *Total Cases* | 226 | |

## HEALTH CARE

### What type of health insurance do you have?

| | Number | Percent |
|---|---|---|
| None | 18 | 7% |
| Insurance through an employer | 6 | 5% |
| Medicaid (blue & white card) | 55 | 47% |
| Medicare (red, white & blue card) | 23 | 20% |
| Medicare prescription drug coverage | 17 | 15% |
| Private insurance | 3 | 3% |
| Other | 5 | 4% |
| *Total Cases* | 117 | |

### About how much do you or your family pay each month for this insurance?

| | Number | Percent |
|---|---|---|
| $0 | 33 | 41% |
| $1-10 | 0 | 0% |
| $11-20 | 0 | 0% |
| $21-30 | 3 | 4% |
| $31-40 | 5 | 6% |
| $41-50 | 1 | 1% |
| $51-60 | 0 | 0% |
| $61-70 | 0 | 0% |
| $71-80 | 0 | 0% |
| $81-90 | 0 | 0% |
| $91-100 | 1 | 1% |
| $101-200 | 3 | 4% |
| $210-300 | 0 | 0% |
| More than $300 | 6 | 7% |
| Missing | 29 | 36% |
| *Total Cases* | 81 | |

**About how much of your own or your family's money is spent each month for medical expenses other than insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 19 | 24% |
| $1-10 | 0 | 0% |
| $11-20 | 6 | 7% |
| $21-30 | 5 | 6% |
| $31-40 | 2 | 3% |
| $41-50 | 2 | 3% |
| $51-60 | 1 | 1% |
| $61-70 | 1 | 1% |
| $71-80 | 3 | 4% |
| $81-90 | 0 | 0% |
| $91-100 | 8 | 10% |
| $101-200 | 6 | 7% |
| $210-300 | 1 | 1% |
| More than $300 | 8 | 10% |
| Missing | 19 | 24% |
| *Total Cases* | 81 | |

**What medical services do you use on a regular basis?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 65 | 22% |
| Specialist doctor | 27 | 9% |
| Medical supplies | 25 | 8% |
| Prescription medications | 68 | 23% |
| Mental health services | 12 | 4% |
| Hospital care | 13 | 4% |
| Home health services | 7 | 2% |
| Emergency care | 11 | 4% |
| Nutrition services | 5 | 2% |
| Substance abuse counseling | 0 | 0% |
| Nursing services | 3 | 1% |
| Dialysis | 1 | 1% |
| Hearing services | 2 | 1% |
| Dental services | 19 | 6% |
| Eye/vision | 24 | 8% |
| Therapy services | 8 | 3% |
| Rehabilitation services | 2 | 1% |
| Orthotics | 2 | 1% |
| None | 0 | 0% |
| Other | 2 | 1% |
| *Total Cases* | 296 | |

**What medical services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 4 | 3% |
| Specialist doctor | 7 | 5% |
| Medical supplies | 9 | 6% |
| Prescription medications | 4 | 3% |
| Mental health services | 4 | 3% |
| Hospital care | 2 | 1% |
| Home health services | 5 | 3% |
| Emergency care | 2 | 1% |
| Nutrition services | 6 | 4% |
| Substance abuse counseling | 0 | 0% |
| Nursing services | 1 | 1% |
| Dialysis | 0 | 0% |
| Hearing services | 7 | 5% |
| Dental services | 34 | 23% |
| Eye/vision | 18 | 12% |
| Therapy services | 14 | 10% |
| Rehabilitation services | 4 | 3% |
| Orthotics | 1 | 1% |
| None | 19 | 13% |
| Other | 4 | 3% |
| *Total Cases* | 145 | |

**Why don't you get the medical care you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 23 | 16% |
| It costs too much | 20 | 14% |
| It's not available where I live | 9 | 6% |
| I don't have transportation | 17 | 12% |
| Support services are limited | 10 | 7% |
| It's hard to find out where to get services | 14 | 10% |
| Care options are limited | 14 | 10% |
| Medical facilities/ offices are not accessible | 3 | 2% |
| I get the care I need so this doesn't apply to me | 27 | 19% |
| Other | 3 | 2% |
| *Total Cases* | 140 | |

**INDEPENDENT LIVING**

**What services and supports do you use?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 13 | 13% |
| Personal care attendant | 10 | 10% |
| Support/counseling from a peer or professional | 6 | 6% |
| Transportation services | 13 | 13% |
| Skills training to live independently | 3 | 3% |
| Financial assistance | 8 | 8% |
| Interpreter/communication services | 0 | 0% |
| Advocacy | 3 | 3% |
| Assistive technology devices | 1 | 1% |
| I do not use any of these | 38 | 38% |
| Other | 5 | 5% |
| *Total Cases* | 100 | |

**Who provides these supports and services to you?**

| | Number | Percent |
|---|---|---|
| Office for Citizens with Developmental Disabilities (OCDD) | 12 | 13% |
| Office of aging and adult services (OAAS) | 0 | 0% |
| Office of Mental Health (OMH) | 5 | 5% |
| Louisiana Rehabilitation Services (LRS) | 1 | 1% |
| Governor's Office of Disability Affairs (GODA) | 0 | 0% |
| Independent living centers | 0 | 0% |
| Office for Addictive Disorders and Counseling (OADC) | 0 | 0% |
| Louisiana Assistive Technology Access Network (LATAN) | 1 | 1% |
| Work Incentive Planning Assistance (WIPA) | 0 | 0% |
| Louisiana Department of Education | 3 | 3% |
| Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) | 0 | 0% |
| Medicaid | 27 | 28% |
| Other | 10 | 11% |
| I don't receive any of these services | 36 | 38% |
| *Total Cases* | 95 | |

**What services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 22 | 20% |
| Personal care attendant | 5 | 4% |
| Support/counseling from a peer or professional | 7 | 6% |
| Transportation services | 17 | 15% |
| Skills training to live independently | 4 | 4% |
| Financial assistance | 19 | 17% |
| Interpreter/communication services | 1 | 1% |
| Advocacy | 2 | 2% |
| Assistive technology devices | 2 | 2% |
| I do not use any of these | 30 | 27% |
| Other | 4 | 4% |
| *Total Cases* | 113 | |

**Why don't you get the services and supports you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 20 | 16% |
| It costs too much | 12 | 10% |
| It's not available where I live | 8 | 7% |
| Transportation is not available | 14 | 12% |
| I don't know where to get services | 21 | 18% |
| Facilities/ offices are not accessible | 3 | 3% |
| Support services are limited | 14 | 12% |
| Available care options are limited | 10 | 8% |
| I live how I want to live so this does not apply to me | 15 | 12% |
| Other | 5 | 4% |
| *Total Cases* | 122 | |

**Who plans most of the care you get?**

| | Number | Percent |
|---|---|---|
| I do | 39 | 49% |
| A relative | 27 | 34% |
| A friend | 6 | 8% |
| An agency | 6 | 8% |
| Other | 2 | 3% |
| *Total Cases* | 80 | |

**How much choice do you have when planning for the services or care that you get?**

| | Number | Percent |
|---|---|---|
| I have most control | 41 | 55% |
| I do not get to participate in planning | 22 | 30% |
| I have little control | 11 | 15% |
| *Total Cases* | 74 | |

## ASSISTIVE TECHNOLOGY

**Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?**

| | Number | Percent |
|---|---|---|
| Yes | 20 | 29% |
| No | 48 | 71% |
| *Total Cases* | 68 | |

**What sort of assistive technology do you use?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 4 | 11% |
| Hearing | 1 | 3% |
| Environmental adaptations | 3 | 8% |
| Speech communication | 2 | 6% |
| Learning/cognitive/development | 4 | 11% |
| Daily living aids | 1 | 3% |
| Mobility/seating/positioning | 9 | 25% |
| Vision | 2 | 6% |
| Vehicle modification/transportation | 5 | 14% |
| Computers and related | 3 | 8% |
| Other | 2 | 6% |
| *Total Cases* | 36 | |

**What sort of assistive technology do you need but not get?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 4 | 11% |
| Hearing | 2 | 6% |
| Environmental adaptations | 4 | 11% |
| Speech communication | 2 | 6% |
| Learning/cognitive/development | 2 | 6% |
| Daily living aids | 3 | 8% |
| Mobility/seating/positioning | 3 | 8% |
| Vision | 5 | 14% |
| Vehicle modification/transportation | 4 | 11% |
| Computers and related | 4 | 11% |
| Other | 1 | 3% |
| *Total Cases* | 36 | |

**If you don't have access to assistive technology, what is the reason?**

| | Number | Percent |
|---|---|---|
| I can't afford it | 10 | 48% |
| I need help to use it | 0 | 0% |
| I need training to use it | 1 | 5% |
| It is not available in my community | 3 | 14% |
| It is not covered by my health insurance | 4 | 19% |
| This does not apply to me | 2 | 10% |
| Other | 1 | 5% |
| *Total Cases* | 21 | |

**How would you describe your use of assistive technology?**

| | Number | Percent |
|---|---|---|
| I have all the assistive technology I need | 3 | 13% |
| I have some but not all of the assistive technology I need | 6 | 25% |
| I do not have any of the assistive technology I need | 3 | 13% |
| The assistive technology I use is in good condition | 1 | 4% |
| The assistive technology I use is outdated or in need of repair | 3 | 13% |
| I don't think I know about the assistive technology available | 8 | 33% |
| I find it difficult to learn to use new assistive technology | 0 | 0% |
| *Total Cases* | 24 | |

**TRANSPORTATION**

**What means of transportation are available to you?**

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 18 | 14% |
| I have my own vehicle | 18 | 14% |
| Rides from friends/ family | 54 | 43% |
| Public transportation | 9 | 7% |
| Para Transit | 1 | 1% |
| Taxi service | 6 | 5% |
| Medicaid transportation service | 11 | 9% |
| None | 3 | 2% |
| Other | 5 | 4% |
| *Total Cases* | 125 | |

**What means of transportation do you use?**

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 14 | 14% |
| I have my own vehicle | 16 | 16% |
| Rides from friends/ family | 50 | 50% |
| Public transportation | 7 | 7% |
| Para Transit | 1 | 1% |
| Taxi service | 5 | 5% |
| Medicaid transportation service | 8 | 8% |
| None | 0 | 0% |
| Other | 0 | 0% |
| *Total Cases* | 101 | |

**What problems do you have with transportation?**

| | Number | Percent |
|---|---|---|
| I don't have any problems with transportation | 41 | 39% |
| It's too far away | 4 | 4% |
| There are not enough options | 6 | 6% |
| It is not reliable | 10 | 9% |
| It is not available when I need it | 11 | 10% |
| It does not go where I need it to go | 11 | 10% |
| It costs too much | 17 | 16% |
| It is not available or accessible for someone with my disability | 4 | 4% |
| Other | 2 | 2% |
| *Total Cases* | 106 | |

**For which purposes do you use public transportation?**

| | Number | Percent |
|---|---|---|
| To go to work | 5 | 6% |
| To go to school/ training program | 1 | 1% |
| To go to social activities | 0 | 0% |
| To go to medical appointments | 22 | 25% |
| To do personal errands | 7 | 8% |
| To go to religious activities | 6 | 7% |
| I do not use public transportation | 46 | 53% |
| Other | 0 | 0% |
| *Total Cases* | 87 | |

## HOUSING

### Where do you live?

| | Number | Percent |
|---|---|---|
| House, apartment, or mobile home | 75 | 97% |
| Facility such as a nursing home, group home, or other institution | 1 | 1% |
| Shelter | 0 | 0% |
| Other | 1 | 1% |
| *Total Cases* | 77 | |

### Who do you live with?

| | Number | Percent |
|---|---|---|
| I live alone | 12 | 16% |
| Family | 41 | 54% |
| Spouse/significant other | 13 | 17% |
| Paid caretaker or care attendant | 2 | 3% |
| Unpaid caretaker or care attendant | 1 | 1% |
| Roommate(s)/ Friend(s) | 6 | 8% |
| Other residents or nursing home/ group home/ shelter or other institution | 1 | 1% |
| *Total Cases* | 76 | |

### How much do you pay for housing each month, not including utilities?

| | Number | Percent |
|---|---|---|
| $1-$250 | 14 | 17% |
| $251-$500 | 17 | 21% |
| $501-$750 | 9 | 11% |
| $750-$1,000 | 3 | 4% |
| More than $1,000 | 2 | 3% |
| I do not pay anything/ my family pays for my housing | 29 | 36% |
| Missing | 7 | 9% |
| *Total Cases* | 74 | |

**Are you currently living in your preferred living arrangement?**

| | Number | Percent |
|---|---|---|
| Yes | 49 | 69% |
| No | 22 | 31% |
| *Total Cases* | 71 | |

**What would you need to live where you want to live?**

| | Number | Percent |
|---|---|---|
| Accessible housing options | 4 | 13% |
| Personal care attendant | 1 | 3% |
| Assistive technology | 1 | 3% |
| Community support services | 2 | 6% |
| Independent living skills | 2 | 6% |
| Affordable housing options | 12 | 38% |
| More available housing options | 7 | 22% |
| Other | 3 | 10% |
| *Total Cases* | 32 | |

## EDUCATION

**What is the highest level of education or grade level that you have completed?**

| | Number | Percent |
|---|---|---|
| Junior high or less | 31 | 39% |
| Some high school | 15 | 19% |
| High school certificate | 7 | 9% |
| GED | 3 | 4% |
| High school diploma | 14 | 18% |
| Business/ technical/ vocational school | 3 | 4% |
| Some college | 7 | 9% |
| College degree | 0 | 0% |
| Some postgraduate study | 0 | 0% |
| Graduate degree | 0 | 0% |
| *Total Cases* | 80 | |

**Do you want to or are you currently continuing your education?**

| | Number | Percent |
|---|---|---|
| Yes | 22 | 29% |
| No | 53 | 71% |
| *Total Cases* | 75 | |

**What are you current educational goals?**

| | Number | Percent |
|---|---|---|
| Get a high school diploma | 9 | 31% |
| Get a GED | 5 | 17% |
| Get a high school certificate | 3 | 10% |
| Get job training | 3 | 10% |
| Attend or complete business/vocational/technical school | 4 | 14% |
| Attend or complete college | 5 | 17% |
| Attend or complete graduate school | 0 | 0% |
| *Total Cases* | 29 | |

**Are you currently enrolled in school or in a training program?**

| | Number | Percent |
|---|---|---|
| Yes | 10 | 56% |
| No | 8 | 4% |
| *Total Cases* | 18 | |

**What type of school or program are you enrolled in?**

| | Number | Percent |
|---|---|---|
| Home school | 1 | 10% |
| Private school | 2 | 20% |
| Public school | 7 | 70% |
| College or university | 0 | 0% |
| Business/ vocational/ technical school | 0 | 0% |
| Correspondence courses or online instruction | 0 | 0% |
| *Total Cases* | 10 | |

**What keeps you from getting the education or training you need?**

| | Number | Percent |
|---|---|---|
| I don't have transportation | 3 | 10% |
| I don't know where I get it | 5 | 16% |
| I don't have assistive devices I need | 3 | 10% |
| I have trouble with tests | 5 | 16% |
| It costs too much | 6 | 19% |
| I don't know how to get it | 2 | 7% |
| I don't have any problems getting the education or training I need | 6 | 19% |
| Other | 1 | 3% |
| *Total Cases* | 1214 | |

**EMPLOYMENT**

**Which of the following describes your employment situation?**

| | Number | Percent |
|---|---|---|
| I work full time | 0 | 0 |
| I am retired | 9 | 13% |
| I work part-time | 2 | 3% |
| I am unemployed | 39 | 58% |
| I am a student | 11 | 16% |
| I am currently looking for a job | 1 | 2% |
| I am not employed by volunteer regularly | 2 | 3% |
| I am self-employed | 1 | 2% |
| I work in a sheltered workshop, mobile crew, or enclave | 2 | 3% |
| *Total Cases* | 67 | |

**What problem(s) do you have finding or keeping a job?**

| | Number | Percent |
|---|---|---|
| There are not enough jobs | 3 | 3% |
| There are not enough training opportunities | 4 | 4% |
| I do not have the assistive devices I need | 2 | 2% |
| I can't work as much as I need or want | 12 | 13% |
| I don't have transportation | 10 | 11% |
| I do not have the supports I need | 2 | 2% |
| I can't find a job that will let me use my existing skills | 6 | 7% |
| I am not looking for a job | 17 | 19% |
| I do not have a problem finding or keeping jobs | 3 | 3$ |
| Other | 33 | 36% |
| *Total Cases* | 92 | |

**FINANCES**

**How much is your individual (not family) monthly income?**

| | Number | Percent |
|---|---|---|
| $1-$1,000 | 61 | 75% |
| $1,001- $2,000 | 8 | 10% |
| $2,001-$3,000 | 0 | 0% |
| More than $3,000 | 0 | 0% |
| I have no personal income | 9 | 11% |
| Missing | 3 | 4% |
| *Total Cases* | 78 | |

**What is the source of your individual (not family) income?**

| | Number | Percent |
|---|---|---|
| Alimony or Child support | 5 | 6% |
| Earnings from employment or self-employment | 3 | 3% |
| FITAP (welfare) | 0 | 0% |
| Railroad Retirement Benefits | 0 | 0% |
| Veteran's benefits | 0 | 0% |
| Social Security/ Supplemental Security Income | 64 | 74% |
| Unemployment compensation benefits | 0 | 0% |
| Worker's compensation benefits | 1 | 1% |
| Other | 5 | 6% |
| None | 9 | 10% |
| *Total Cases* | 87 | |

**Do you personally get financial help from any of the following programs?**

| | Number | Percent |
|---|---|---|
| Child care assistance | 0 | 0% |
| Food stamps | 31 | 34% |
| Help with Medicare costs | 8 | 9% |
| Help with utility costs | 2 | 2% |
| Housing assistance | 2 | 2% |
| Other | 3 | 3% |
| No, I don't get any of these | 45 | 50% |
| *Total Cases* | 91 | |

**Which of the following kinds of assets or resources do you personally own?**

| | Number | Percent |
|---|---|---|
| Annuities or Trusts | 0 | 0% |
| Bank accounts | 26 | 31% |
| Certificate of deposit | 0 | 0% |
| Property, including your home | 7 | 8% |
| Retirement accounts | 0 | 0% |
| Stocks or Bonds | 0 | 0% |
| Vehicles | 10 | 12% |
| I don't have any of these | 41 | 48% |
| Other | 1 | 1% |
| *Total Cases* | 85 | |

**How much are your personal resources worth, other than your home or vehicle?**

| | Number | Percent |
|---|---|---|
| $1-$2,5000 | 14 | 17% |
| $2,501-$5,000 | 2 | 3% |
| $5,001-$7,500 | 0 | 0% |
| $7,501-$10,000 | 1 | 1% |
| More than $10,000 | 0 | 0% |
| I don't own any additional assets | 57 | 70% |
| Missing | 7 | 9% |
| *Total Cases* | 74 | |

## COMMUNITY INVOLVEMENT

**What activities do you participate in within your community?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 1 | 1% |
| Eating out | 33 | 16% |
| Entertainment activities | 11 | 5% |
| Fitness activities | 5 | 2% |
| School sponsored extracurricular activities | 6 | 3% |
| Shopping | 33 | 16% |
| Sporting events or activities | 10 | 5% |
| Social organizations | 4 | 2% |
| Visiting with family and friends | 41 | 20% |
| Volunteering | 3 | 2% |
| Support groups or centers | 4 | 2% |
| Religious activities | 31 | 15% |
| None | 23 | 11% |
| Other | 1 | 1% |
| *Total Cases* | 206 | |

**What activities would you like to participate in, but cannot?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 3 | 2% |
| Eating out | 16 | 10% |
| Entertainment activities | 14 | 9% |
| Fitness activities | 16 | 10% |
| School sponsored extracurricular activities | 6 | 4% |
| Shopping | 12 | 7% |
| Sporting events or activities | 13 | 8% |
| Social organizations | 10 | 6% |
| Visiting with family and friends | 15 | 9% |
| Volunteering | 8 | 5% |
| Support groups or centers | 11 | 7% |
| Religious activities | 11 | 7% |
| None | 29 | 18% |
| Other | 1 | 1% |
| *Total Cases* | 165 | |

**Is there anything that makes it hard for you to do the things you want?**

| | Number | Percent |
|---|---|---|
| No, I do all that I Want to do | 13 | 9% |
| It costs too much | 21 | 15% |
| I don't have transportation | 24 | 17% |
| Locations are not accessible | 5 | 4% |
| I have no friends or family | 1 | 1% |
| I don't have the assistive devices I need | 7 | 5% |
| My medical condition/ disability makes it too hard | 44 | 32% |
| People treat me differently/ make me feel uncomfortable | 14 | 10% |
| I can't get the help or support I need to participate in community activities | 8 | 6% |
| Other | 1 | 1% |
| *Total Cases* | 138 | |

## CIVIC INVOLVEMENT

### Are you registered to vote?

| | Number | Percent |
|---|---|---|
| Yes, I am an adult who is registered to vote | 44 | 57% |
| No, I am an adult who is not registered to vote | 20 | 26% |
| No, I am a minor child and cannot vote | 13 | 17% |
| *Total Cases* | 77 | |

### Have you voted in any election in the last four years?

| | Number | Percent |
|---|---|---|
| Yes | 29 | 83% |
| No | 6 | 17% |
| *Total Cases* | 35 | |

### Have you used special voting services such as vote by mail or early vote?

| | Number | Percent |
|---|---|---|
| Yes | 7 | 20% |
| No | 28 | 80% |
| *Total Cases* | 35 | |

### Is there anything that makes it hard for you to vote?

| | Number | Percent |
|---|---|---|
| No, there is no problem | 30 | 60% |
| Assistive equipment is not available | 1 | 2% |
| I don't have the transportation | 6 | 9% |
| I do not get the help I need | 2 | 3% |
| Buildings where I am to register to vote are not accessible because | 0 | 0% |
| Buildings where I vote are not accessible because | 1 | 3% |
| Other | 16 | 25% |
| *Total Cases* | 65 | |

## EMERGENCY PREPAREDNESS

**Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?**

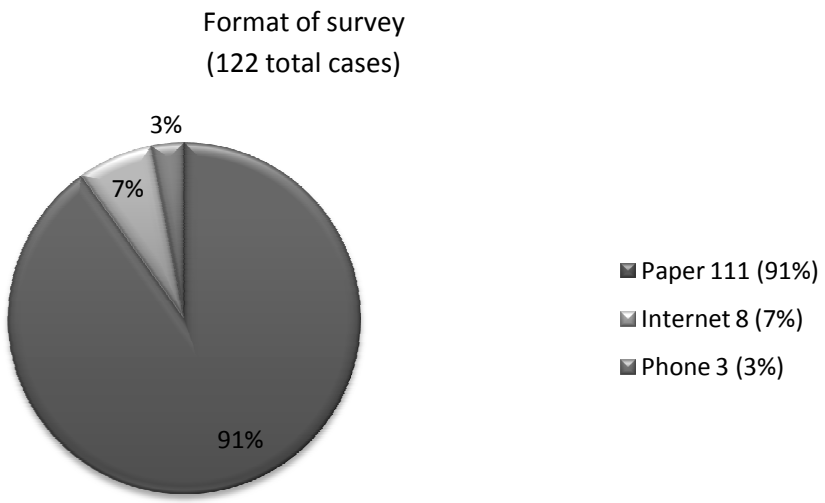
| | Number | Percent |
|---|---|---|
| Yes | 45 | 58% |
| No | 32 | 42% |
| *Total Cases* | 77 | |

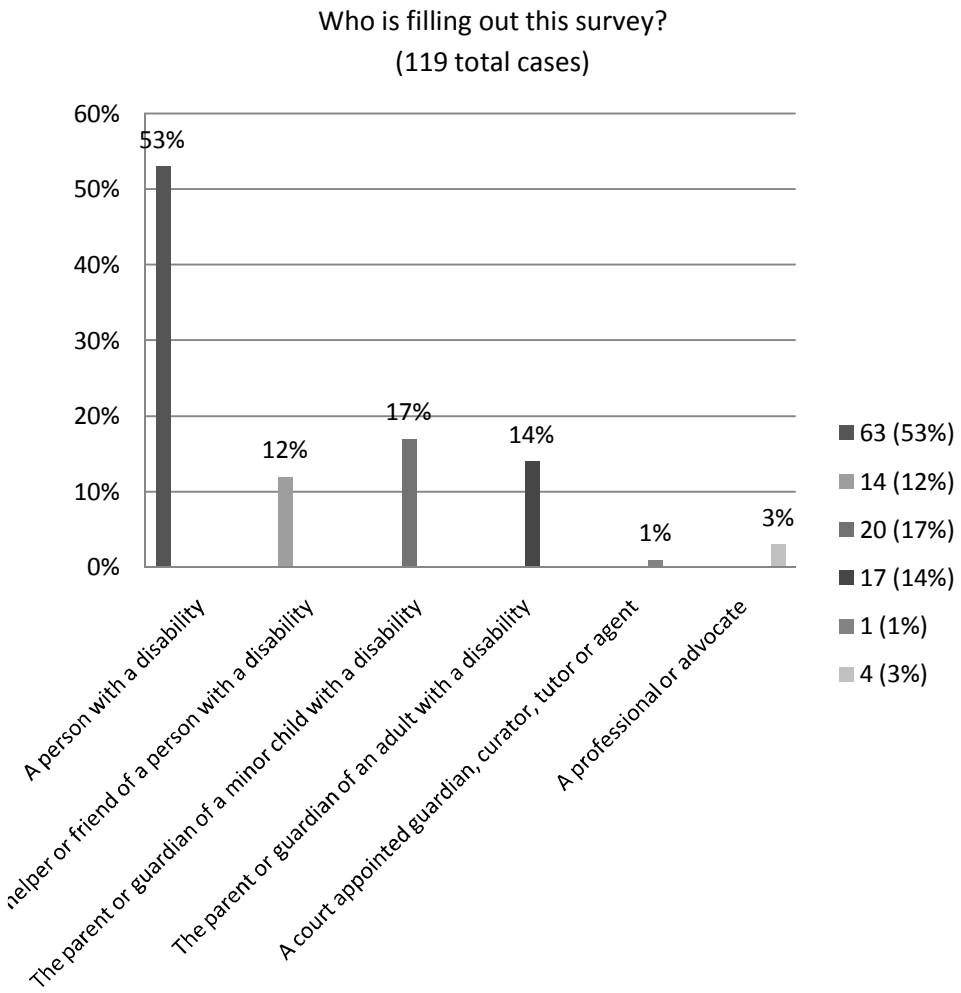
**What would you need to be prepared for a future emergency situation?**

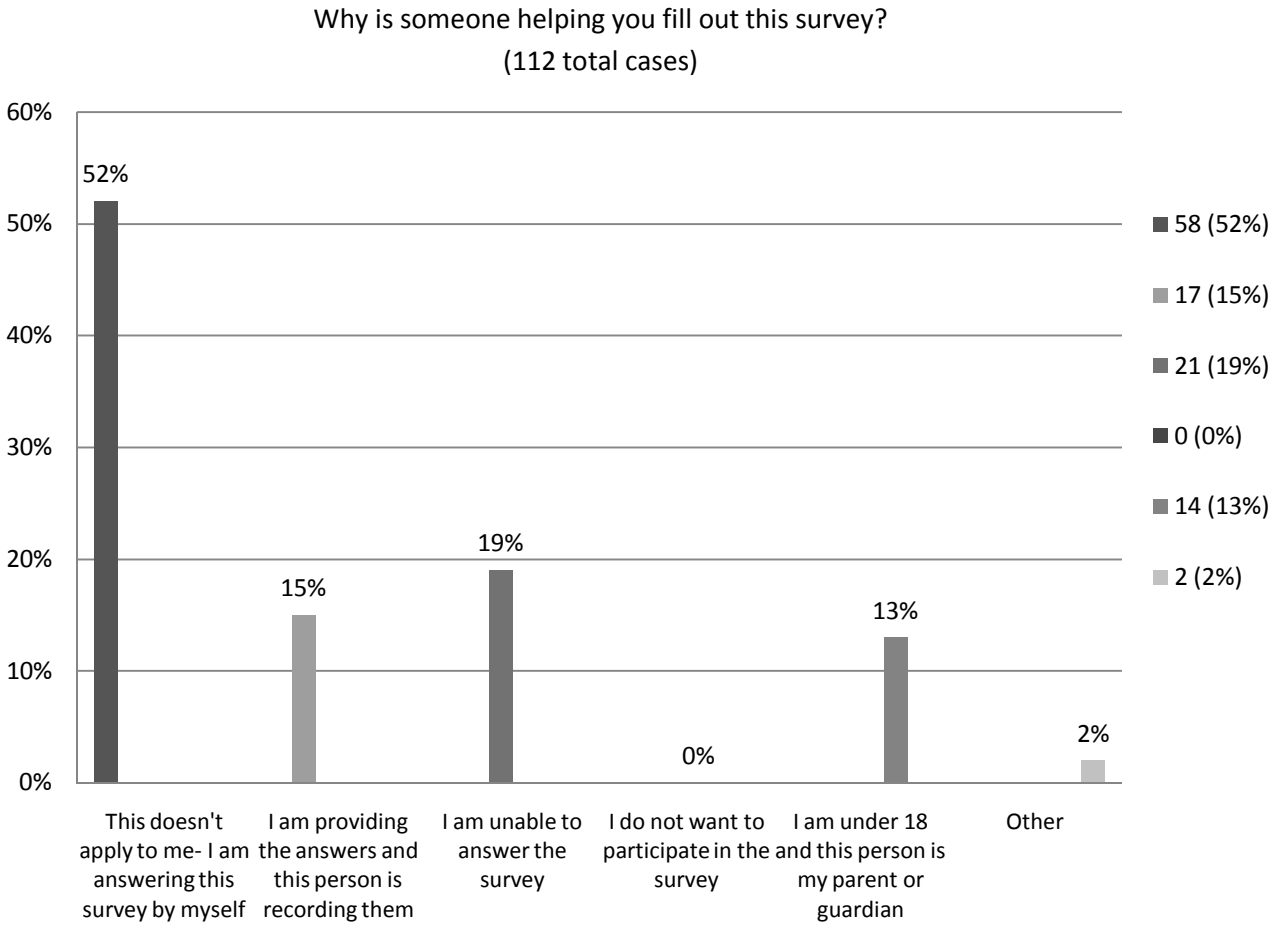
| | Number | Percent |
|---|---|---|
| A plan to follow in case of an emergency | 22 | 9% |
| A designated emergency contact person or agency | 16 | 7% |
| Transportation if I have to leave my home | 25 | 10% |
| An accessible, safe place to go | 28 | 12% |
| A safe place for my animals to go | 11 | 5% |
| Extra supply of food and water | 32 | 13% |
| Extra medication/ medical supplies | 35 | 15% |
| Emergency supplies such as a radio, flashlight, first aid kit, or generator | 38 | 16% |
| A cell phone | 29 | 12% |
| Other | 4 | 2% |
| *Total Cases* | 240 | |

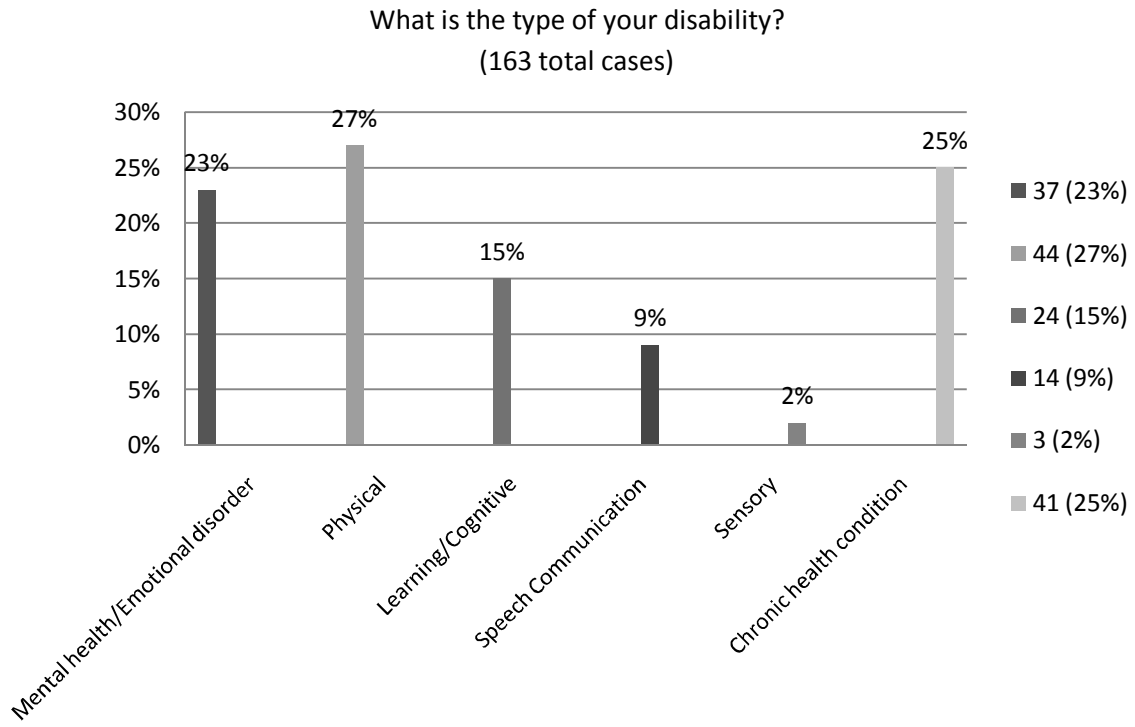
# Region IV - Graphs

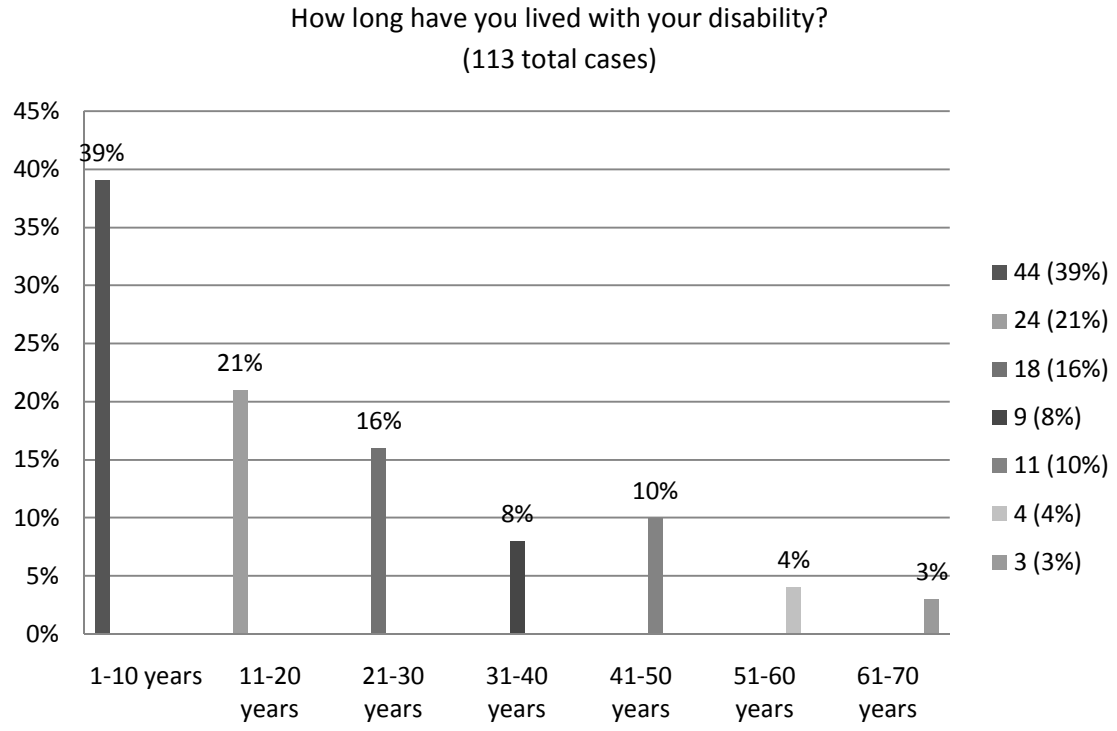
## GENERAL INFORMATION

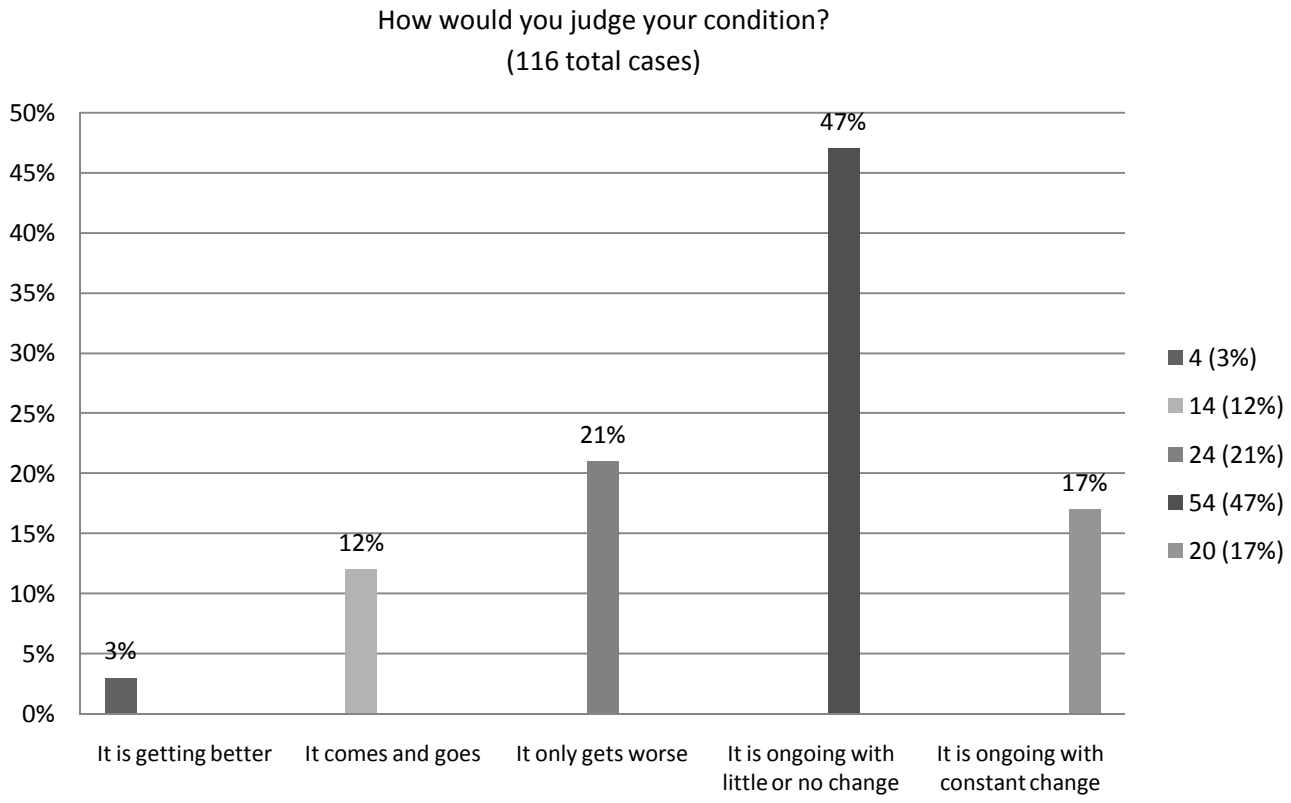


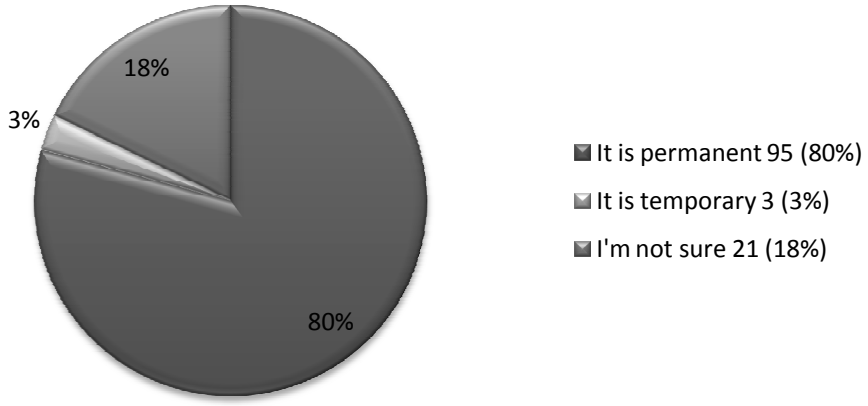

Why is someone helping you fill out this survey?
(112 total cases)
60%
50%
40%
30%
20%
10%
0%
52%
15%
19%
0%
13%
2%
This doesn't apply to me- I am answering this survey by myself
I am providing the answers and this person is recording them
I am unable to answer the survey
I do not want to participate in the survey
I am under 18 and this person is my parent or guardian
Other
58 (52%)
17 (15%)
21 (19%)
0 (0%)
14 (13%)
2 (2%)


What is the type of your disability?
(163 total cases)
30%
25%
20%
15%
10%
5%
0%
23%
27%
15%
9%
2%
25%
Mental health/Emotional disorder
Physical
Learning/Cognitive
Speech Communication
Sensory
Chronic health condition
37 (23%)
44 (27%)
24 (15%)
14 (9%)
3 (2%)
41 (25%)

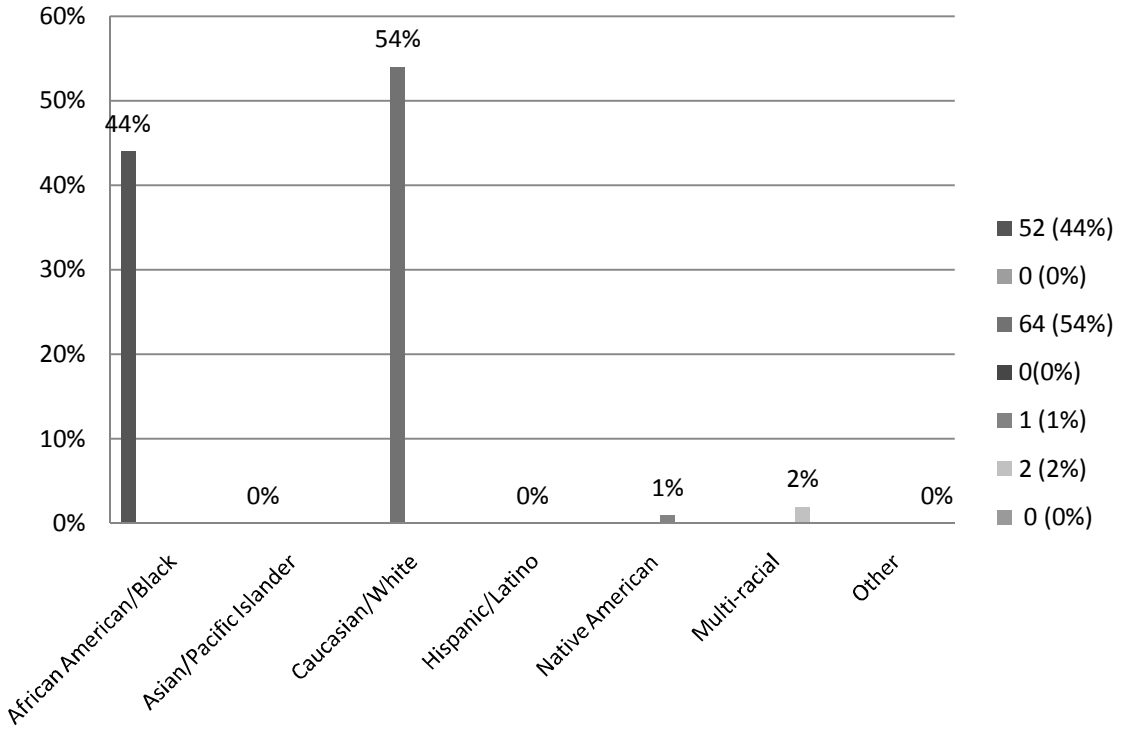

How long have you lived with your disability?
(113 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
39%
21%
16%
8%
10%
4%
3%
1-10 years
11-20 years
21-30 years
31-40 years
41-50 years
51-60 years
61-70 years
44 (39%)
24 (21%)
18 (16%)
9 (8%)
11 (10%)
4 (4%)
3 (3%)


How would you judge your condition?
(116 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
3%
12%
21%
47%
17%
It is getting better
It comes and goes
It only gets worse
It is ongoing with little or no change
It is ongoing with constant change
4 (3%)
14 (12%)
24 (21%)
54 (47%)
20 (17%)

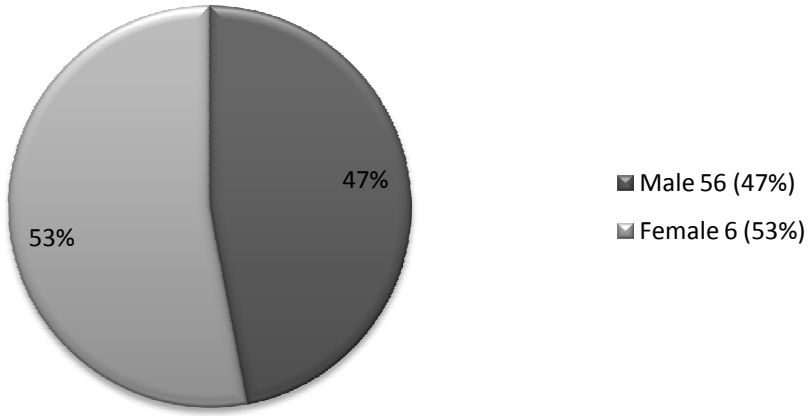
How long is your disability expected to last?
(119 total cases)



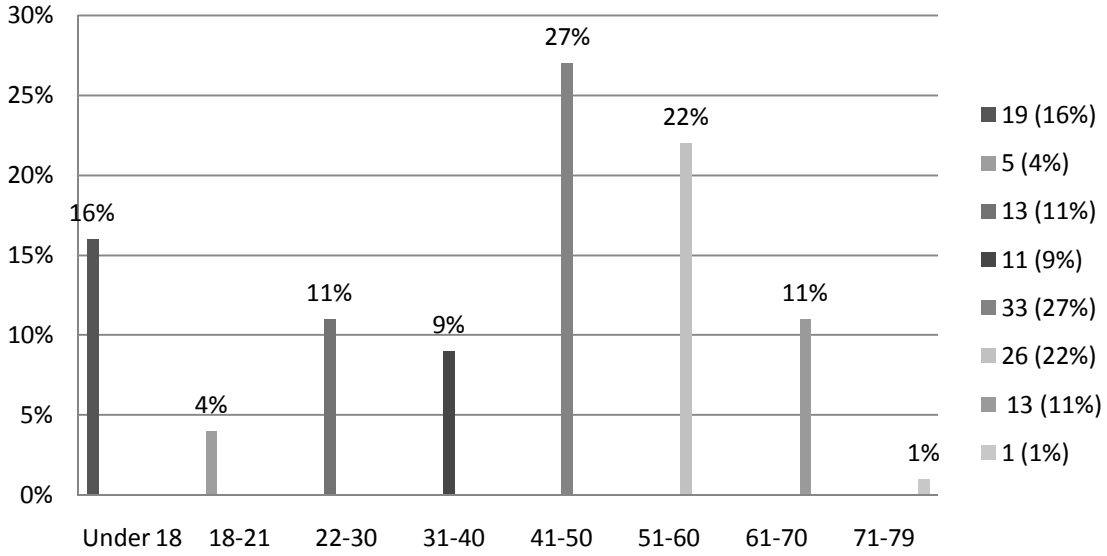

What is your race or ethnicity?
(119 total cases)

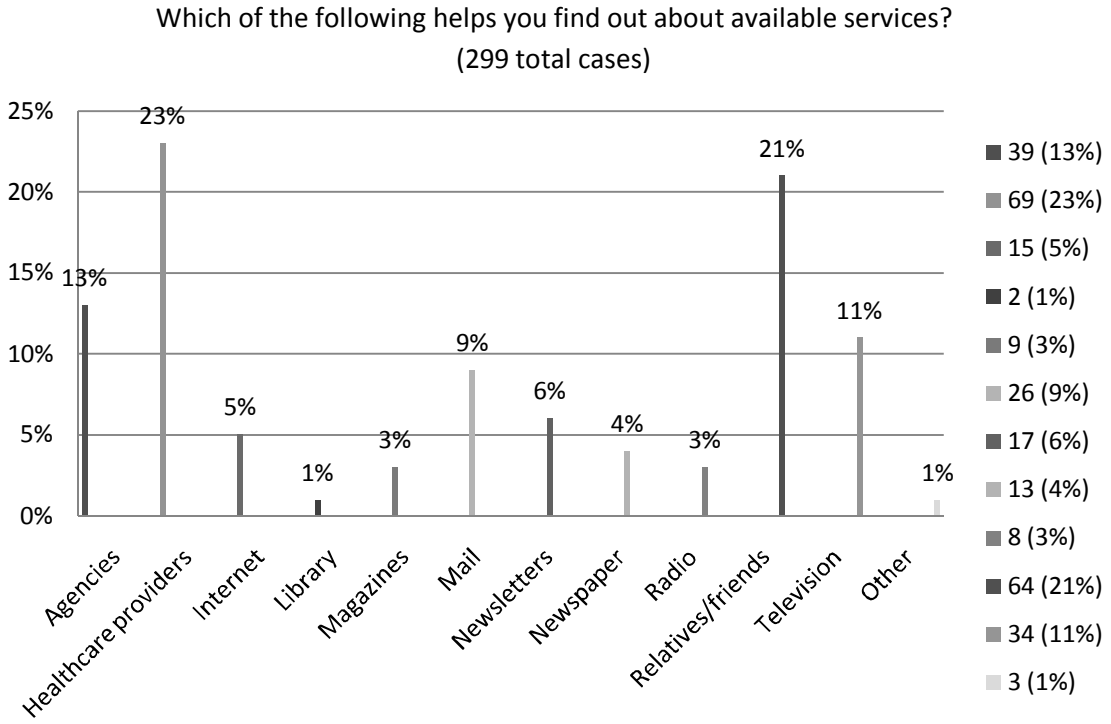


What is your gender?
(120 total cases)

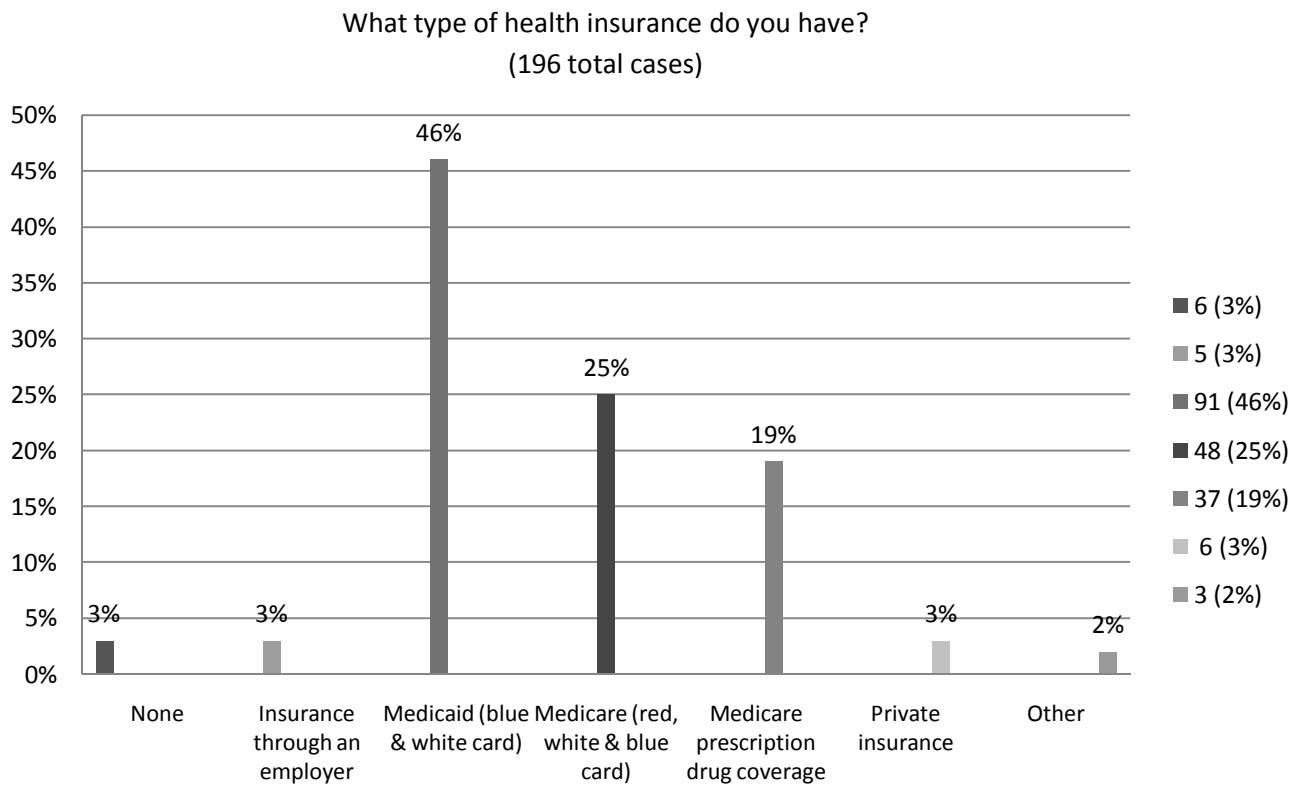


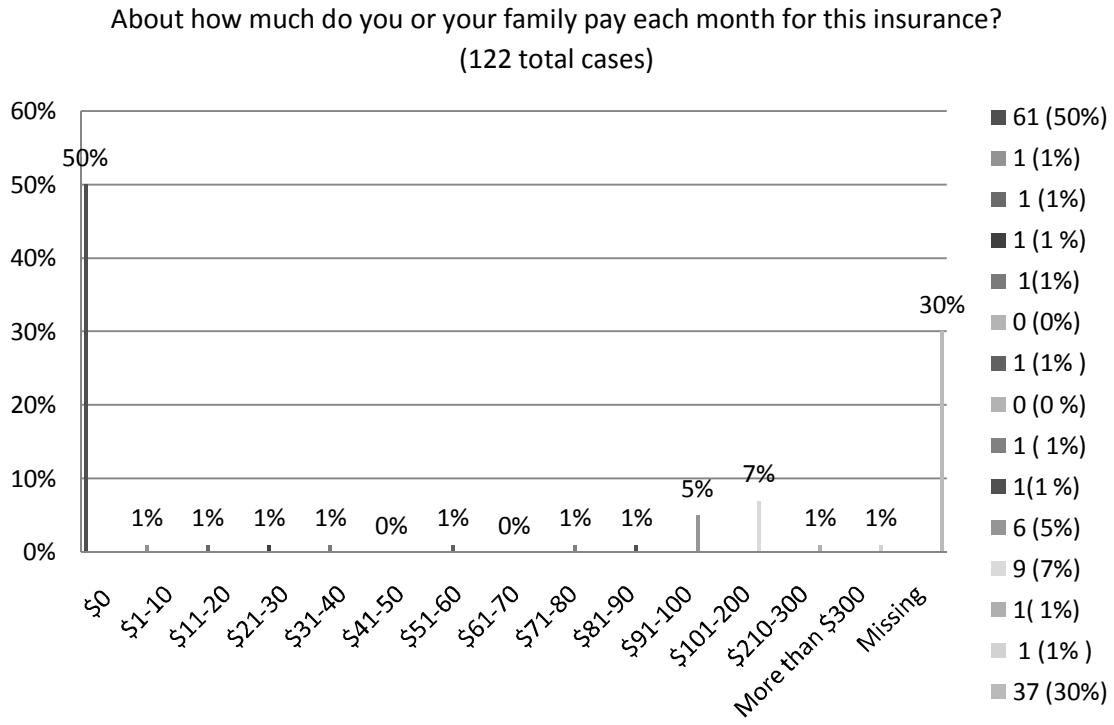

How old are you?
(121 total cases)



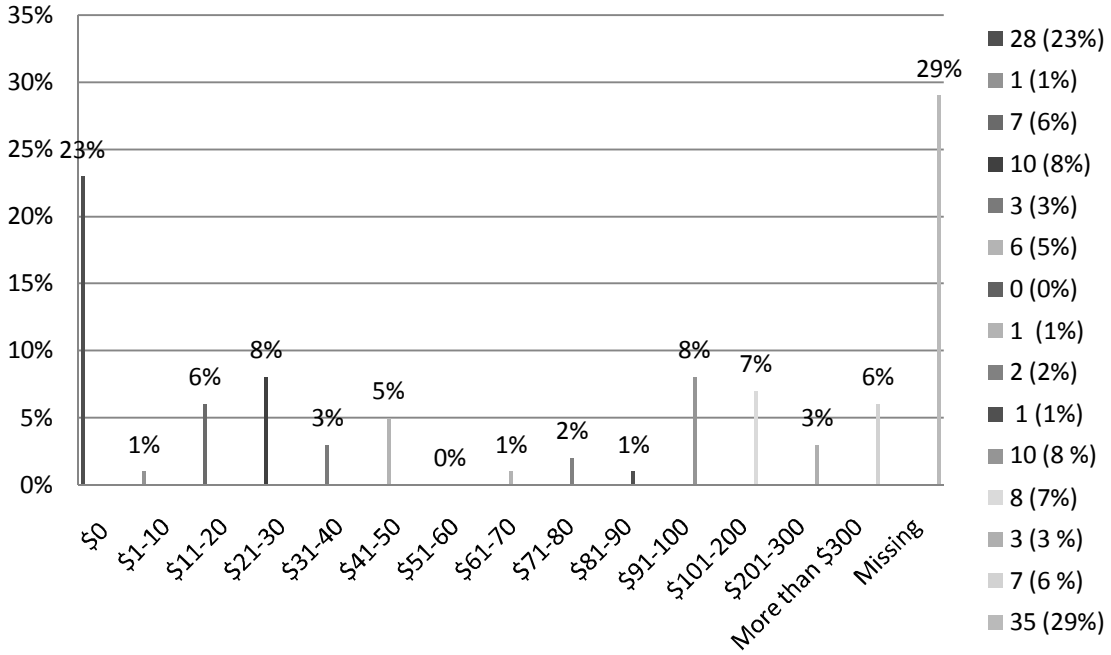

Which of the following helps you find out about available services?
(299 total cases)
25%
20%
15%
10%
5%
0%
13%
23%
5%
1%
3%
9%
6%
4%
3%
21%
11%
1%
Agencies
Healthcare providers
Internet
Library
Magazines
Mail
Newsletters
Newspaper
Radio
Relatives/friends
Television
Other
39 (13%)
69 (23%)
15 (5%)
2 (1%)
9 (3%)
26 (9%)
17 (6%)
13 (4%)
8 (3%)
64 (21%)
34 (11%)
3 (1%)

## HEALTH CARE

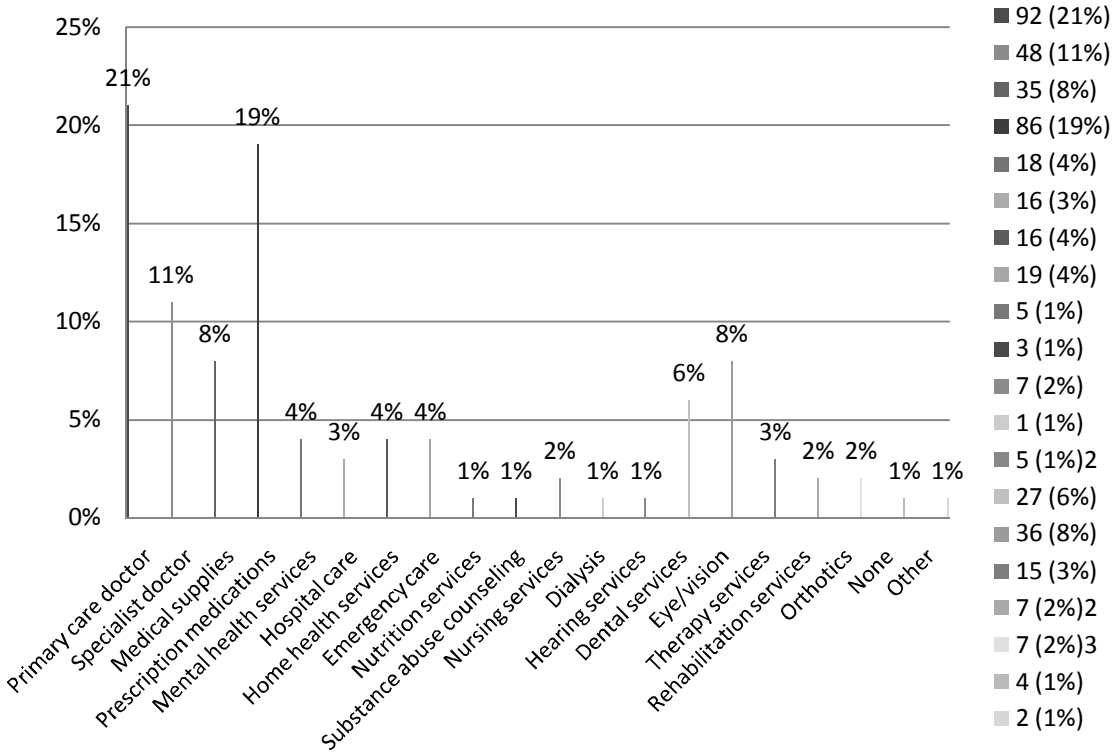

What type of health insurance do you have?
(196 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
3%
3%
46%
25%
19%
3%
2%
None
Insurance through an employer
Medicaid (blue & white card)
Medicare (red, white & blue card)
Medicare prescription drug coverage
Private insurance
Other
6 (3%)
5 (3%)
91 (46%)
48 (25%)
37 (19%)
6 (3%)
3 (2%)

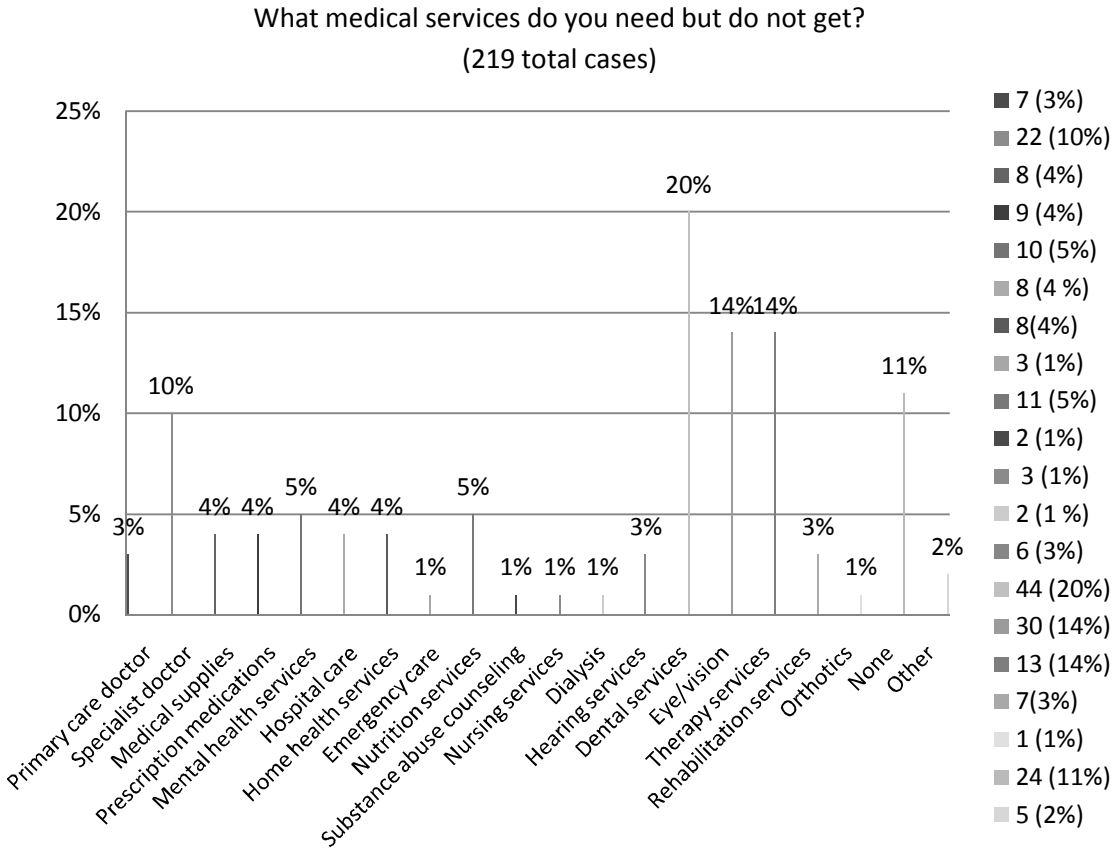

About how much do you or your family pay each month for this insurance?
(122 total cases)
60%
50%
40%
30%
20%
10%
0%
50%
1%
1%
1%
1%
0%
1%
0%
1%
1%
5%
7%
1%
1%
30%
$0
$1-10
$11-20
$21-30
$31-40
$41-50
$51-60
$61-70
$71-80
$81-90
$91-100
$101-200
$210-300
More than $300
Missing
61 (50%)
1 (1%)
1 (1%)
1 (1 %)
1(1%)
0 (0%)
1 (1% )
0 (0 %)
1 ( 1%)
1(1 %)
6 (5%)
9 (7%)
1( 1%)
1 (1% )
37 (30%)

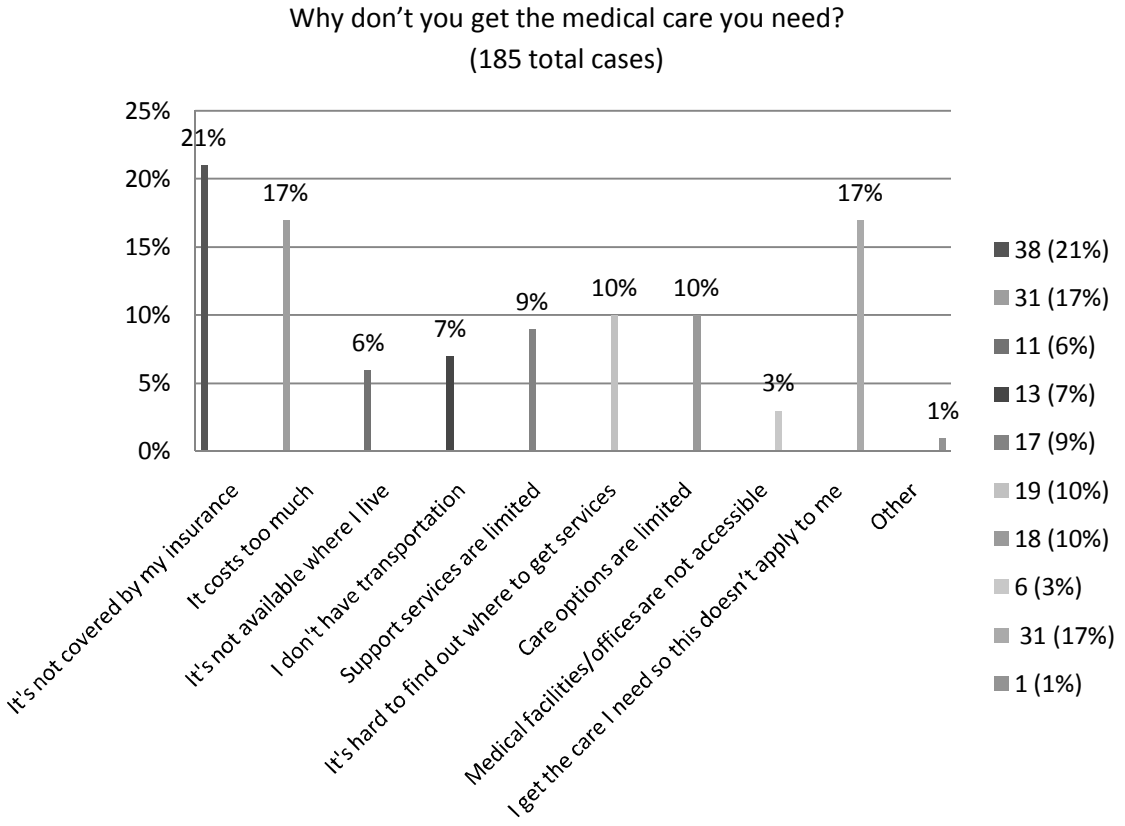
About how much of your own or your family's money is spent each month for medical expenses other than insurance?
(122 total cases)



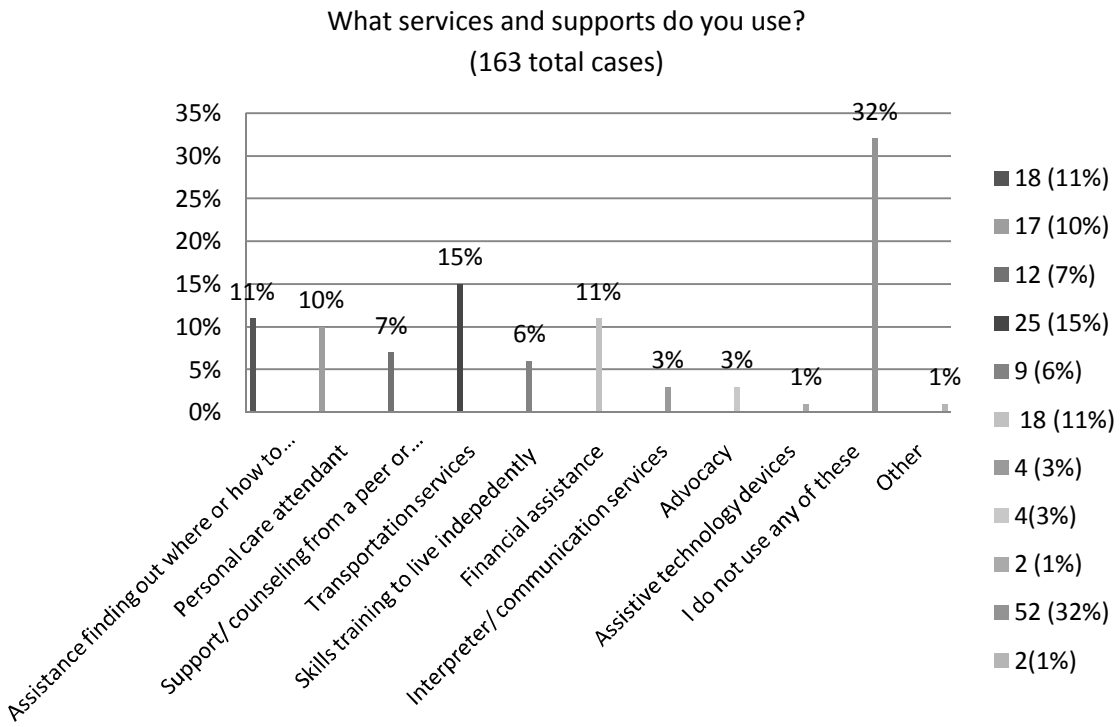

What medical services do you use on a regular basis?
(449 total cases)

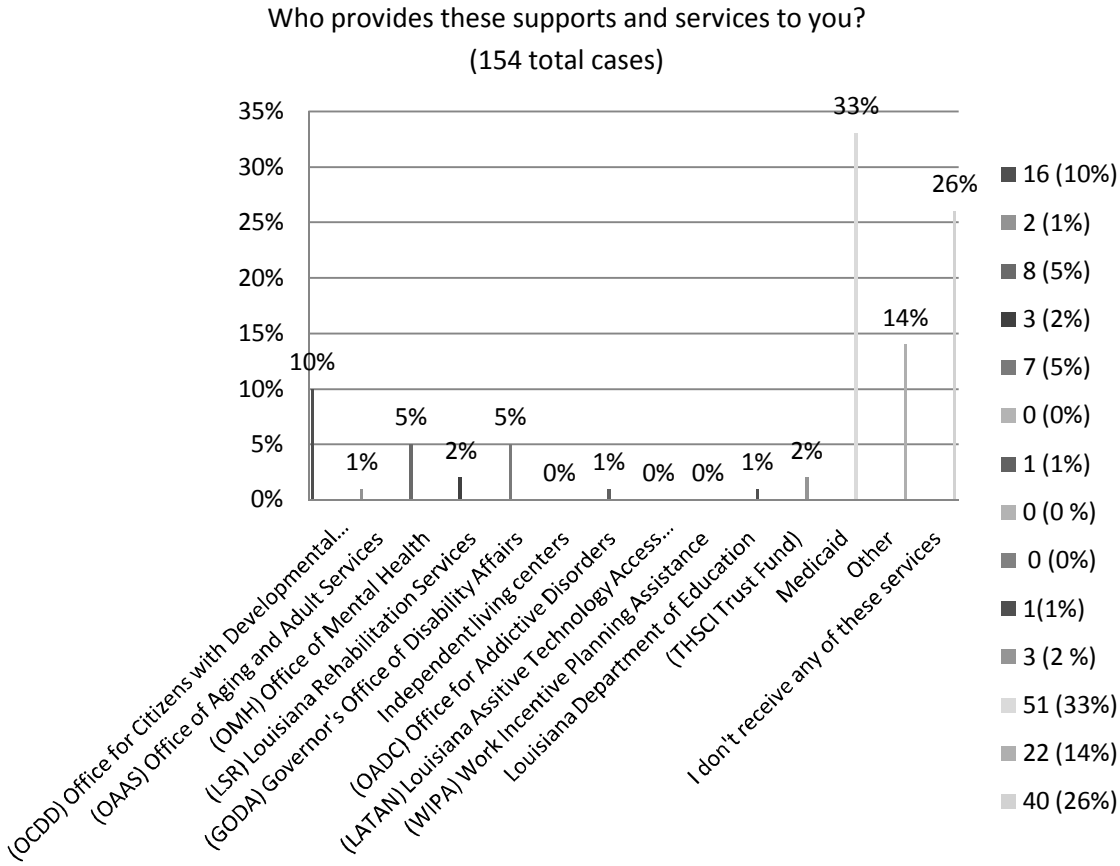


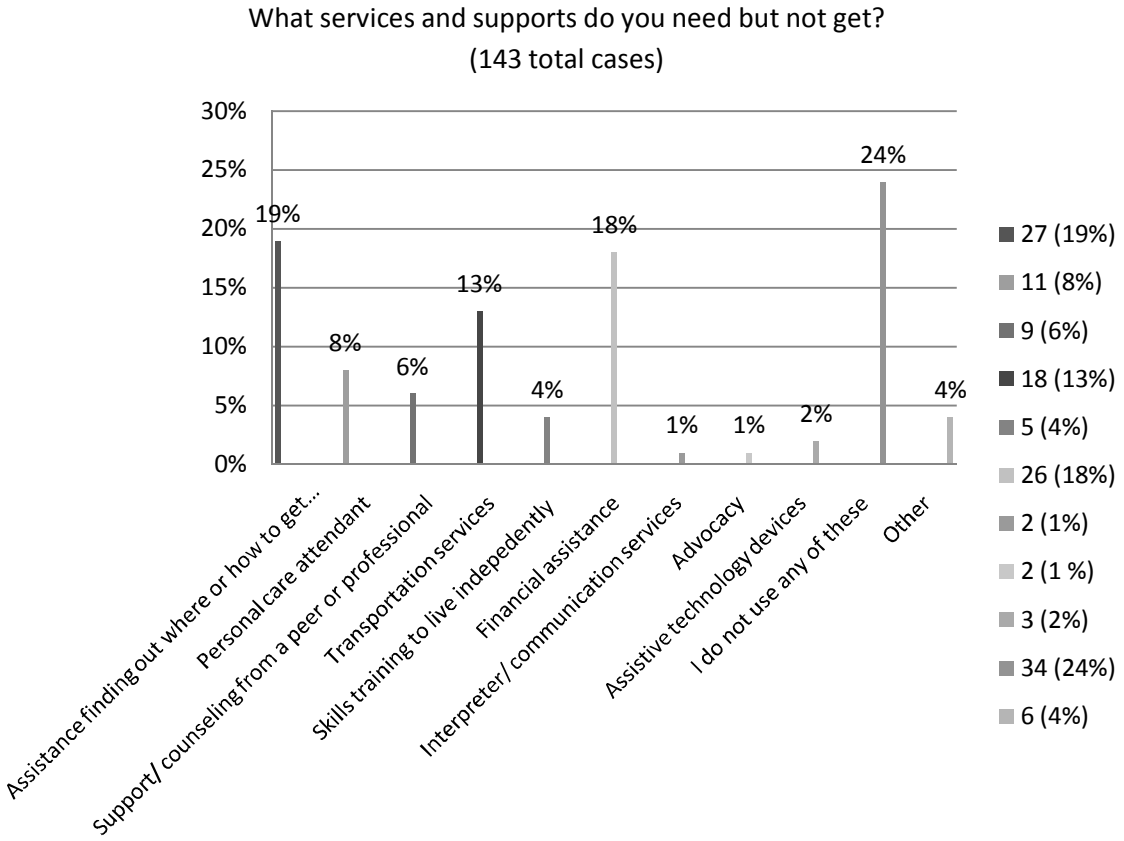

What medical services do you need but do not get?
(219 total cases)
25%
20%
15%
10%
5%
0%
3%
10%
4%
4%
5%
4%
4%
1%
5%
1%
1%
1%
3%
20%
14%
14%
3%
1%
11%
2%
Primary care doctor
Specialist doctor
Medical supplies
Prescription medications
Mental health services
Hospital care
Home health services
Emergency care
Nutrition services
Substance abuse counseling
Nursing services
Dialysis
Hearing services
Dental services
Eye/vision
Therapy services
Rehabilitation services
Orthotics
None
Other
7 (3%)
22 (10%)
8 (4%)
9 (4%)
10 (5%)
8 (4 %)
8(4%)
3 (1%)
11 (5%)
2 (1%)
3 (1%)
2 (1 %)
6 (3%)
44 (20%)
30 (14%)
13 (14%)
7(3%)
1 (1%)
24 (11%)
5 (2%)

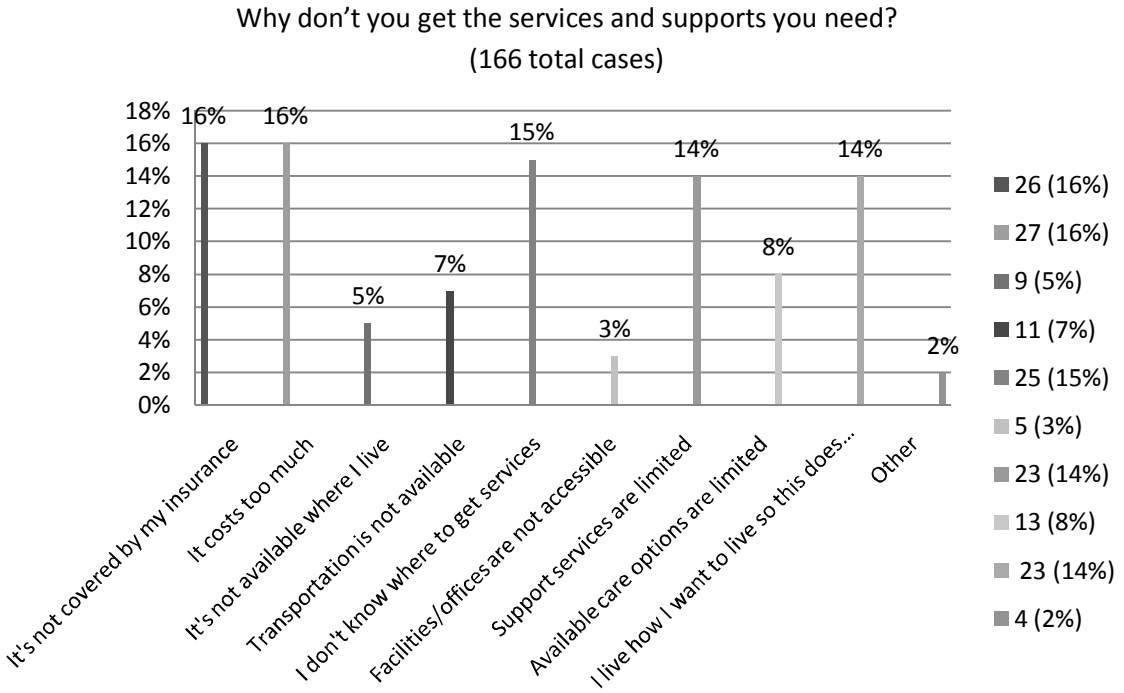

Why don't you get the medical care you need?
(185 total cases)
25%
20%
15%
10%
5%
0%
21%
17%
6%
7%
9%
10%
10%
3%
17%
1%
It's not covered by my insurance
It costs too much
It's not available where I live
I don't have transportation
Support services are limited
It's hard to find out where to get services
Care options are limited
Medical facilities/offices are not accessible
I get the care I need so this doesn't apply to me
Other
38 (21%)
31 (17%)
11 (6%)
13 (7%)
17 (9%)
19 (10%)
18 (10%)
6 (3%)
31 (17%)
1 (1%)

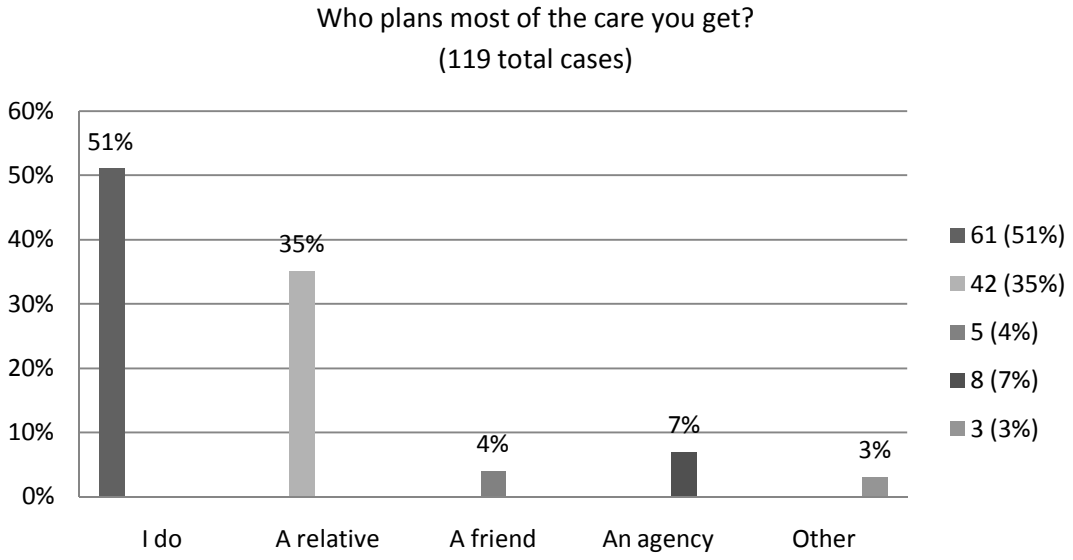
**INDEPENDENT LIVING**

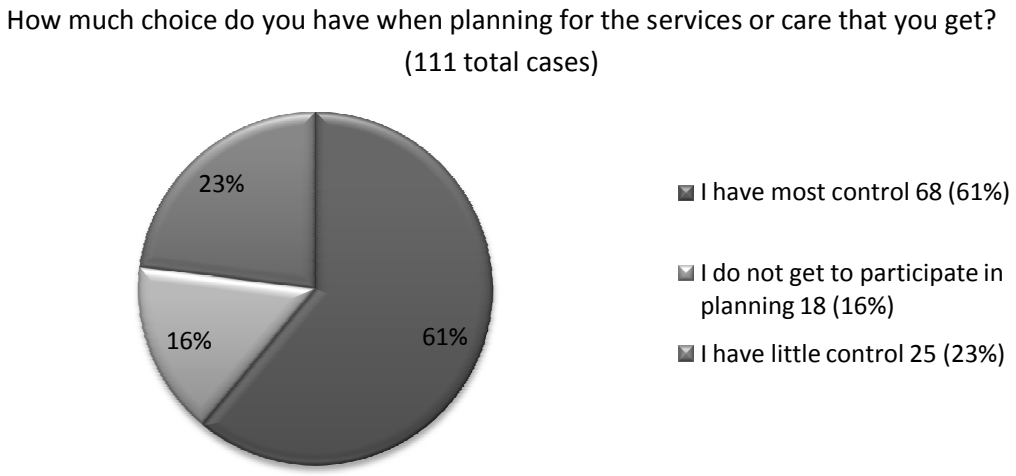


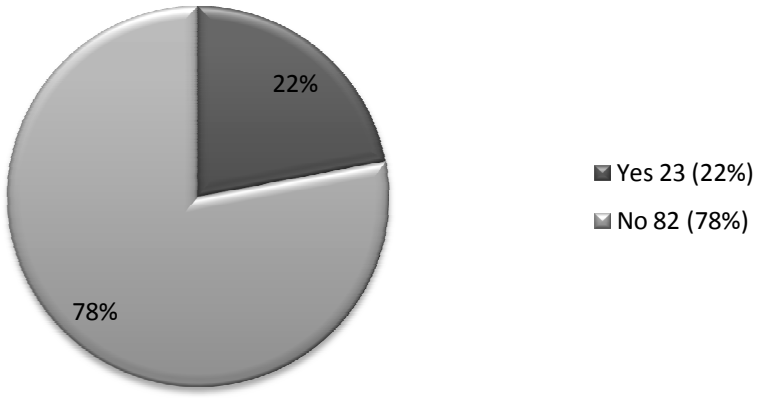

What services and supports do you need but not get?
(143 total cases)
30%
25%
20%
15%
10%
5%
0%
19%
8%
6%
13%
4%
18%
1%
1%
2%
24%
4%
Assistance finding out where or how to get...
Personal care attendant
Support/ counseling from a peer or professional
Transportation services
Skills training to live indepedently
Financial assistance
Interpreter/ communication services
Advocacy
Assistive technology devices
I do not use any of these
Other
27 (19%)
11 (8%)
9 (6%)
18 (13%)
5 (4%)
26 (18%)
2 (1%)
2 (1 %)
3 (2%)
34 (24%)
6 (4%)

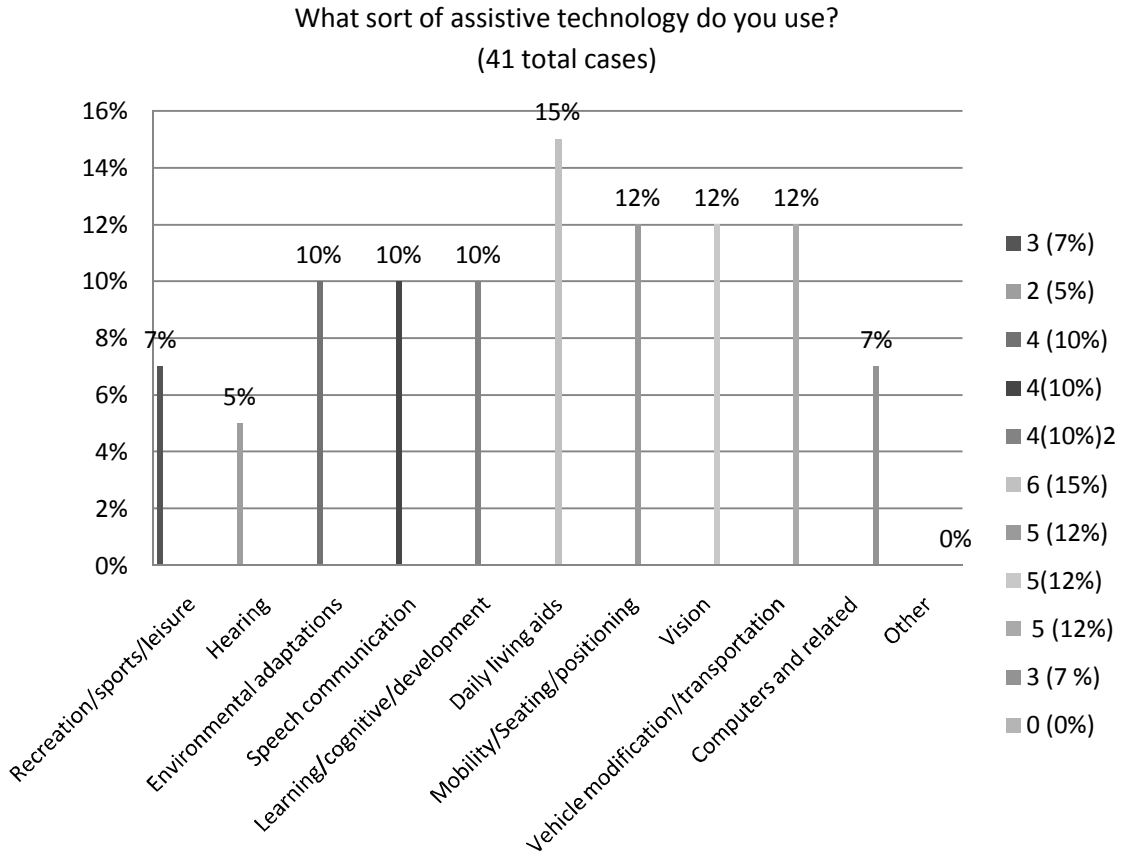

Why don't you get the services and supports you need?
(166 total cases)
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
16%
16%
5%
7%
15%
3%
14%
8%
14%
2%
It's not covered by my insurance
It costs too much
It's not available where I live
Transportation is not available
I don't know where to get services
Facilities/offices are not accessible
Support services are limited
Available care options are limited
I live how I want to live so this does...
Other
26 (16%)
27 (16%)
9 (5%)
11 (7%)
25 (15%)
5 (3%)
23 (14%)
13 (8%)
23 (14%)
4 (2%)

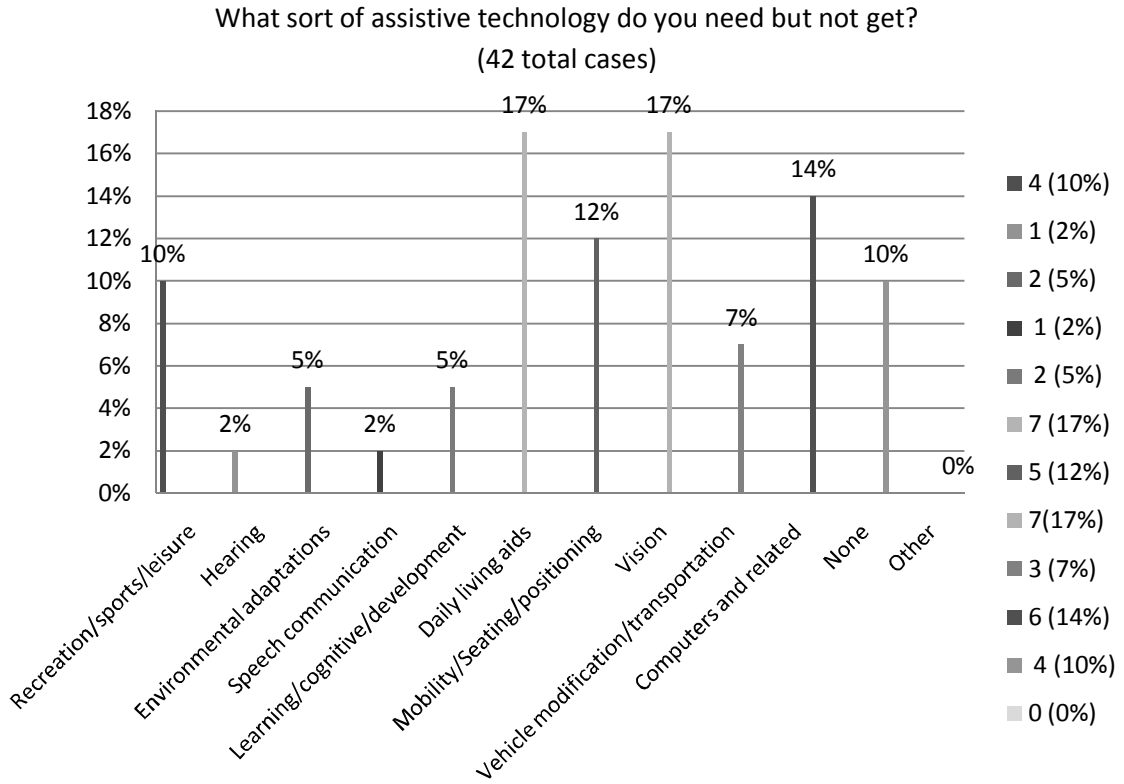

Who plans most of the care you get?
(119 total cases)
60%
50%
40%
30%
20%
10%
0%
51%
35%
4%
7%
3%
I do
A relative
A friend
An agency
Other
61 (51%)
42 (35%)
5 (4%)
8 (7%)
3 (3%)

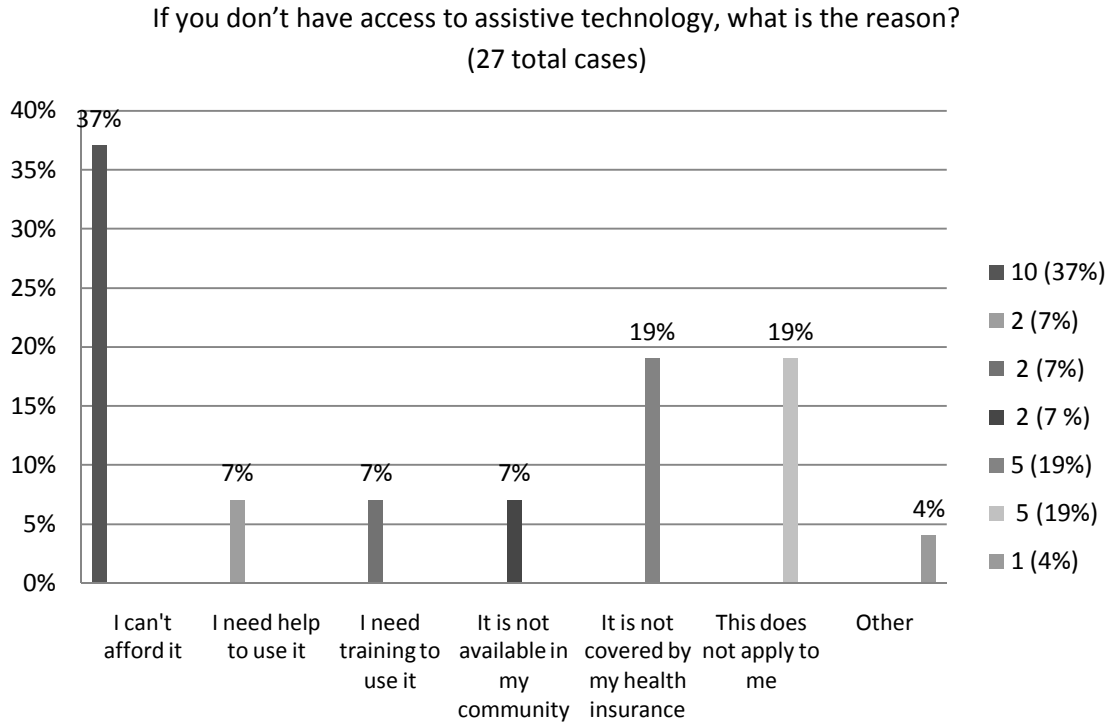

How much choice do you have when planning for the services or care that you get?
(111 total cases)
23%
16%
61%
I have most control 68 (61%)
I do not get to participate in planning 18 (16%)
I have little control 25 (23%)

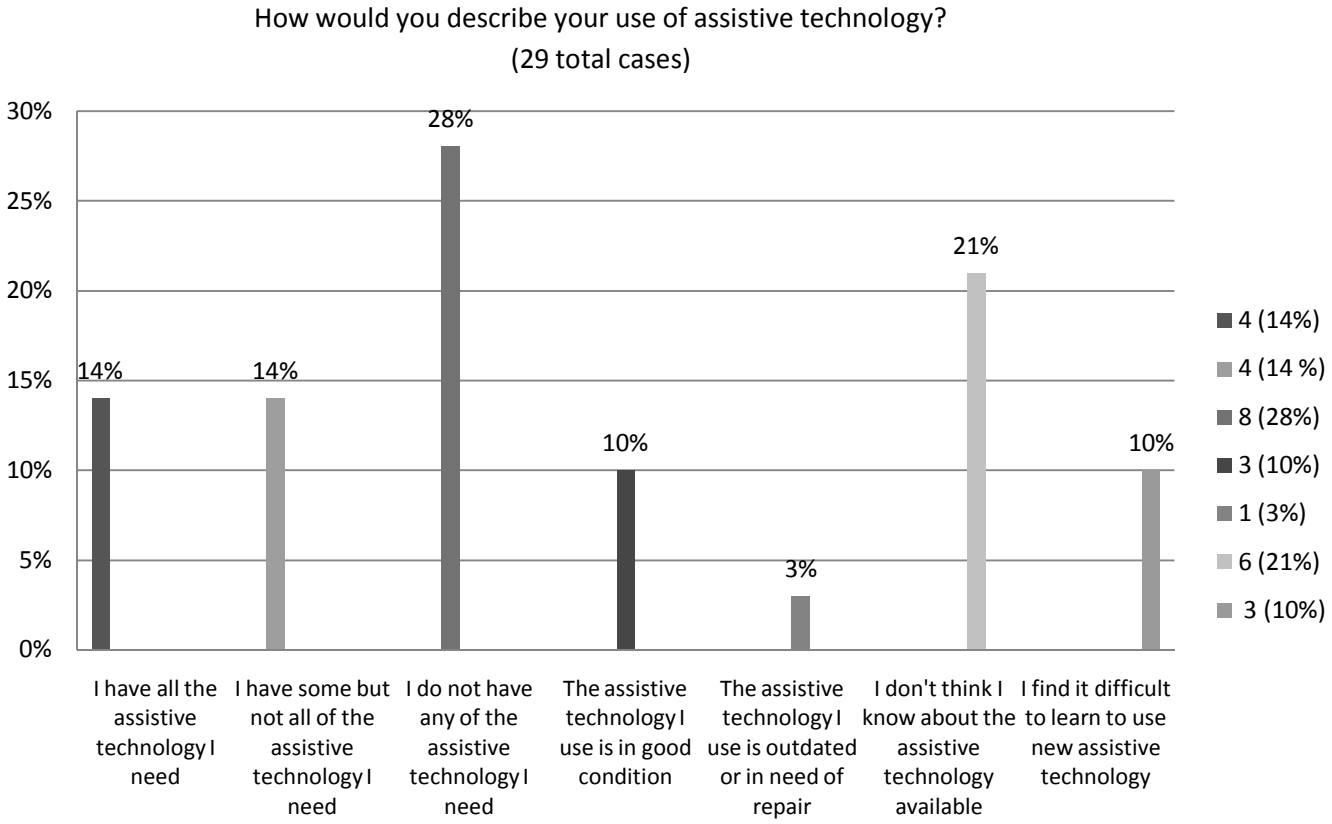
**ASSISTIVE TECHNOLOGY**



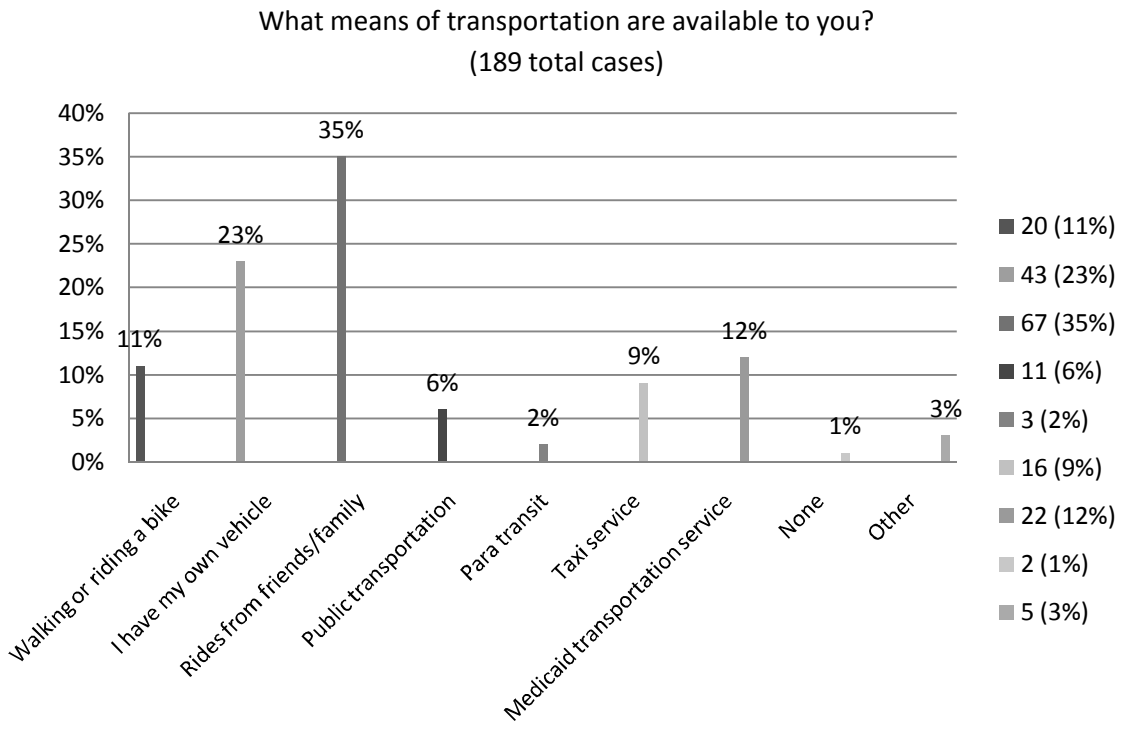



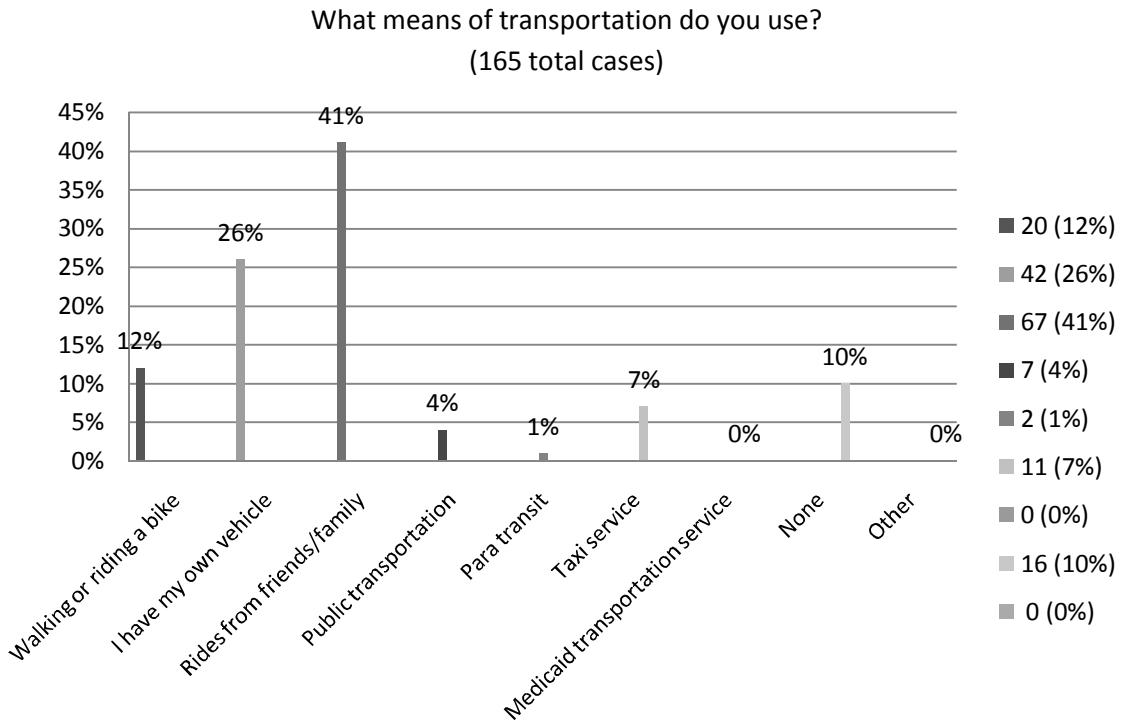

What sort of assistive technology do you need but not get?
(42 total cases)
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
10%
2%
5%
2%
5%
17%
12%
17%
7%
14%
10%
0%
Recreation/sports/leisure
Hearing
Environmental adaptations
Speech communication
Learning/cognitive/development
Daily living aids
Mobility/Seating/positioning
Vision
Vehicle modification/transportation
Computers and related
None
Other
4 (10%)
1 (2%)
2 (5%)
1 (2%)
2 (5%)
7 (17%)
5 (12%)
7(17%)
3 (7%)
6 (14%)
4 (10%)
0 (0%)

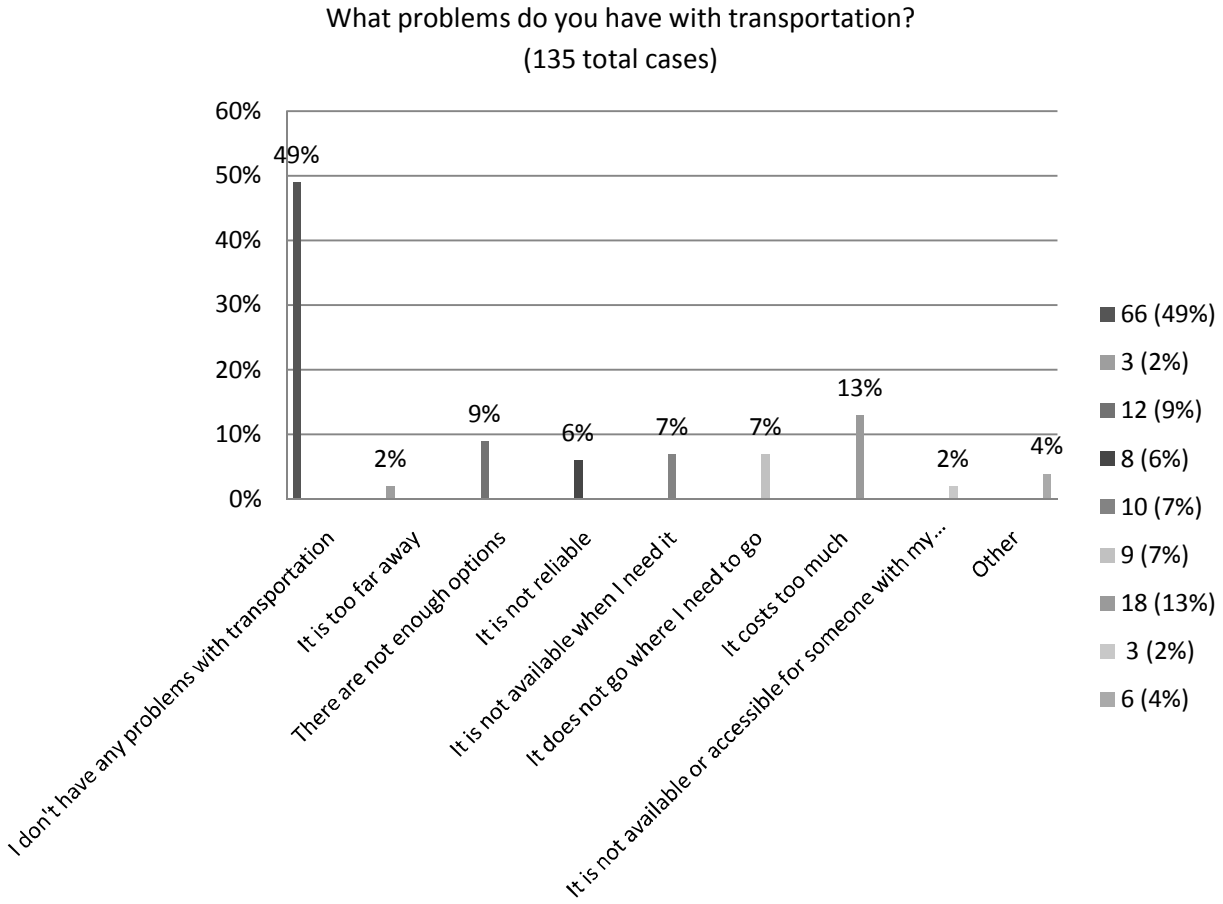

If you don't have access to assistive technology, what is the reason?
(27 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
37%
7%
7%
7%
19%
19%
4%
I can't afford it
I need help to use it
I need training to use it
It is not available in my community
It is not covered by my health insurance
This does not apply to me
Other
10 (37%)
2 (7%)
2 (7%)
2 (7 %)
5 (19%)
5 (19%)
1 (4%)

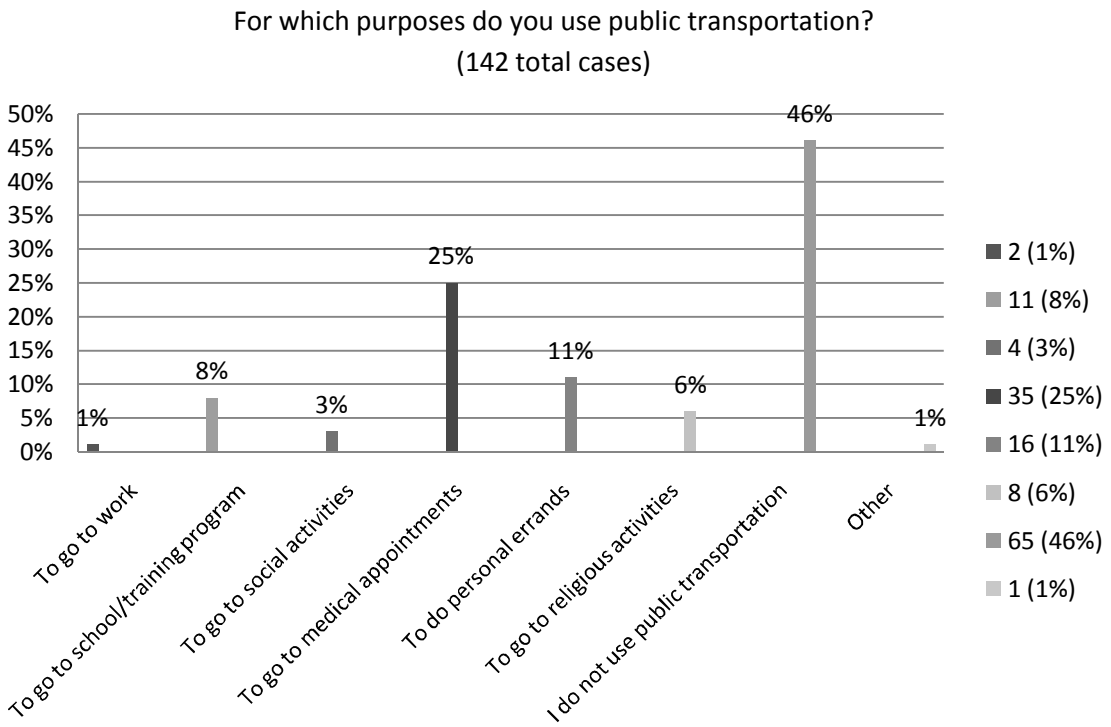

How would you describe your use of assistive technology?
(29 total cases)
30%
25%
20%
15%
10%
5%
0%
14%
14%
28%
10%
3%
21%
10%
I have all the assistive technology I need
I have some but not all of the assistive technology I need
I do not have any of the assistive technology I need
The assistive technology I use is in good condition
The assistive technology I use is outdated or in need of repair
I don't think I know about the assistive technology available
I find it difficult to learn to use new assistive technology
4 (14%)
4 (14 %)
8 (28%)
3 (10%)
1 (3%)
6 (21%)
3 (10%)

**TRANSPORTATION**

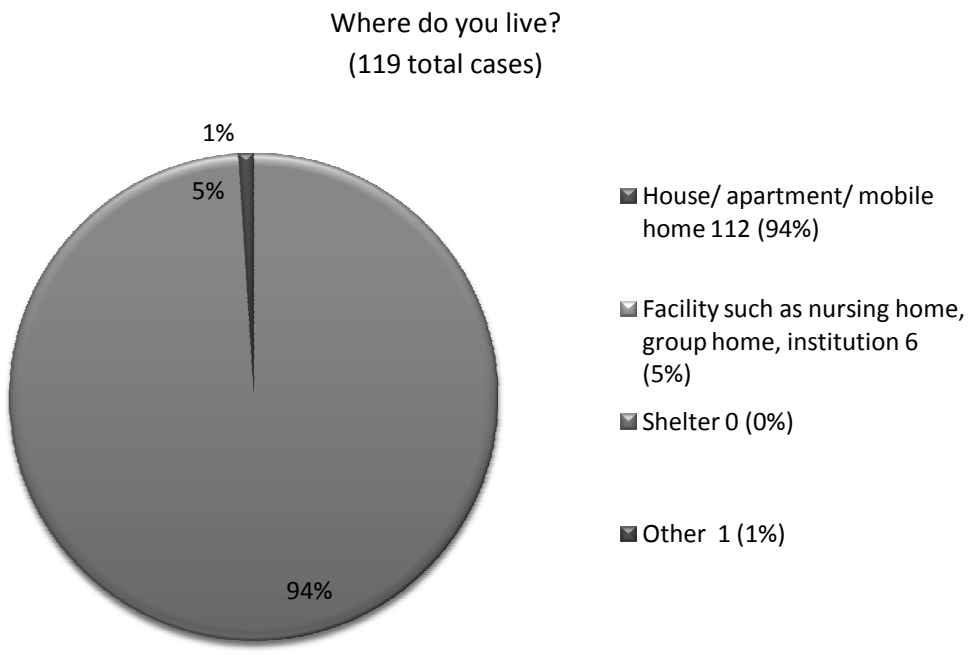


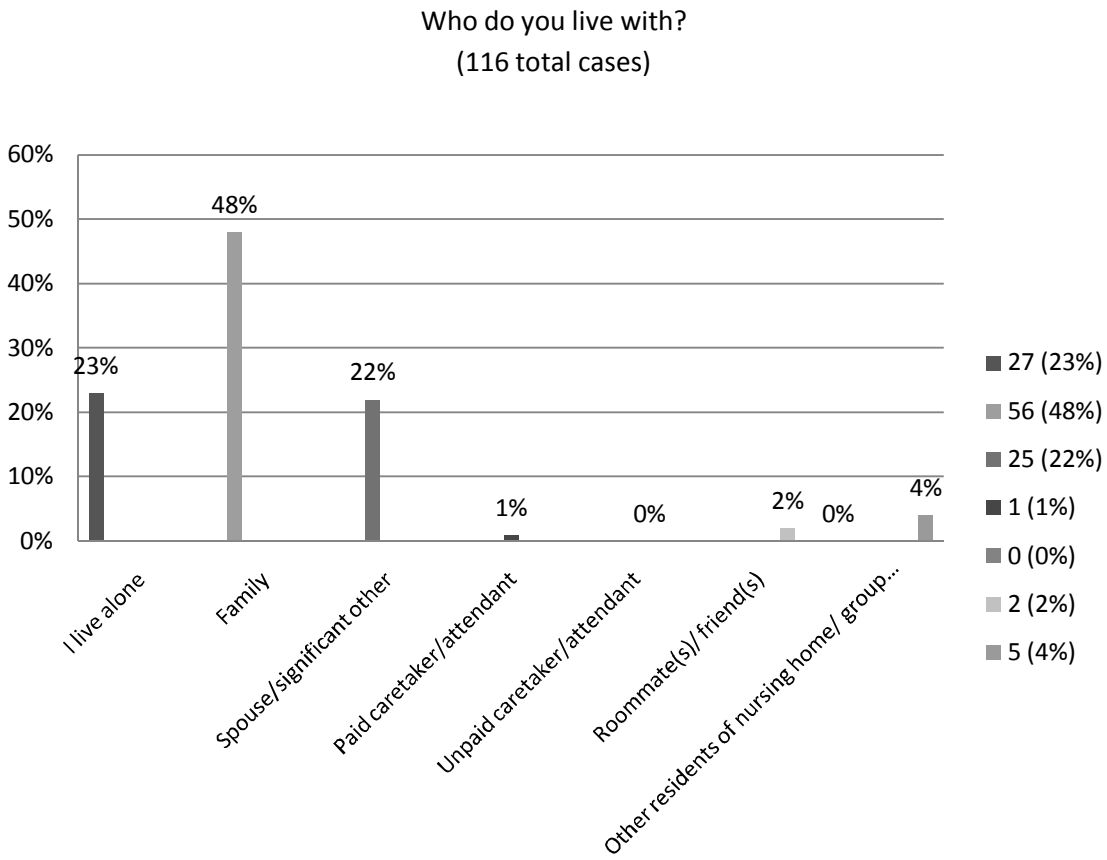




What problems do you have with transportation?
(135 total cases)
60%
50%
40%
30%
20%
10%
0%
49%
2%
9%
6%
7%
7%
13%
2%
4%
I don't have any problems with transportation
It is too far away
There are not enough options
It is not reliable
It is not available when I need it
It does not go where I need to go
It costs too much
It is not available or accessible for someone with my...
Other
66 (49%)
3 (2%)
12 (9%)
8 (6%)
10 (7%)
9 (7%)
18 (13%)
3 (2%)
6 (4%)

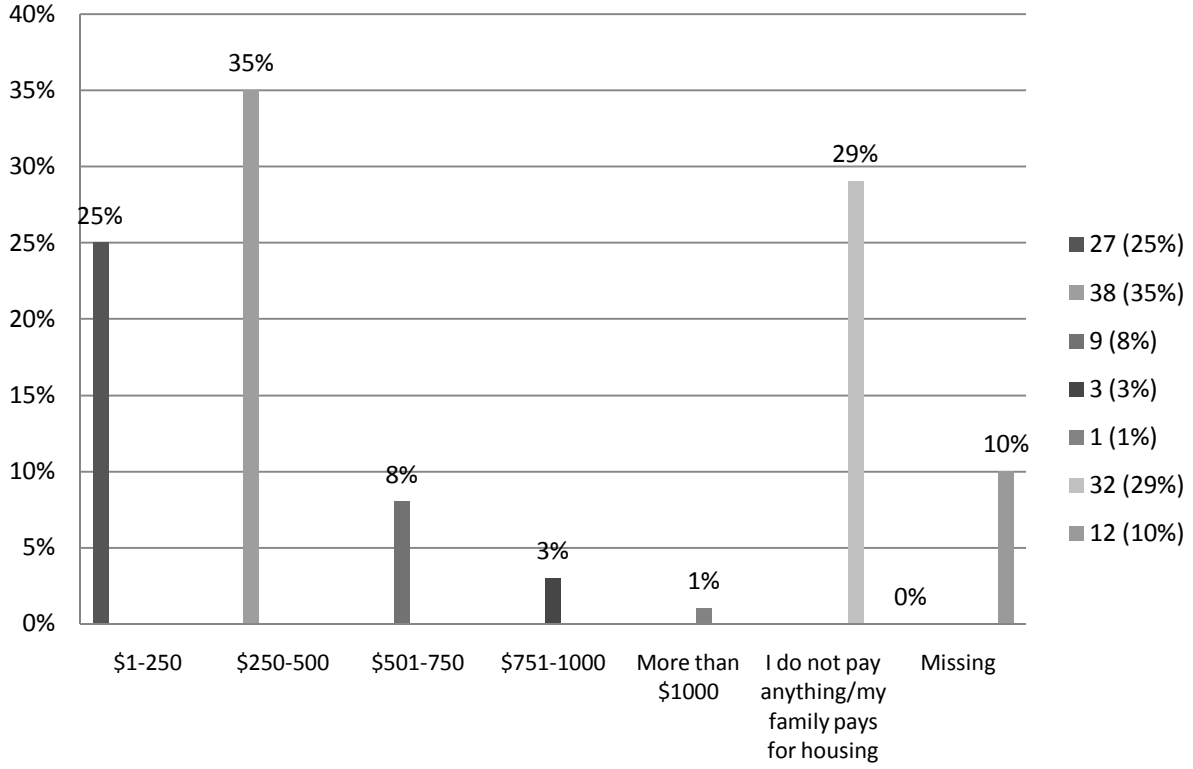

For which purposes do you use public transportation?
(142 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1%
8%
3%
25%
11%
6%
46%
1%
To go to work
To go to school/training program
To go to social activities
To go to medical appointments
To do personal errands
To go to religious activities
I do not use public transportation
Other
2 (1%)
11 (8%)
4 (3%)
35 (25%)
16 (11%)
8 (6%)
65 (46%)
1 (1%)

**HOUSING**

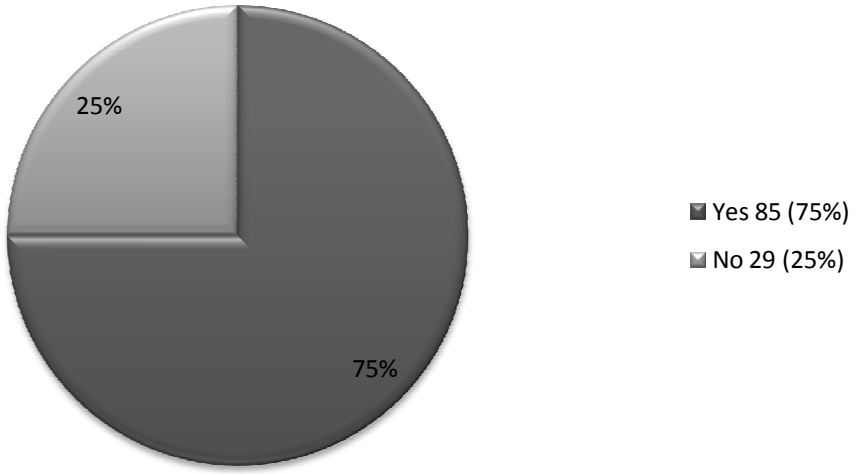

Where do you live?
(119 total cases)
1%
5%
94%
House/ apartment/ mobile home 112 (94%)
Facility such as nursing home, group home, institution 6 (5%)
Shelter 0 (0%)
Other 1 (1%)

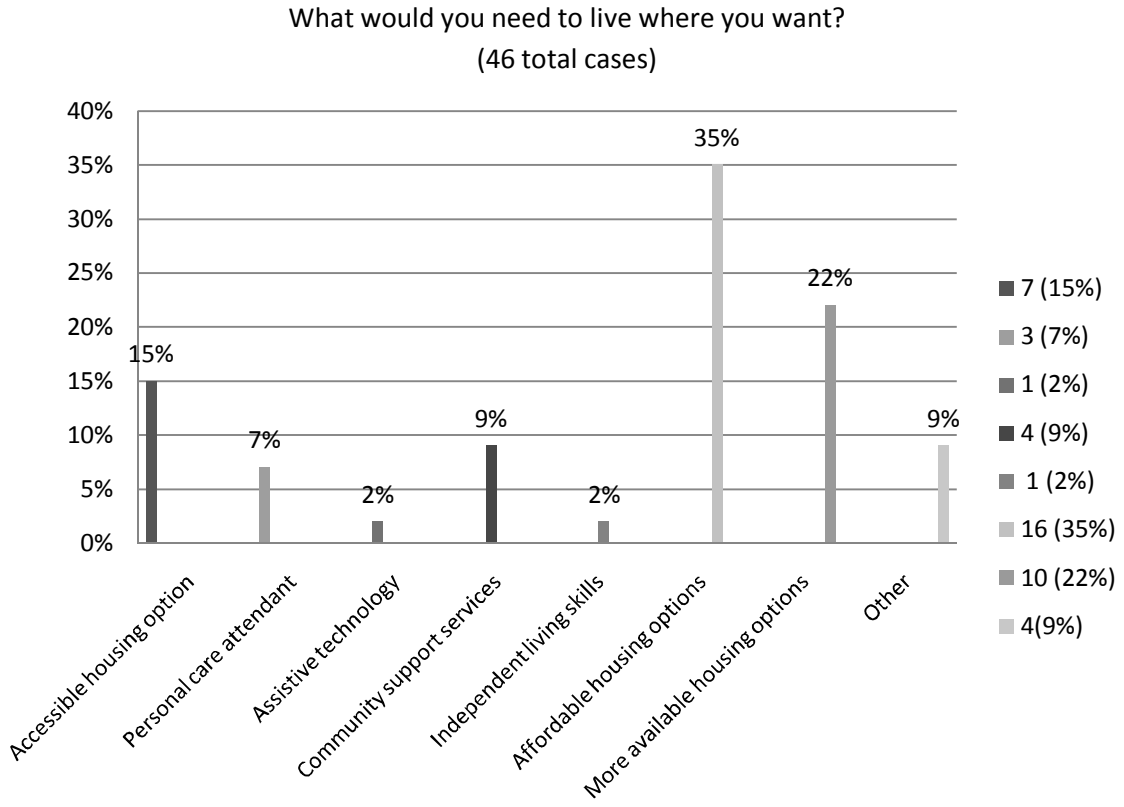

Who do you live with?
(116 total cases)
60%
50%
40%
30%
20%
10%
0%
23%
48%
22%
1%
0%
2%
0%
4%
I live alone
Family
Spouse/significant other
Paid caretaker/attendant
Unpaid caretaker/attendant
Roommate(s)/ friend(s)
Other residents of nursing home/ group...
27 (23%)
56 (48%)
25 (22%)
1 (1%)
0 (0%)
2 (2%)
5 (4%)

How much do you pay for housing each month not including utilities?
(110 total cases)

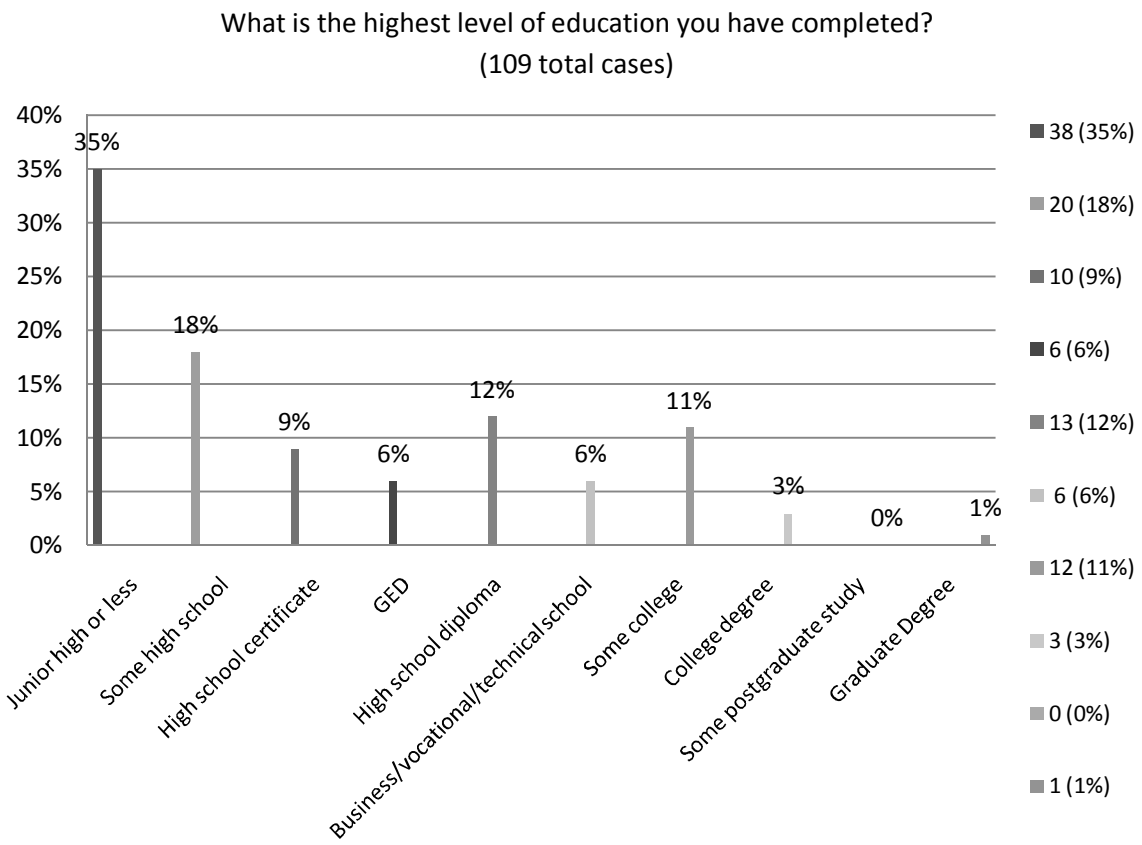


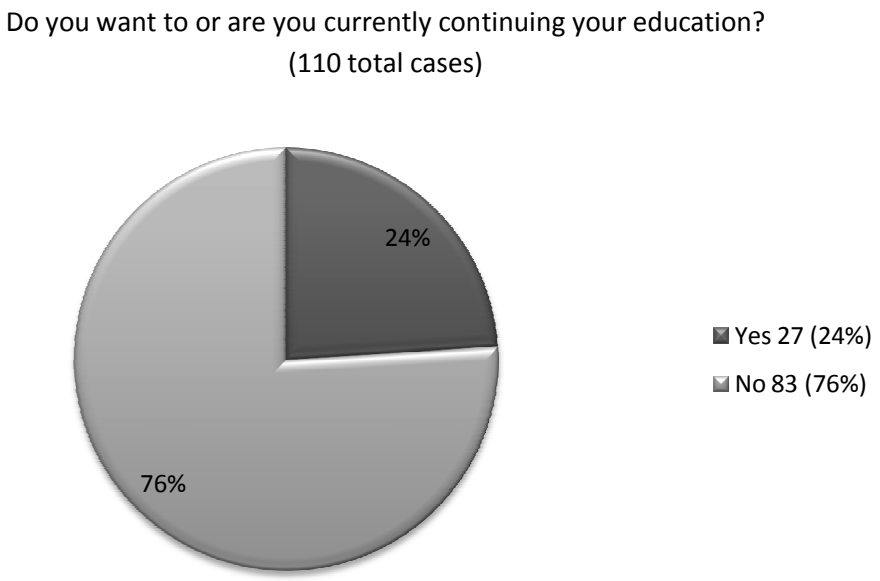

Are you currently living in your preferred arrangement?
(114 total cases)



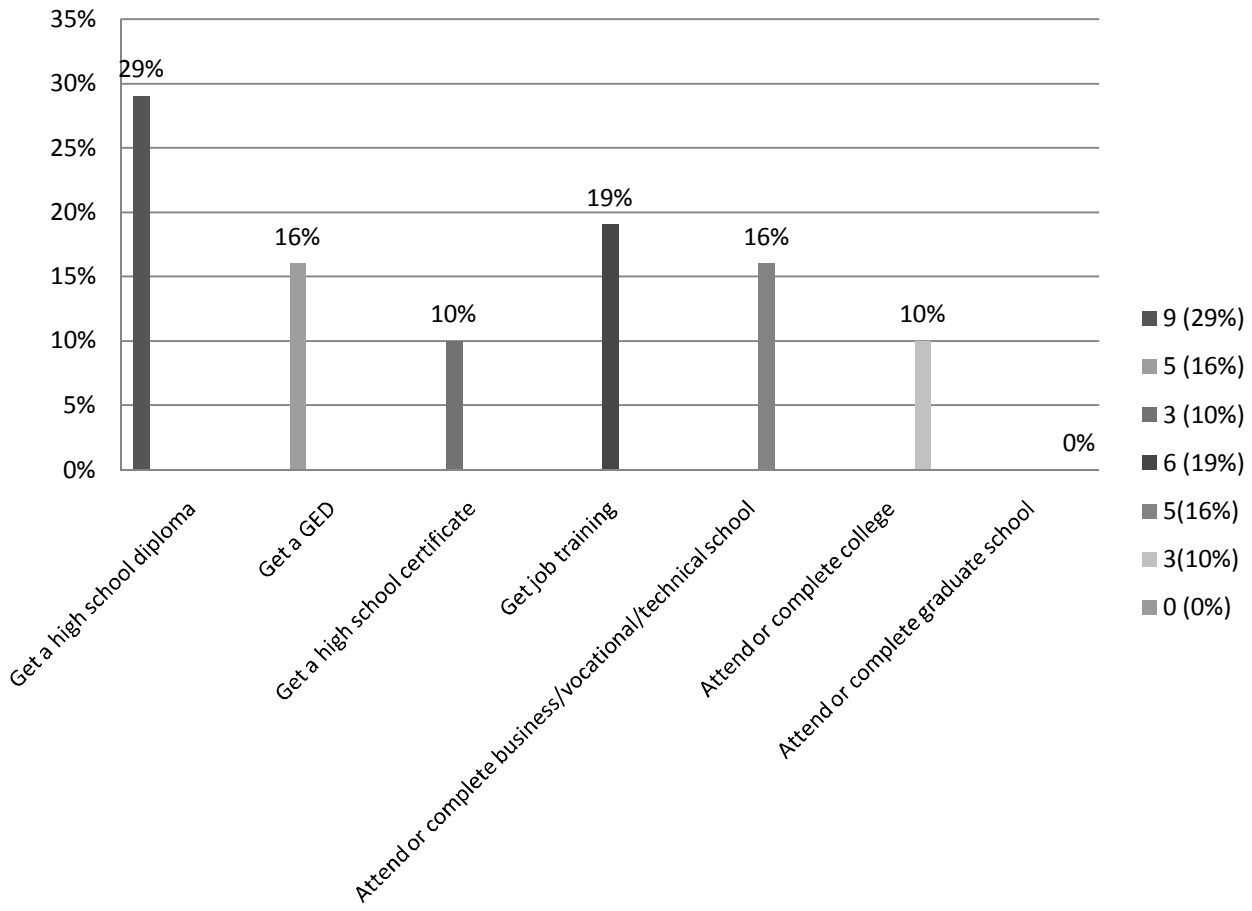

What would you need to live where you want?
(46 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
15%
7%
2%
9%
2%
35%
22%
9%
Accessible housing option
Personal care attendant
Assistive technology
Community support services
Independent living skills
Affordable housing options
More available housing options
Other
7 (15%)
3 (7%)
1 (2%)
4 (9%)
1 (2%)
16 (35%)
10 (22%)
4(9%)

**EDUCATION**

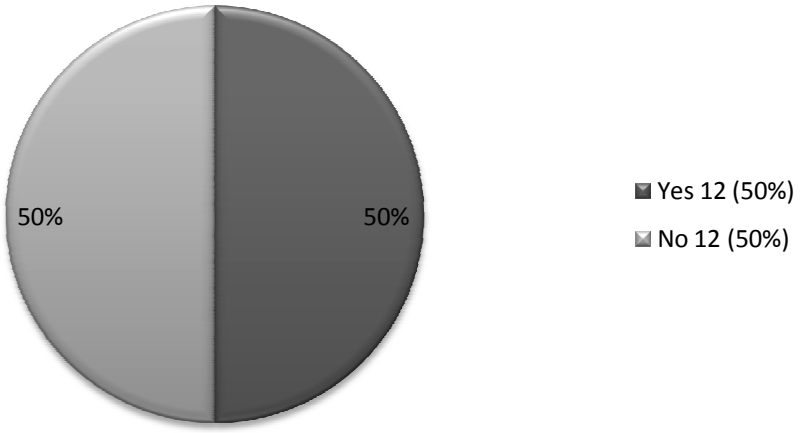

What is the highest level of education you have completed?
(109 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
35%
18%
9%
6%
12%
6%
11%
3%
0%
1%
Junior high or less
Some high school
High school certificate
GED
High school diploma
Business/vocational/technical school
Some college
College degree
Some postgraduate study
Graduate Degree
38 (35%)
20 (18%)
10 (9%)
6 (6%)
13 (12%)
6 (6%)
12 (11%)
3 (3%)
0 (0%)
1 (1%)

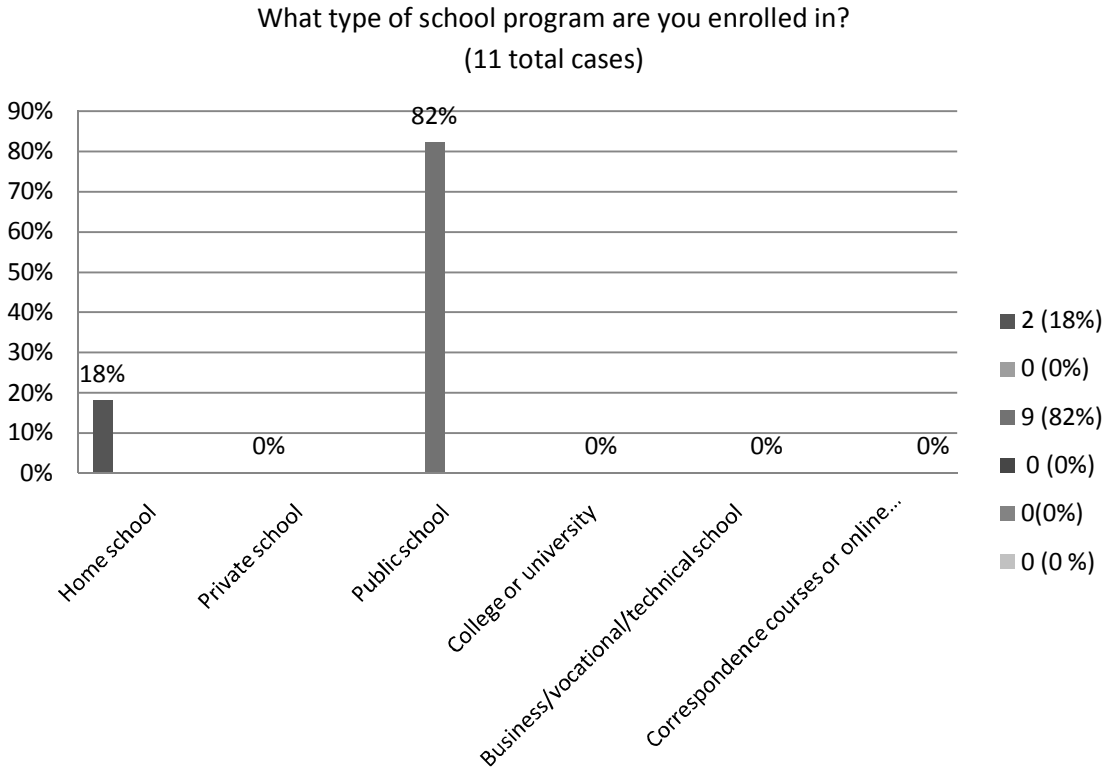

Do you want to or are you currently continuing your education?
(110 total cases)
24%
76%
Yes 27 (24%)
No 83 (76%)

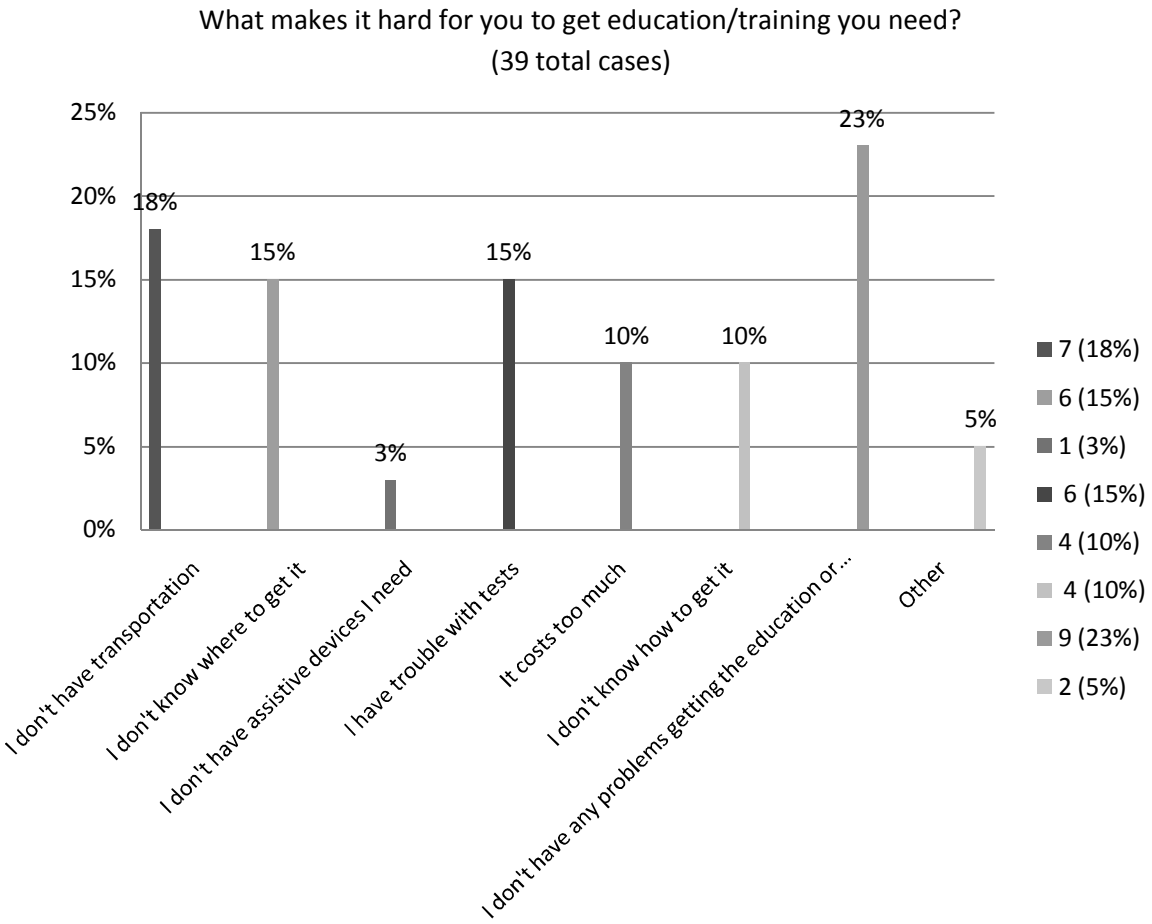
What are your current educational goals?
(31 total cases)



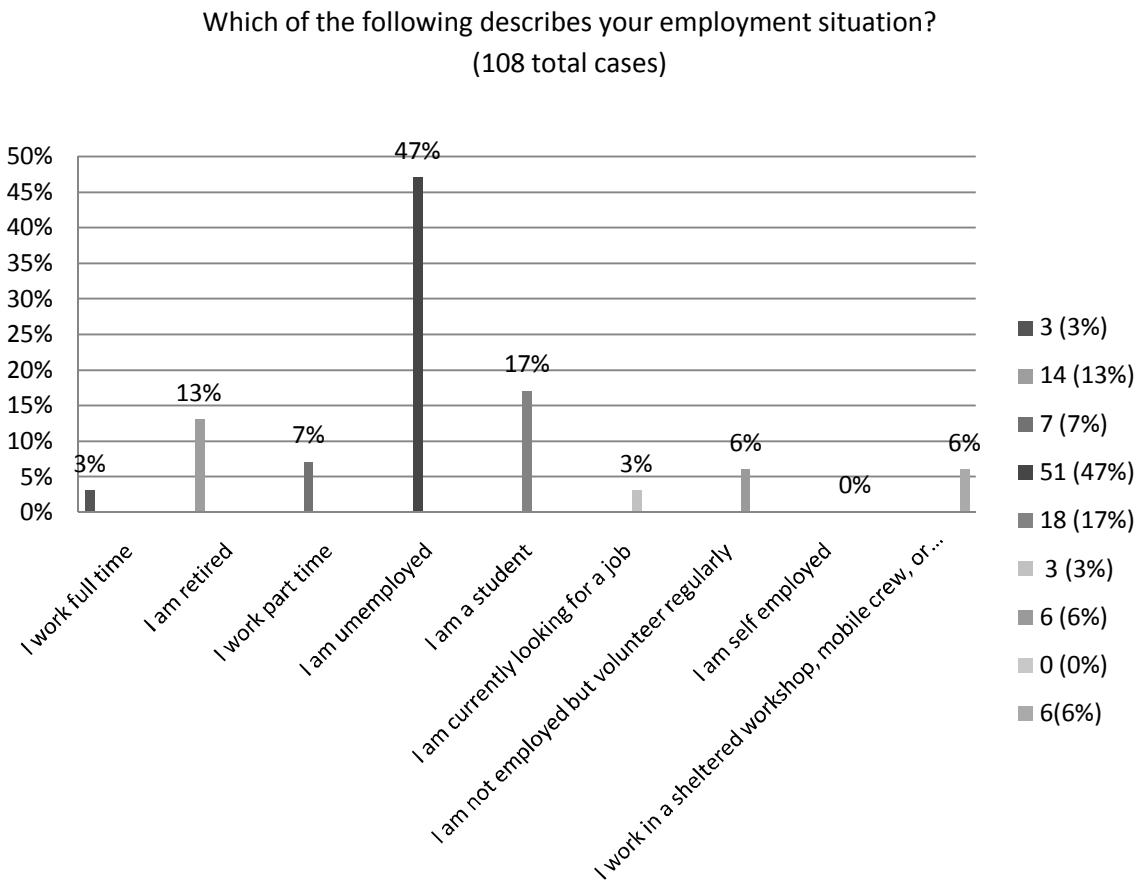

Are you currently enrolled in school or a training program?
(24 total cases)

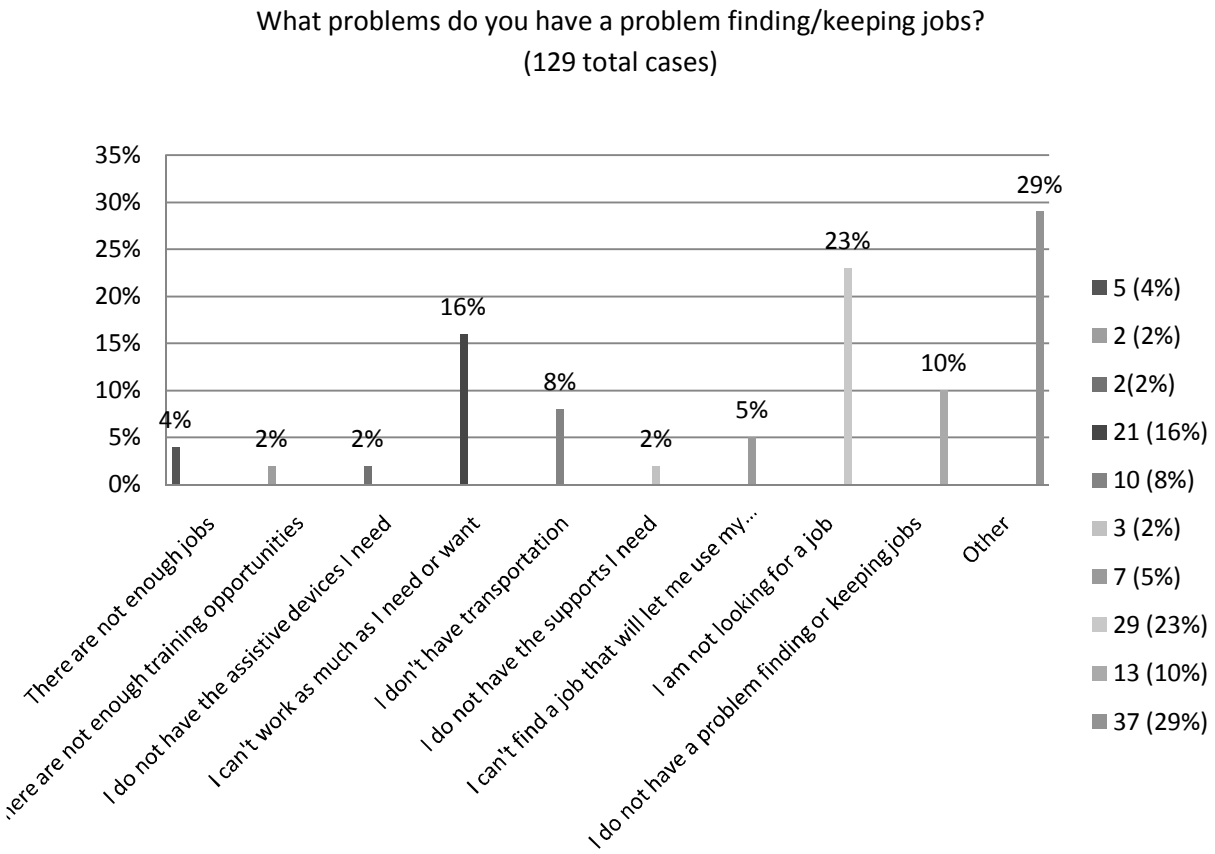



What type of school program are you enrolled in?
(11 total cases)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
18%
0%
82%
0%
0%
0%
Home school
Private school
Public school
College or university
Business/vocational/technical school
Correspondence courses or online...
2 (18%)
0 (0%)
9 (82%)
0 (0%)
0(0%)
0 (0 %)

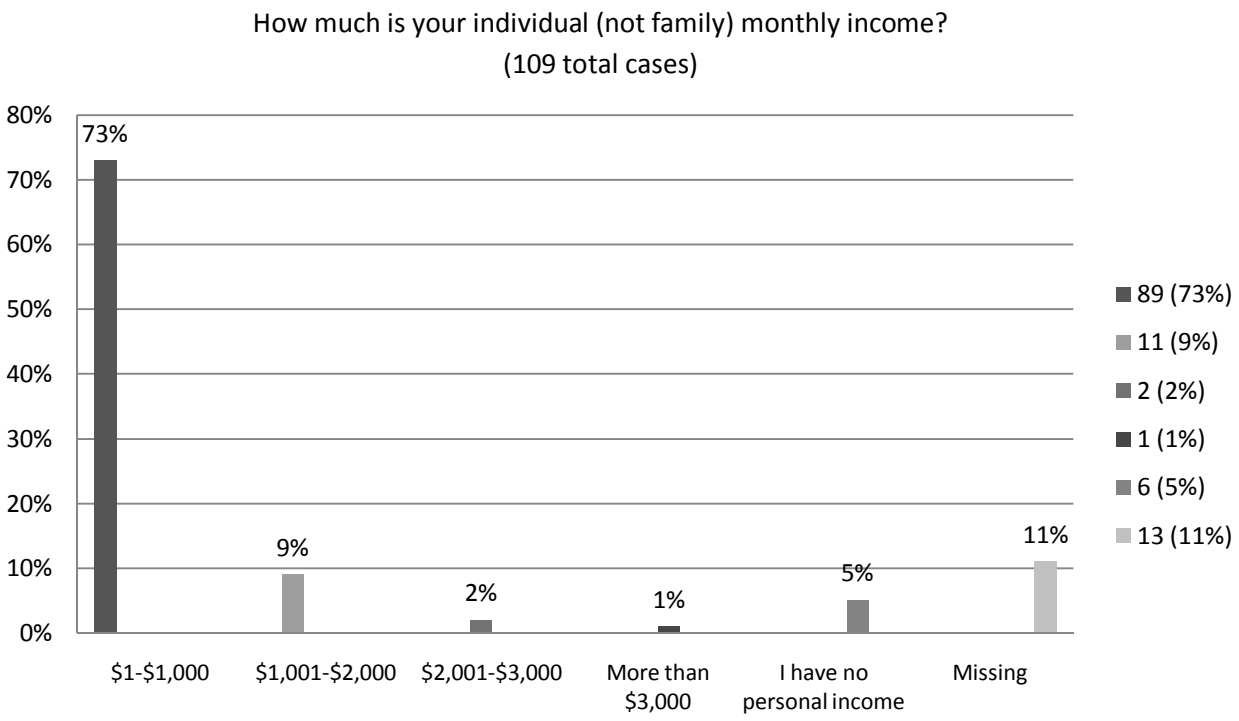

What makes it hard for you to get education/training you need?
(39 total cases)
25%
20%
15%
10%
5%
0%
18%
15%
3%
15%
10%
10%
23%
5%
I don't have transportation
I don't know where to get it
I don't have assistive devices I need
I have trouble with tests
It costs too much
I don't know how to get it
I don't have any problems getting the education or...
Other
7 (18%)
6 (15%)
1 (3%)
6 (15%)
4 (10%)
4 (10%)
9 (23%)
2 (5%)

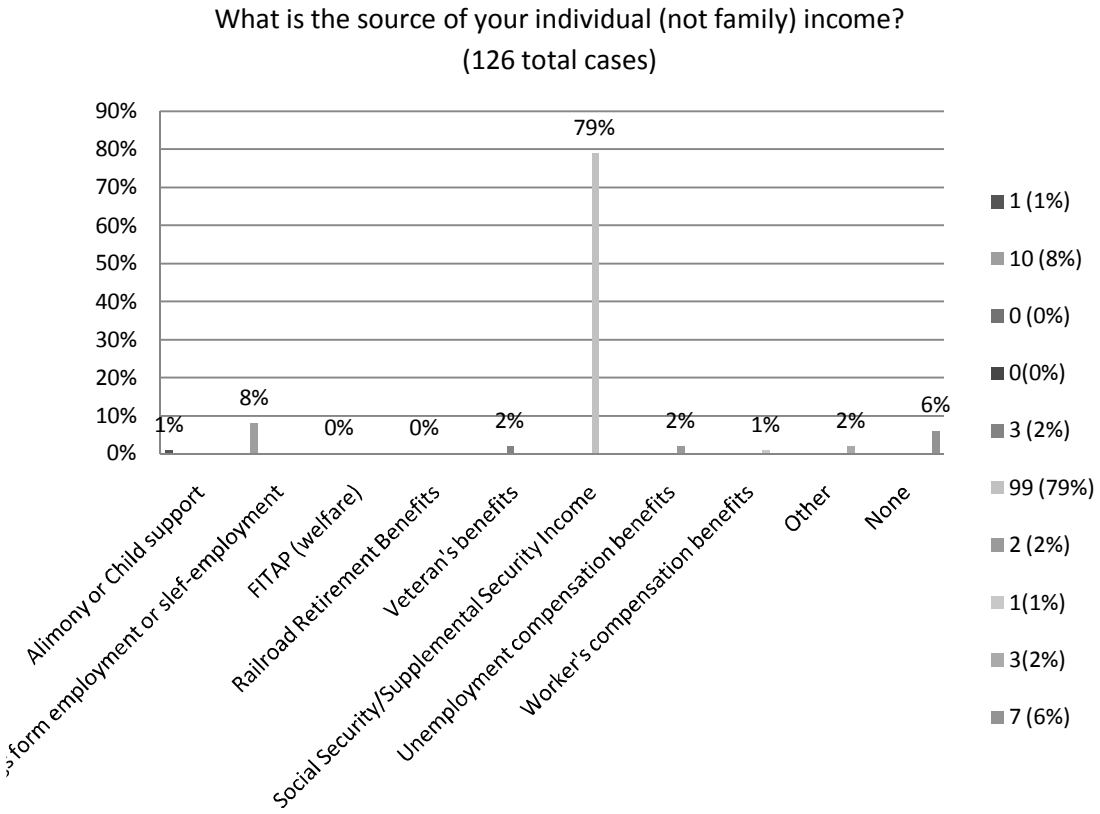
**EMPLOYMENT**


Which of the following describes your employment situation?
(108 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
3%
13%
7%
47%
17%
3%
6%
0%
6%
I work full time
I am retired
I work part time
I am umemployed
I am a student
I am currently looking for a job
I am not employed but volunteer regularly
I am self employed
I work in a sheltered workshop, mobile crew, or ...
3 (3%)
14 (13%)
7 (7%)
51 (47%)
18 (17%)
3 (3%)
6 (6%)
0 (0%)
6(6%)

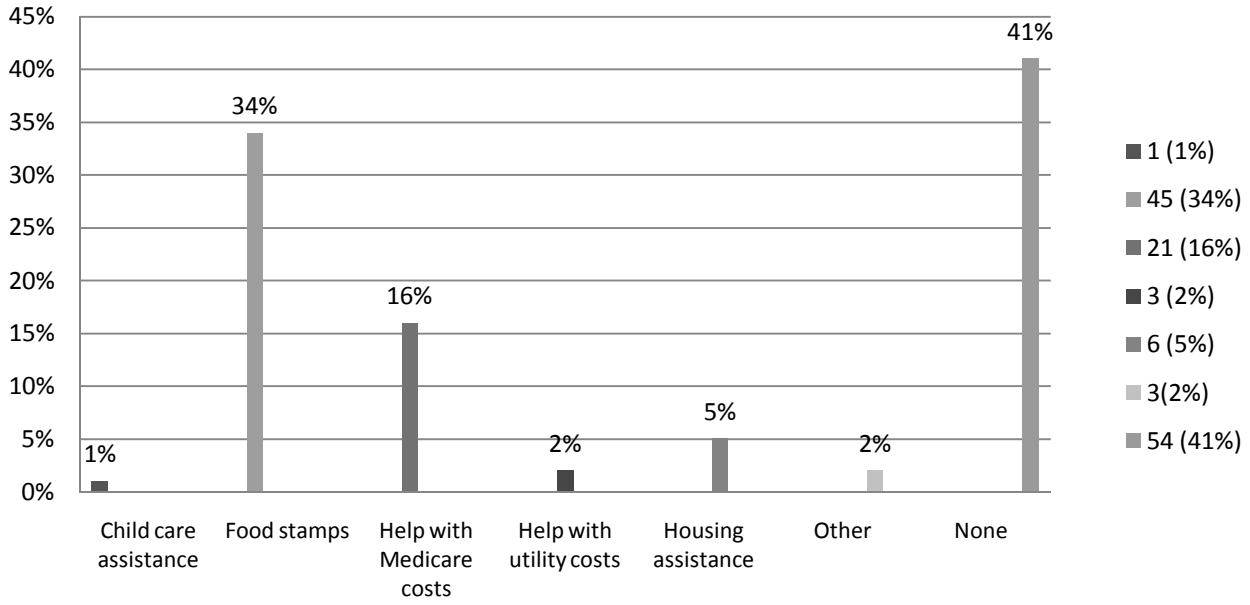

What problems do you have a problem finding/keeping jobs?
(129 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
4%
2%
2%
16%
8%
2%
5%
23%
10%
29%
There are not enough jobs
ere are not enough training opportunities
I do not have the assistive devices I need
I can't work as much as I need or want
I don't have transportation
I do not have the supports I need
I can't find a job that will let me use my...
I am not looking for a job
I do not have a problem finding or keeping jobs
Other
5 (4%)
2 (2%)
2(2%)
21 (16%)
10 (8%)
3 (2%)
7 (5%)
29 (23%)
13 (10%)
37 (29%)

**FINANCES**

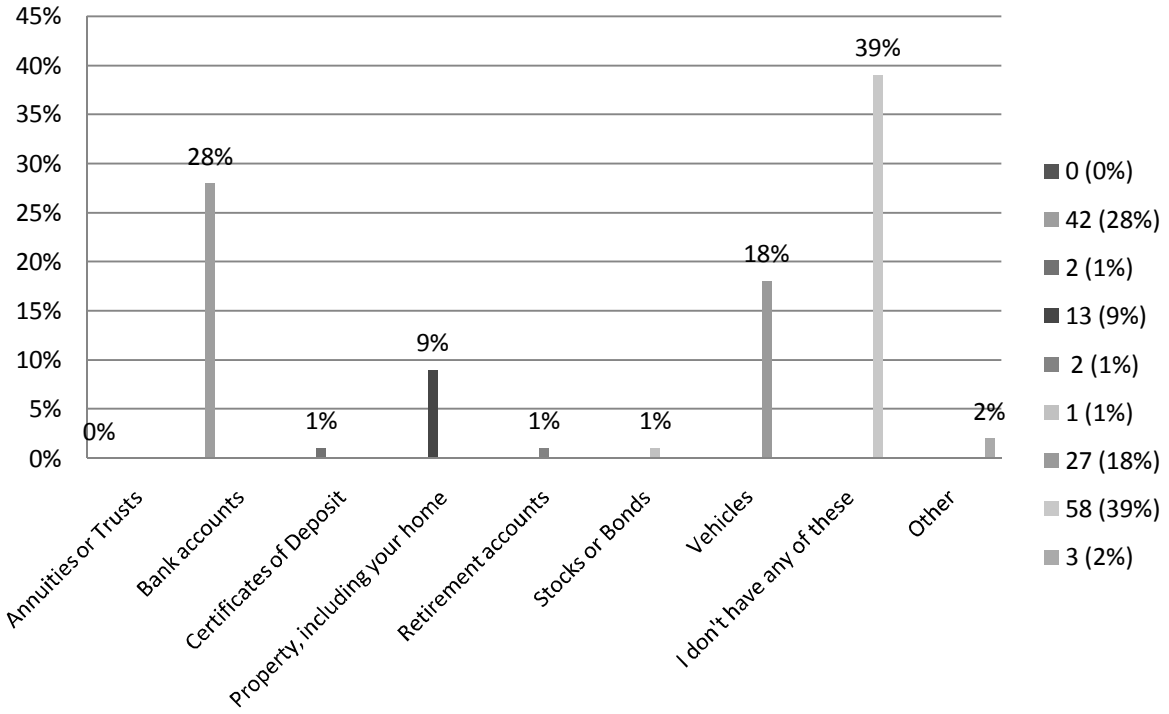

How much is your individual (not family) monthly income?
(109 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
73%
9%
2%
1%
5%
11%
$1-$1,000
$1,001-$2,000
$2,001-$3,000
More than $3,000
I have no personal income
Missing
89 (73%)
11 (9%)
2 (2%)
1 (1%)
6 (5%)
13 (11%)

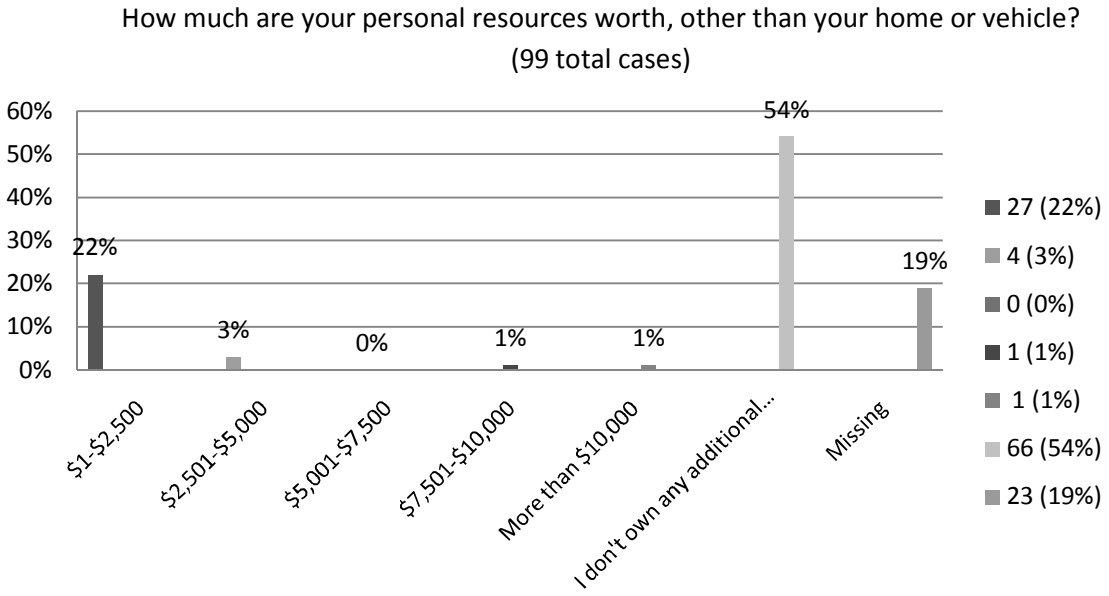

What is the source of your individual (not family) income?
(126 total cases)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
1%
8%
0%
0%
2%
79%
2%
1%
2%
6%
Alimony or Child support
form employment or slef-employment
FITAP (welfare)
Railroad Retirement Benefits
Veteran's benefits
Social Security/Supplemental Security Income
Unemployment compensation benefits
Worker's compensation benefits
Other
None
1 (1%)
10 (8%)
0 (0%)
0(0%)
3 (2%)
99 (79%)
2 (2%)
1(1%)
3(2%)
7 (6%)

Do you personally get financial help from any of the following programs?
(133 total cases)

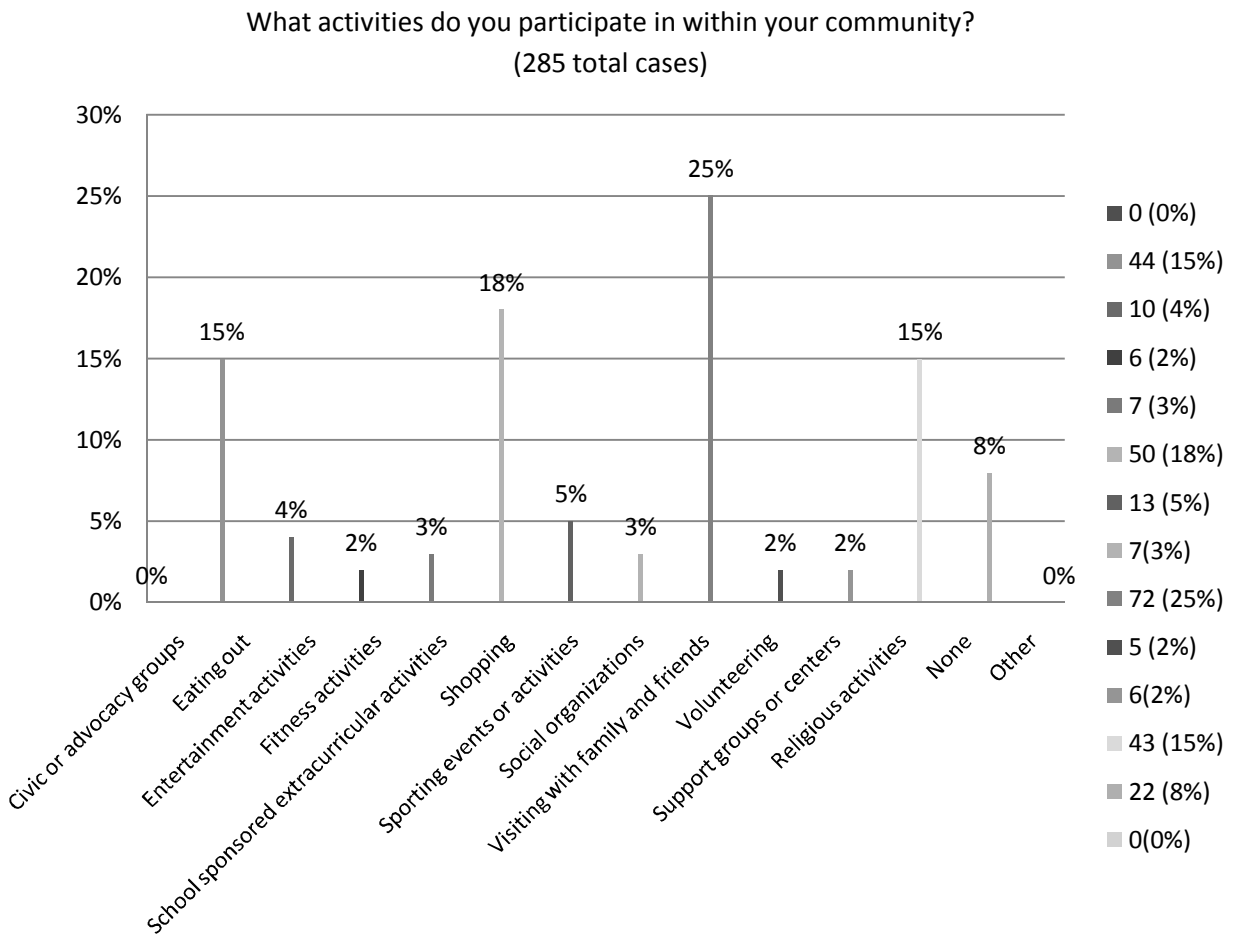



Which of the following kinds of assets or resources do you personally own?
(148 total cases)

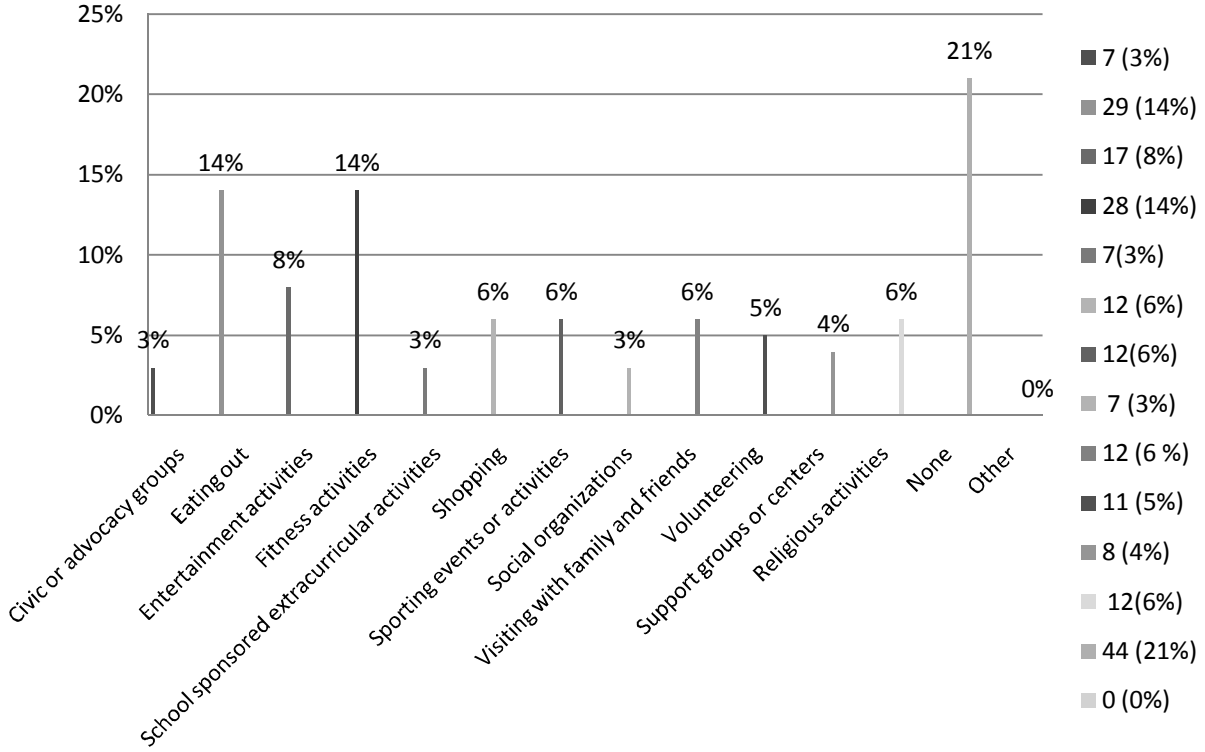



How much are your personal resources worth, other than your home or vehicle?
(99 total cases)
60%
50%
40%
30%
20%
10%
0%
22%
3%
0%
1%
1%
54%
19%
$1-$2,500
$2,501-$5,000
$5,001-$7,500
$7,501-$10,000
More than $10,000
I don't own any additional...
Missing
27 (22%)
4 (3%)
0 (0%)
1 (1%)
1 (1%)
66 (54%)
23 (19%)

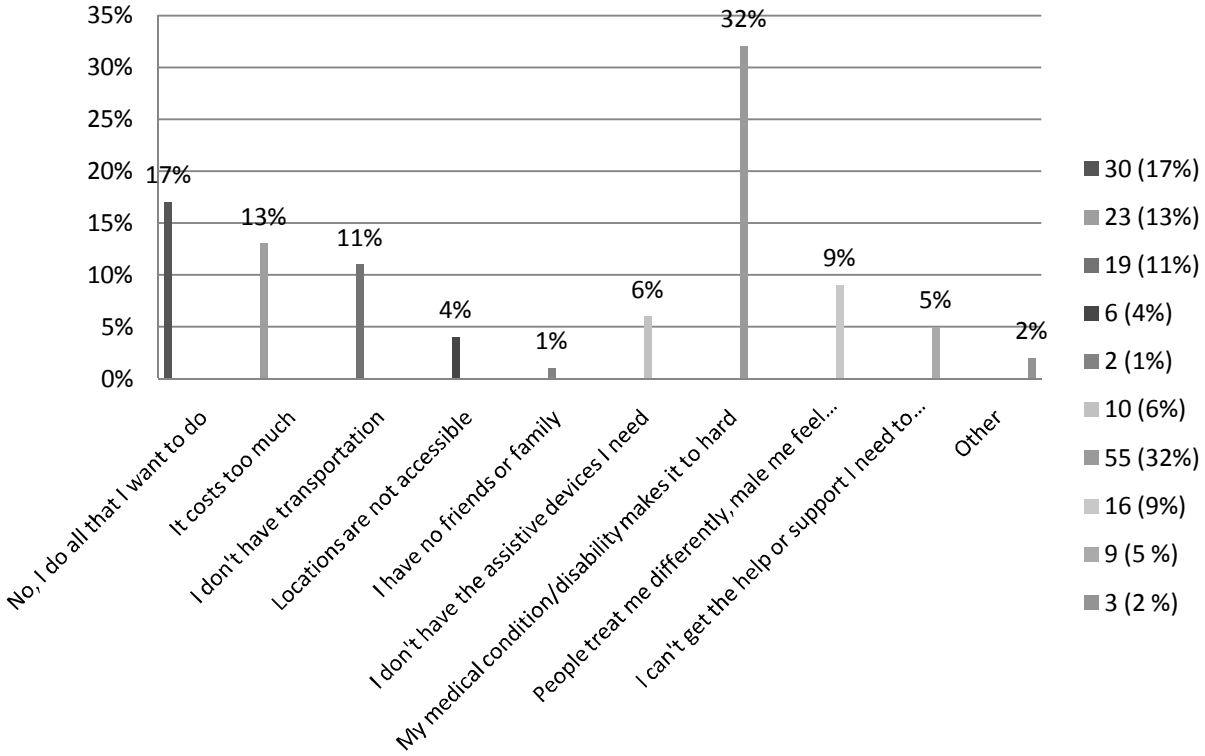
**COMMUNITY INVOLVEMENT**



What activities would you like to participate in, but cannot?
(206 total cases)

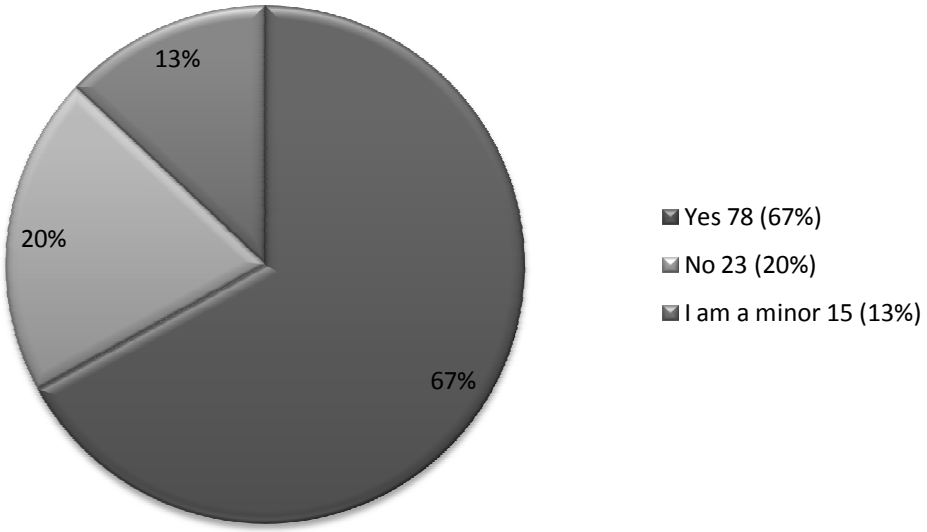



Is there anything that makes it hard for you to do the things you want?
(173 total cases)

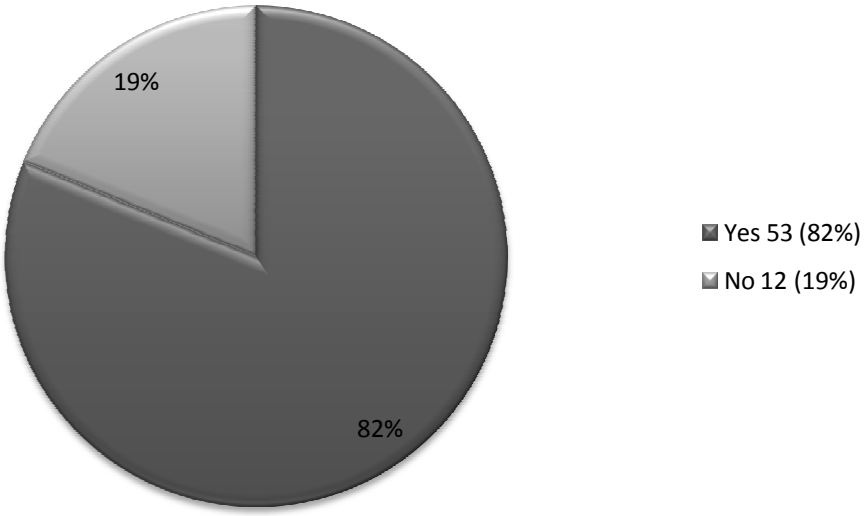


**CIVIC INVOLVEMENT**

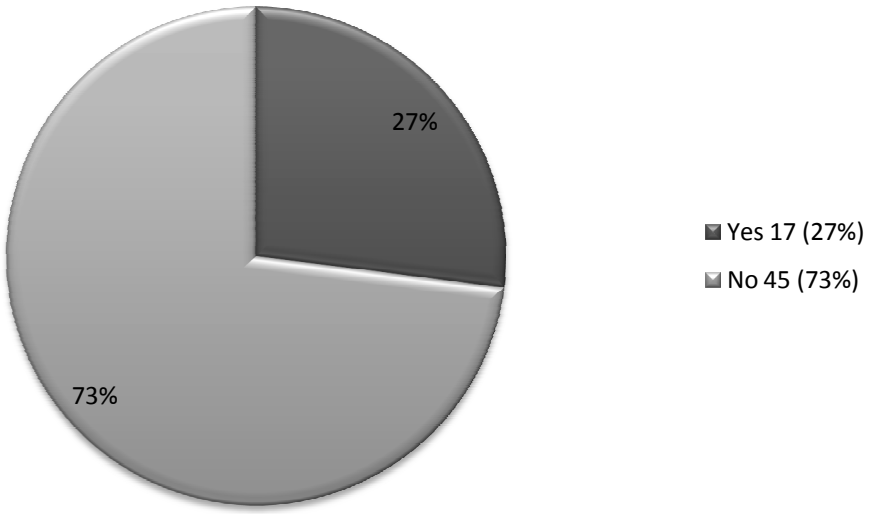
Are you registered to vote?
(116 total cases)



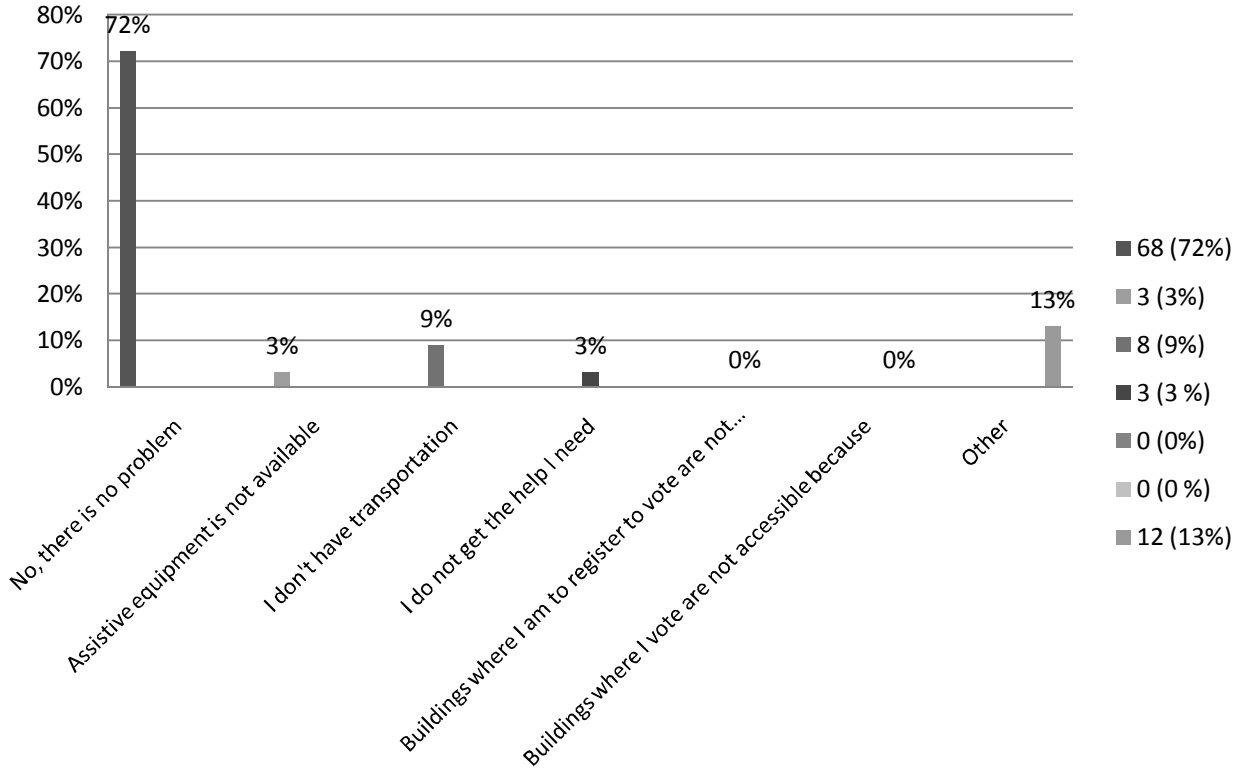

Have you voted in the last four years?
(65 total cases)



Have you used special voting services such as vote by mail or early voting?
(62 total cases)

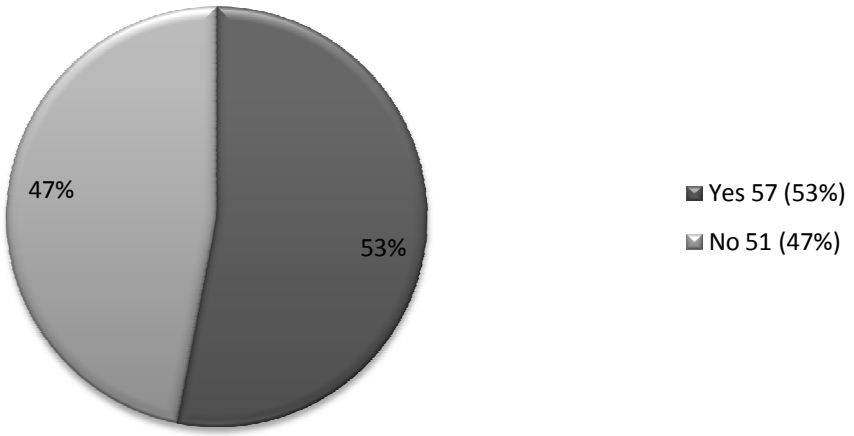



Is there anything that makes it hard for you to vote?
(94 total cases)

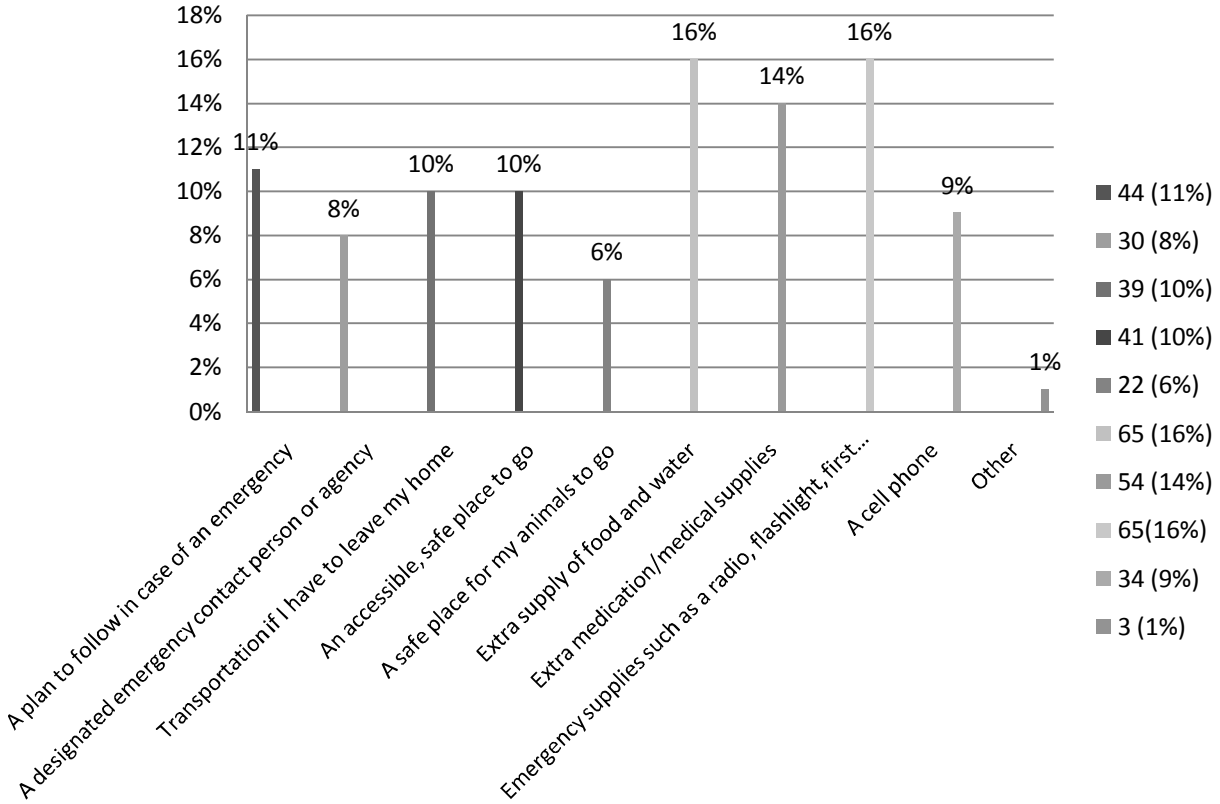


## EMERGENCY PREPAREDNESS

Do you have a plan in place to deal with an emergency situation?
(108 total cases)




What would you need to be prepared for a future emergency situation?
(397 total cases)



# Region IV - Tables

## GENERAL INFORMATION

### Format of Survey

| | Number | Percent |
|---|---|---|
| Paper | 111 | 91% |
| Internet | 8 | 7% |
| Telephone | 3 | 3% |
| *Total Cases* | 122 | |

### Who is filling out this survey?

| | Number | Percent |
|---|---|---|
| A person with a disability | 63 | 53 |
| A helper or friend of a person with a disability | 14 | 12% |
| The parent or guardian of a minor child with a disability | 20 | 17% |
| The parent or guardian of an adult with a disability | 17 | 14% |
| A court appointed guardian, curator, tutor or agent | 1 | 1% |
| A professional or advocate | 4 | 3% |
| *Total Cases* | 119 | |

### Why is someone helping you fill out this survey?

| | Number | Percent |
|---|---|---|
| This doesn't apply to me- I am answering this survey by myself | 58 | 52% |
| I am providing the answers and this person is recording them | 17 | 15% |
| I am unable to answer this survey | 21 | 19% |
| I do not want to participate in this survey | 0 | 0% |
| I am under 18 and this person is my parent or guardian | 14 | 13% |
| Other | 2 | 2% |
| *Total Cases* | 112 | |

**What is the type of your disability?**

| | Number | Percent |
|---|---|---|
| Mental health/ Emotional disorder | 37 | 23% |
| Physical | 44 | 27% |
| Learning/ Cognitive | 24 | 15% |
| Speech Communication | 14 | 9% |
| Sensory | 3 | 2% |
| Chronic health condition | 41 | 25% |
| *Total Cases* | 163 | |

**How long have you lived with your disability?**

| | Number | Percent |
|---|---|---|
| 1-10 years | 44 | 39% |
| 11-20 years | 24 | 21% |
| 21-30 years | 18 | 16% |
| 31-40 years | 9 | 8% |
| 41-50 years | 11 | 10% |
| 51-60 years | 4 | 4% |
| 61-70 years | 3 | 3% |
| *Total Cases* | 113 | |

**How would you judge your condition?**

| | Number | Percent |
|---|---|---|
| It is getting better | 4 | 3% |
| It comes and goes | 14 | 12% |
| It only gets worse | 24 | 21% |
| It is ongoing with little or no change | 54 | 47% |
| It is ongoing with constant change | 20 | 17% |
| *Total Cases* | 116 | |

**How long is your disability expected to last?**

| | Number | Percent |
|---|---|---|
| It is permanent | 95 | 80% |
| It is temporary | 3 | 3% |
| I'm not sure | 21 | 18% |
| *Total Cases* | 119 | |

**What is your race or ethnicity?**

| | Number | Percent |
|---|---|---|
| African American/ Black | 52 | 44% |
| Asian/ Pacific Islander | 0 | 0% |
| Caucasian/ White | 64 | 54% |
| Hispanic/ Latino | 0 | 0% |
| Native American | 1 | 1% |
| Multi-racial | 2 | 2% |
| Other | 0 | 0% |
| *Total Cases* | 119 | |

**What is your gender?**

| | Number | Percent |
|---|---|---|
| Male | 56 | 47% |
| Female | 64 | 53% |
| *Total Cases* | 120 | |

**How old are you?**

| | Number | Percent |
|---|---|---|
| Under 18 | 19 | 16% |
| 18-21 | 5 | 4% |
| 22-30 | 13 | 11% |
| 31-40 | 11 | 9% |
| 41-50 | 33 | 27% |
| 51-60 | 26 | 22% |
| 61-70 | 13 | 11% |
| 71-79 | 1 | 1% |
| *Total Cases* | 121 | |

**Which of the following helps you find out about available services?**

| | Number | Percent |
|---|---|---|
| Agencies | 39 | 13% |
| Healthcare providers | 69 | 23% |
| Internet | 15 | 5% |
| Library | 2 | 1% |
| Magazines | 9 | 3% |
| Mail | 26 | 9% |
| Newsletters | 17 | 6% |
| Newspaper | 13 | 4% |
| Radio | 8 | 3% |
| Relatives/ friends | 64 | 21% |
| Television | 34 | 11% |
| Other | 3 | 1% |
| *Total Cases* | 299 | |

## HEALTH CARE

**What type of health insurance do you have?**

| | Number | Percent |
|---|---|---|
| None | 6 | 3% |
| Insurance through an employer | 5 | 3% |
| Medicaid (blue & white card) | 91 | 46% |
| Medicare (red, white & blue card) | 48 | 25% |
| Medicare prescription drug coverage | 37 | 19% |
| Private insurance | 6 | 3% |
| Other | 3 | 2% |
| *Total Cases* | 196 | |

**About how much do you or your family pay each month for this insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 61 | 50% |
| $1-10 | 1 | 1% |
| $11-20 | 1 | 1% |
| $21-30 | 1 | 1% |
| $31-40 | 1 | 1% |
| $41-50 | 0 | 0% |
| $51-60 | 1 | 1% |
| $61-70 | 0 | 0% |
| $71-80 | 1 | 1% |
| $81-90 | 1 | 1% |
| $91-100 | 6 | 5% |
| $101-200 | 9 | 7% |
| $210-300 | 1 | 1% |
| More than $300 | 1 | 1% |
| Missing | 37 | 30% |
| *Total Cases* | 122 | |

**About how much of your own or your family's money is spent each month for medical expenses other than insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 28 | 23% |
| $1-10 | 1 | 1% |
| $11-20 | 7 | 6% |
| $21-30 | 10 | 8% |
| $31-40 | 3 | 3% |
| $41-50 | 6 | 5% |
| $51-60 | 0 | 0% |
| $61-70 | 1 | 1% |
| $71-80 | 2 | 2% |
| $81-90 | 1 | 1% |
| $91-100 | 10 | 8% |
| $101-200 | 8 | 7% |
| $210-300 | 3 | 3% |
| More than $300 | 7 | 6% |
| Missing | 35 | 29% |
| *Total Cases* | 122 | |

**What medical services do you use on a regular basis?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 92 | 21% |
| Specialist doctor | 48 | 11% |
| Medical supplies | 35 | 8% |
| Prescription medications | 86 | 19% |
| Mental health services | 18 | 4% |
| Hospital care | 16 | 3% |
| Home health services | 16 | 4% |
| Emergency care | 19 | 4% |
| Nutrition services | 5 | 1% |
| Substance abuse counseling | 3 | 1% |
| Nursing services | 7 | 2% |
| Dialysis | 1 | 1% |
| Hearing services | 5 | 1% |
| Dental services | 27 | 6% |
| Eye/vision | 36 | 8% |
| Therapy services | 15 | 3% |
| Rehabilitation services | 7 | 2% |
| Orthotics | 7 | 2% |
| None | 4 | 1% |
| Other | 2 | 1% |
| *Total Cases* | 449 | |

**What medical services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 7 | 3% |
| Specialist doctor | 22 | 10% |
| Medical supplies | 8 | 4% |
| Prescription medications | 9 | 4% |
| Mental health services | 10 | 5% |
| Hospital care | 8 | 4% |
| Home health services | 8 | 4% |
| Emergency care | 3 | 1% |
| Nutrition services | 11 | 5% |
| Substance abuse counseling | 2 | 1% |
| Nursing services | 3 | 1% |
| Dialysis | 3 | 1% |
| Hearing services | 6 | 3% |
| Dental services | 44 | 20% |
| Eye/vision | 30 | 14% |
| Therapy services | 13 | 14% |
| Rehabilitation services | 7 | 3% |
| Orthotics | 1 | 1% |
| None | 24 | 11% |
| Other | 5 | 2% |
| *Total Cases* | 219 | |

**Why don't you get the medical care you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 38 | 21% |
| It costs too much | 31 | 17% |
| It's not available where I live | 11 | 6% |
| I don't have transportation | 13 | 7% |
| Support services are limited | 17 | 9% |
| It's hard to find out where to get services | 19 | 10% |
| Care options are limited | 18 | 10% |
| Medical facilities/ offices are not accessible | 6 | 3% |
| I get the care I need so this doesn't apply to me | 31 | 17% |
| Other | 1 | 1% |
| *Total Cases* | 185 | |

## INDEPENDENT LIVING

**What services and supports do you use?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 18 | 11% |
| Personal care attendant | 17 | 10% |
| Support/counseling from a peer or professional | 12 | 7% |
| Transportation services | 25 | 15% |
| Skills training to live independently | 9 | 6% |
| Financial assistance | 18 | 11% |
| Interpreter/communication services | 4 | 3% |
| Advocacy | 4 | 3% |
| Assistive technology devices | 2 | 1% |
| I do not use any of these | 52 | 32% |
| Other | 2 | 1% |
| *Total Cases* | 163 | |

**Who provides these supports and services to you?**

| | Number | Percent |
|---|---|---|
| Office for Citizens with Developmental Disabilities (OCDD) | 16 | 10% |
| Office of aging and adult services (OAAS) | 2 | 1% |
| Office of Mental Health (OMH) | 8 | 5% |
| Louisiana Rehabilitation Services (LRS) | 3 | 2% |
| Governor's Office of Disability Affairs (GODA) | 7 | 5% |
| Independent living centers | 0 | 0% |
| Office for Addictive Disorders and Counseling (OADC) | 1 | 1% |
| Louisiana Assistive Technology Access Network (LATAN) | 0 | 0% |
| Work Incentive Planning Assistance (WIPA) | 0 | 0% |
| Louisiana Department of Education | 1 | 1% |
| Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) | 3 | 2% |
| Medicaid | 51 | 33% |
| Other | 22 | 14% |
| I don't receive any of these services | 40 | 26% |
| *Total Cases* | 154 | |

**What services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 27 | 19% |
| Personal care attendant | 11 | 8% |
| Support/counseling from a peer or professional | 9 | 6% |
| Transportation services | 18 | 13% |
| Skills training to live independently | 5 | 4% |
| Financial assistance | 26 | 18% |
| Interpreter/communication services | 2 | 1% |
| Advocacy | 2 | 1% |
| Assistive technology devices | 3 | 2% |
| I do not use any of these | 34 | 24% |
| Other | 6 | 4% |
| *Total Cases* | 143 | |

**Why don't you get the services and supports you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 26 | 16% |
| It costs too much | 27 | 16% |
| It's not available where I live | 9 | 5% |
| Transportation is not available | 11 | 7% |
| I don't know where to get services | 25 | 15% |
| Facilities/ offices are not accessible | 5 | 3% |
| Support services are limited | 23 | 14% |
| Available care options are limited | 13 | 8% |
| I live how I want to live so this does not apply to me | 23 | 14% |
| Other | 4 | 2% |
| *Total Cases* | 166 | |

**Who plans most of the care you get?**

| | Number | Percent |
|---|---|---|
| I do | 61 | 51% |
| A relative | 42 | 35% |
| A friend | 5 | 4% |
| An agency | 8 | 7% |
| Other | 3 | 3% |
| *Total Cases* | 119 | |

**How much choice do you have when planning for the services or care that you get?**

| | Number | Percent |
|---|---|---|
| I have most control | 68 | 61% |
| I do not get to participate in planning | 18 | 16% |
| I have little control | 25 | 23% |
| *Total Cases* | 111 | |

## ASSISTIVE TECHNOLOGY

**Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?**

| | Number | Percent |
|---|---|---|
| Yes | 23 | 22% |
| No | 82 | 78% |
| *Total Cases* | 105 | |

**What sort of assistive technology do you use?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 3 | 7% |
| Hearing | 2 | 5% |
| Environmental adaptations | 4 | 10% |
| Speech communication | 4 | 10% |
| Learning/cognitive/development | 4 | 10% |
| Daily living aids | 6 | 15% |
| Mobility/seating/positioning | 5 | 12% |
| Vision | 5 | 12% |
| Vehicle modification/transportation | 5 | 12% |
| Computers and related | 3 | 7% |
| Other | 0 | 0% |
| *Total Cases* | 41 | |

**What sort of assistive technology do you need but not get?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 4 | 10% |
| Hearing | 1 | 2% |
| Environmental adaptations | 2 | 5% |
| Speech communication | 1 | 2% |
| Learning/cognitive/development | 7 | 17% |
| Daily living aids | 5 | 12% |
| Mobility/seating/positioning | 7 | 17% |
| Vision | 3 | 7% |
| Vehicle modification/transportation | 6 | 14% |
| Computers and related | 4 | 10% |
| Other | 0 | 0% |
| *Total Cases* | 42 | |

**If you don't have access to assistive technology, what is the reason?**

| | Number | Percent |
|---|---|---|
| I can't afford it | 10 | 37% |
| I need help to use it | 2 | 7% |
| I need training to use it | 2 | 7% |
| It is not available in my community | 2 | 7% |
| It is not covered by my health insurance | 5 | 19% |
| This does not apply to me | 5 | 19% |
| Other | 1 | 4% |
| *Total Cases* | 27 | |

**How would you describe your use of assistive technology?**

| | Number | Percent |
|---|---|---|
| I have all the assistive technology I need | 4 | 14% |
| I have some but not all of the assistive technology I need | 4 | 14% |
| I do not have any of the assistive technology I need | 8 | 28% |
| The assistive technology I use is in good condition | 3 | 10% |
| The assistive technology I use is outdated or in need of repair | 1 | 3% |
| I don't think I know about the assistive technology available | 6 | 21% |
| I find it difficult to learn to use new assistive technology | 3 | 10% |
| *Total Cases* | 29 | |

**TRANSPORTATION**

**What means of transportation are available to you?**

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 20 | 11% |
| I have my own vehicle | 43 | 23% |
| Rides from friends/ family | 67 | 35% |
| Public transportation | 11 | 6% |
| Para Transit | 3 | 2% |
| Taxi service | 16 | 9% |
| Medicaid transportation service | 22 | 12% |
| None | 2 | 1% |
| Other | 5 | 3% |
| *Total Cases* | 189 | |

**What means of transportation do you use?**

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 20 | 12% |
| I have my own vehicle | 42 | 26% |
| Rides from friends/ family | 67 | 41% |
| Public transportation | 7 | 4% |
| Para Transit | 2 | 1% |
| Taxi service | 11 | 7% |
| Medicaid transportation service | 0 | 0% |
| None | 16 | 10% |
| Other | 0 | 0% |
| *Total Cases* | 165 | |

**What problems do you have with transportation?**

| | Number | Percent |
|---|---|---|
| I don't have any problems with transportation | 66 | 49% |
| It's too far away | 3 | 2% |
| There are not enough options | 12 | 9% |
| It is not reliable | 8 | 6% |
| It is not available when I need it | 10 | 7% |
| It does not go where I need it to go | 9 | 7% |
| It costs too much | 18 | 13% |
| It is not available or accessible for someone with my disability | 3 | 2% |
| Other | 6 | 4% |
| *Total Cases* | 135 | |

**For which purposes do you use public transportation?**

| | Number | Percent |
|---|---|---|
| To go to work | 2 | 1% |
| To go to school/ training program | 11 | 8% |
| To go to social activities | 4 | 3% |
| To go to medical appointments | 35 | 25% |
| To do personal errands | 16 | 11% |
| To go to religious activities | 8 | 6% |
| I do not use public transportation | 65 | 46% |
| Other | 1 | 1% |
| *Total Cases* | 142 | |

## HOUSING

### Where do you live?

| | Number | Percent |
|---|---|---|
| House, apartment, or mobile home | 112 | 94% |
| Facility such as a nursing home, group home, or other institution | 6 | 5% |
| Shelter | 0 | 0% |
| Other | 1 | 1% |
| *Total Cases* | 119 | |

### Who do you live with?

| | Number | Percent |
|---|---|---|
| I live alone | 27 | 23% |
| Family | 56 | 48% |
| Spouse/significant other | 25 | 22% |
| Paid caretaker or care attendant | 1 | 1% |
| Unpaid caretaker or care attendant | 0 | 0% |
| Roommate(s)/ Friend(s) | 2 | 2% |
| Other residents or nursing home/ group home/ shelter or other institution | 5 | 4% |
| *Total Cases* | 116 | |

### How much do you pay for housing each month, not including utilities?

| | Number | Percent |
|---|---|---|
| $1-$250 | 27 | 25% |
| $251-$500 | 38 | 35% |
| $501-$750 | 9 | 8% |
| $750-$1,000 | 3 | 3% |
| More than $1,000 | 1 | 1% |
| I do not pay anything/ my family pays for my housing | 32 | 29% |
| Missing | 12 | 10% |
| *Total Cases* | 110 | |

**Are you currently living in your preferred living arrangement?**

| | Number | Percent |
|---|---|---|
| Yes | 85 | 75% |
| No | 29 | 25% |
| *Total Cases* | 114 | |

**What would you need to live where you want to live?**

| | Number | Percent |
|---|---|---|
| Accessible housing options | 7 | 15% |
| Personal care attendant | 3 | 7% |
| Assistive technology | 1 | 2% |
| Community support services | 4 | 9% |
| Independent living skills | 1 | 2% |
| Affordable housing options | 16 | 35% |
| More available housing options | 10 | 22% |
| Other | 4 | 9% |
| *Total Cases* | 46 | |

## EDUCATION

**What is the highest level of education or grade level that you have completed?**

| | Number | Percent |
|---|---|---|
| Junior high or less | 38 | 35% |
| Some high school | 20 | 18% |
| High school certificate | 10 | 9% |
| GED | 6 | 6% |
| High school diploma | 13 | 12% |
| Business/ technical/ vocational school | 6 | 6% |
| Some college | 12 | 11% |
| College degree | 3 | 3% |
| Some postgraduate study | 0 | 0% |
| Graduate degree | 1 | 1% |
| *Total Cases* | 109 | |

**Do you want to or are you currently continuing your education?**

| | Number | Percent |
|---|---|---|
| Yes | 27 | 24% |
| No | 83 | 76% |
| *Total Cases* | 110 | |

**What are you current educational goals?**

| | Number | Percent |
|---|---|---|
| Get a high school diploma | 9 | 29% |
| Get a GED | 5 | 16% |
| Get a high school certificate | 3 | 10% |
| Get job training | 6 | 19% |
| Attend or complete business/vocational/technical school | 5 | 16% |
| Attend or complete college | 3 | 10% |
| Attend or complete graduate school | 0 | 0% |
| *Total Cases* | 31 | |

**Are you currently enrolled in school or in a training program?**

| | Number | Percent |
|---|---|---|
| Yes | 12 | 50% |
| No | 12 | 50% |
| *Total Cases* | 24 | |

**What type of school or program are you enrolled in?**

| | Number | Percent |
|---|---|---|
| Home school | 2 | 18% |
| Private school | 0 | 0% |
| Public school | 9 | 82% |
| College or university | 0 | 0% |
| Business/ vocational/ technical school | 0 | 0% |
| Correspondence courses or online instruction | 0 | 0% |
| *Total Cases* | 11 | |

**What keeps you from getting the education or training you need?**

| | Number | Percent |
|---|---|---|
| I don't have transportation | 7 | 18% |
| I don't know where I get it | 6 | 15% |
| I don't have assistive devices I need | 1 | 3% |
| I have trouble with tests | 6 | 15% |
| It costs too much | 4 | 10% |
| I don't know how to get it | 4 | 10% |
| I don't have any problems getting the education or training I need | 9 | 23% |
| Other | 2 | 5% |
| *Total Cases* | 39 | |

**EMPLOYMENT**

**Which of the following describes your employment situation?**

| | Number | Percent |
|---|---|---|
| I work full time | 3 | 3% |
| I am retired | 14 | 13% |
| I work part-time | 7 | 7% |
| I am unemployed | 51 | 47% |
| I am a student | 18 | 17% |
| I am currently looking for a job | 3 | 3% |
| I am not employed by volunteer regularly | 6 | 6% |
| I am self-employed | 0 | 0% |
| I work in a sheltered workshop, mobile crew, or enclave | 6 | 6% |
| *Total Cases* | 108 | |

**What problem(s) do you have finding or keeping a job?**

| | Number | Percent |
|---|---|---|
| There are not enough jobs | 5 | 4% |
| There are not enough training opportunities | 2 | 2% |
| I do not have the assistive devices I need | 2 | 2% |
| I can't work as much as I need or want | 21 | 16% |
| I don't have transportation | 10 | 8% |
| I do not have the supports I need | 3 | 2% |
| I can't find a job that will let me use my existing skills | 7 | 5% |
| I am not looking for a job | 29 | 23% |
| I do not have a problem finding or keeping jobs | 13 | 10% |
| Other | 37 | 29% |
| *Total Cases* | 129 | |

**FINANCES**

**How much is your individual (not family) monthly income?**

| | Number | Percent |
|---|---|---|
| $1-$1,000 | 89 | 73% |
| $1,001- $2,000 | 11 | 9% |
| $2,001-$3,000 | 2 | 2% |
| More than $3,000 | 1 | 1% |
| I have no personal income | 6 | 5% |
| Missing | 13 | 11% |
| *Total Cases* | 109 | |

**What is the source of your individual (not family) income?**

| | Number | Percent |
|---|---|---|
| Alimony or Child support | 1 | 1% |
| Earnings from employment or self-employment | 10 | 8% |
| FITAP (welfare) | 0 | 0% |
| Railroad Retirement Benefits | 0 | 0% |
| Veteran's benefits | 3 | 2% |
| Social Security/ Supplemental Security Income | 99 | 79% |
| Unemployment compensation benefits | 2 | 2% |
| Worker's compensation benefits | 1 | 1% |
| Other | 3 | 2% |
| None | 7 | 6% |
| *Total Cases* | 126 | |

**Do you personally get financial help from any of the following programs?**

| | Number | Percent |
|---|---|---|
| Child care assistance | 1 | 1% |
| Food stamps | 45 | 34% |
| Help with Medicare costs | 21 | 16% |
| Help with utility costs | 3 | 2% |
| Housing assistance | 6 | 5% |
| Other | 3 | 2% |
| No, I don't get any of these | 54 | 41% |
| *Total Cases* | 133 | |

**Which of the following kinds of assets or resources do you personally own?**

| | Number | Percent |
|---|---|---|
| Annuities or Trusts | 0 | 0% |
| Bank accounts | 42 | 28% |
| Certificate of deposit | 2 | 1% |
| Property, including your home | 13 | 9% |
| Retirement accounts | 2 | 1% |
| Stocks or Bonds | 1 | 1% |
| Vehicles | 27 | 18% |
| I don't have any of these | 58 | 39% |
| Other | 3 | 2% |
| *Total Cases* | 148 | |

**How much are your personal resources worth, other than your home or vehicle?**

| | Number | Percent |
|---|---|---|
| $1-$2,5000 | 27 | 22% |
| $2,501-$5,000 | 4 | 3% |
| $5,001-$7,500 | 0 | 0% |
| $7,501-$10,000 | 1 | 1% |
| More than $10,000 | 1 | 1% |
| I don't own any additional assets | 66 | 54% |
| Missing | 23 | 19% |
| *Total Cases* | 99 | |

## COMMUNITY INVOLVEMENT

**What activities do you participate in within your community?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 0 | 0% |
| Eating out | 44 | 15% |
| Entertainment activities | 10 | 4% |
| Fitness activities | 6 | 2% |
| School sponsored extracurricular activities | 7 | 3% |
| Shopping | 50 | 18% |
| Sporting events or activities | 13 | 5% |
| Social organizations | 7 | 3% |
| Visiting with family and friends | 72 | 25% |
| Volunteering | 5 | 2% |
| Support groups or centers | 6 | 2% |
| Religious activities | 43 | 15% |
| None | 22 | 8% |
| Other | 0 | 0% |
| *Total Cases* | 285 | |

**What activities would you like to participate in, but cannot?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 7 | 3% |
| Eating out | 29 | 14% |
| Entertainment activities | 17 | 8% |
| Fitness activities | 28 | 14% |
| School sponsored extracurricular activities | 7 | 3% |
| Shopping | 12 | 6% |
| Sporting events or activities | 12 | 6% |
| Social organizations | 7 | 3% |
| Visiting with family and friends | 12 | 6% |
| Volunteering | 11 | 5% |
| Support groups or centers | 8 | 4% |
| Religious activities | 12 | 6% |
| None | 44 | 21% |
| Other | 0 | 0% |
| *Total Cases* | 206 | |

**Is there anything that makes it hard for you to do the things you want?**

| | Number | Percent |
|---|---|---|
| No, I do all that I Want to do | 30 | 17% |
| It costs too much | 23 | 13% |
| I don't have transportation | 19 | 11% |
| Locations are not accessible | 6 | 4% |
| I have no friends or family | 2 | 1% |
| I don't have the assistive devices I need | 10 | 6% |
| My medical condition/ disability makes it too hard | 55 | 32% |
| People treat me differently/ make me feel uncomfortable | 16 | 9% |
| I can't get the help or support I need to participate in community activities | 9 | 5% |
| Other | 3 | 2% |
| *Total Cases* | 173 | |

## CIVIC INVOLVEMENT

### Are you registered to vote?

| | Number | Percent |
|---|---|---|
| Yes, I am an adult who is registered to vote | 78 | 67% |
| No, I am an adult who is not registered to vote | 23 | 20% |
| No, I am a minor child and cannot vote | 15 | 13% |
| *Total Cases* | 116 | |

### Have you voted in any election in the last four years?

| | Number | Percent |
|---|---|---|
| Yes | 53 | 82% |
| No | 12 | 19% |
| *Total Cases* | 65 | |

### Have you used special voting services such as vote by mail or early vote?

| | Number | Percent |
|---|---|---|
| Yes | 17 | 27% |
| No | 45 | 73% |
| *Total Cases* | 62 | |

### Is there anything that makes it hard for you to vote?

| | Number | Percent |
|---|---|---|
| No, there is no problem | 68 | 72% |
| Assistive equipment is not available | 3 | 3% |
| I don't have the transportation | 8 | 9% |
| I do not get the help I need | 3 | 3% |
| Buildings where I am to register to vote are not accessible because | 0 | 0% |
| Buildings where I vote are not accessible because | 0 | 0% |
| Other | 12 | 13% |
| *Total Cases* | 94 | |

## EMERGENCY PREPAREDNESS

**Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?**

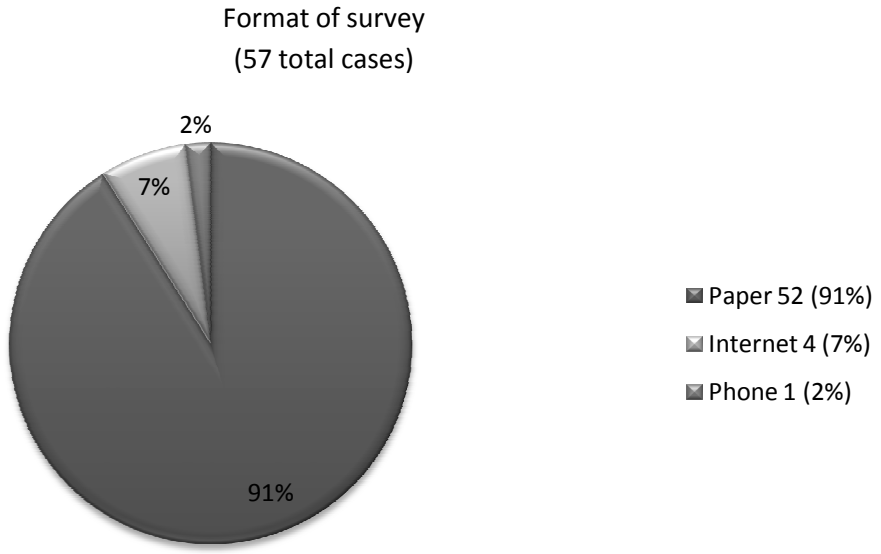
| | Number | Percent |
|---|---|---|
| Yes | 57 | 53% |
| No | 51 | 47% |
| *Total Cases* | 108 | |

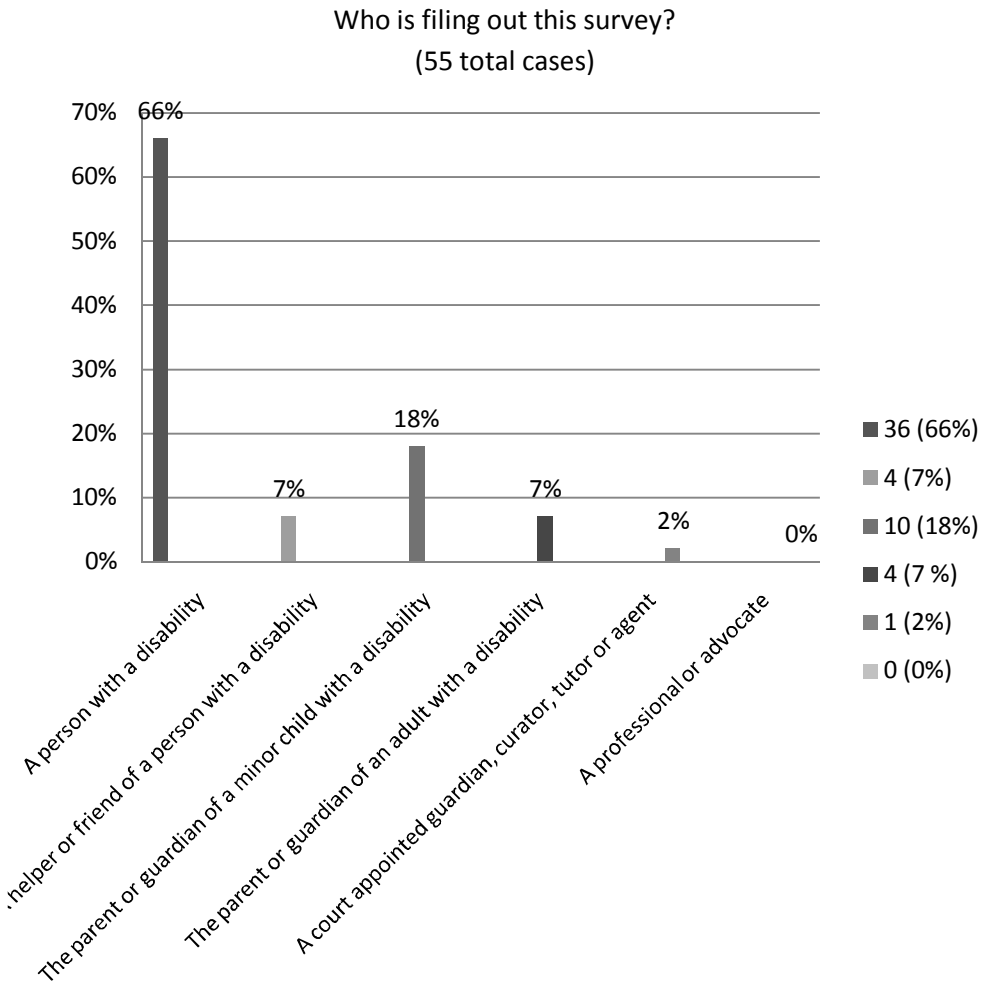
**What would you need to be prepared for a future emergency situation?**

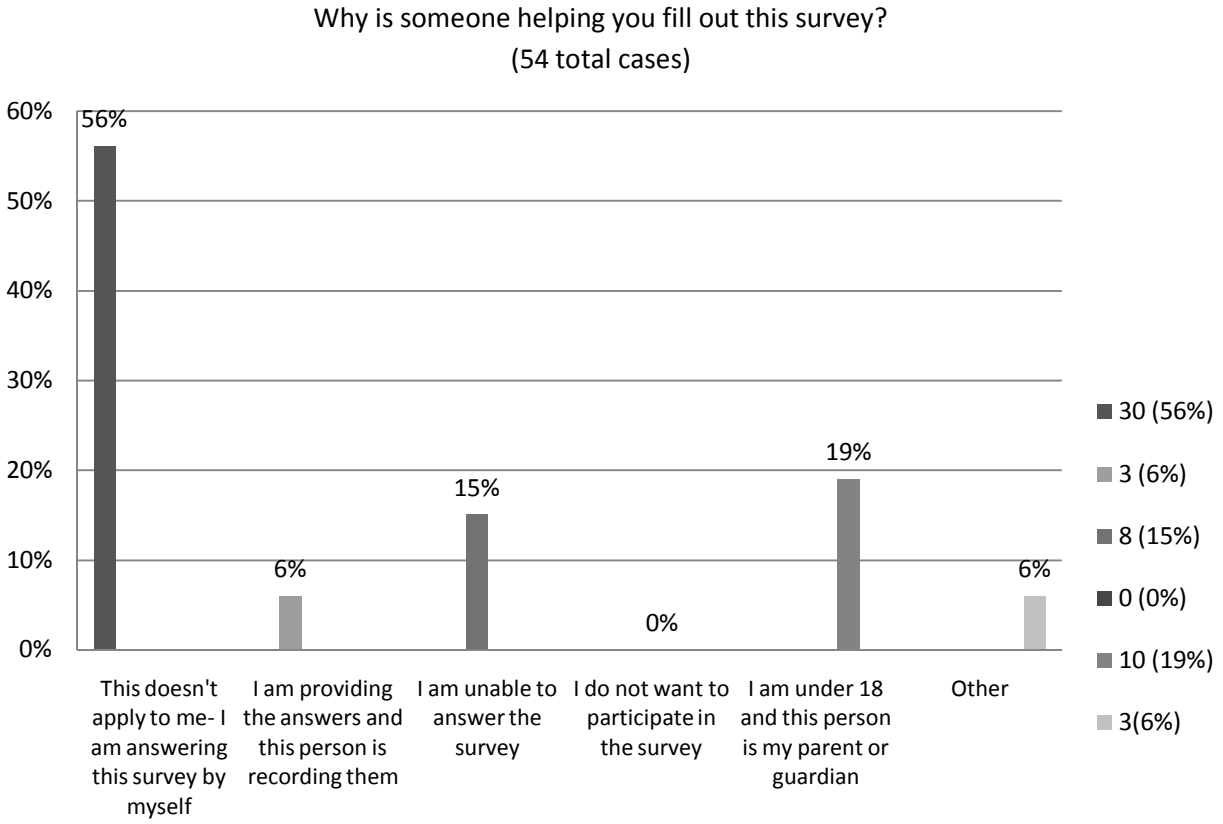
| | Number | Percent |
|---|---|---|
| A plan to follow in case of an emergency | 44 | 11% |
| A designated emergency contact person or agency | 30 | 8% |
| Transportation if I have to leave my home | 39 | 10% |
| An accessible, safe place to go | 41 | 10% |
| A safe place for my animals to go | 22 | 6% |
| Extra supply of food and water | 65 | 16% |
| Extra medication/ medical supplies | 54 | 14% |
| Emergency supplies such as a radio, flashlight, first aid kit, or generator | 65 | 16% |
| A cell phone | 34 | 9% |
| Other | 3 | 1% |
| *Total Cases* | 397 | |

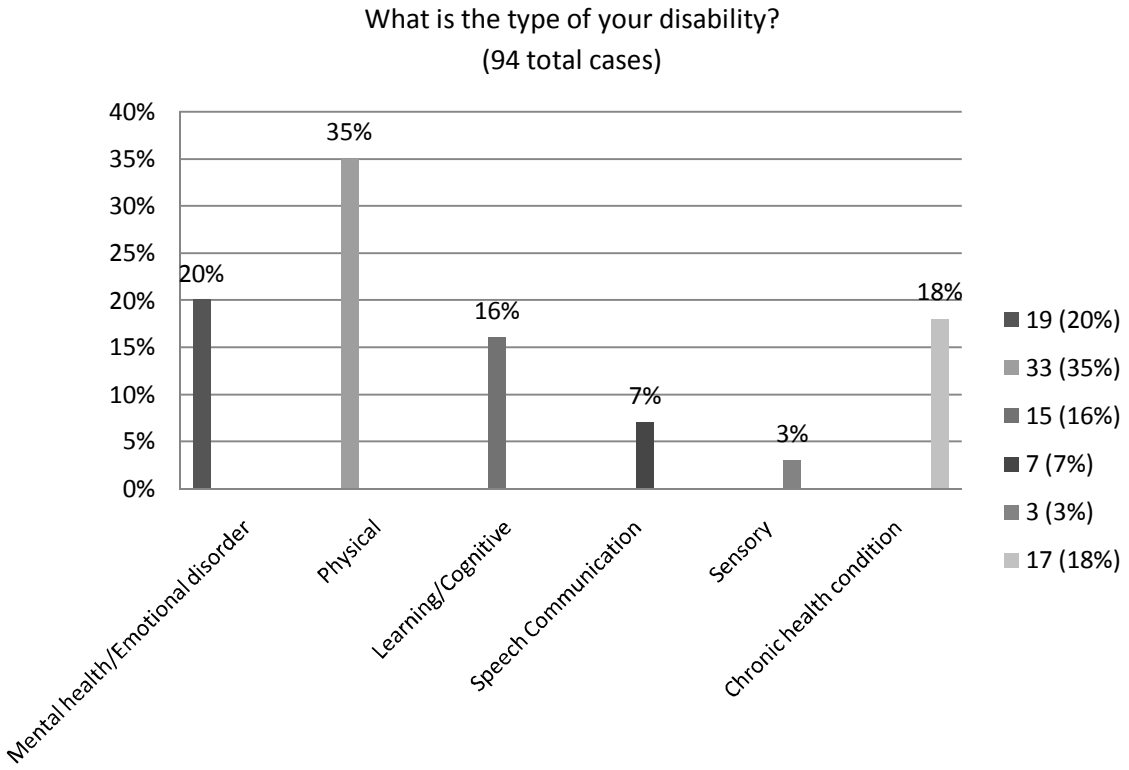
# Region V - Graphs

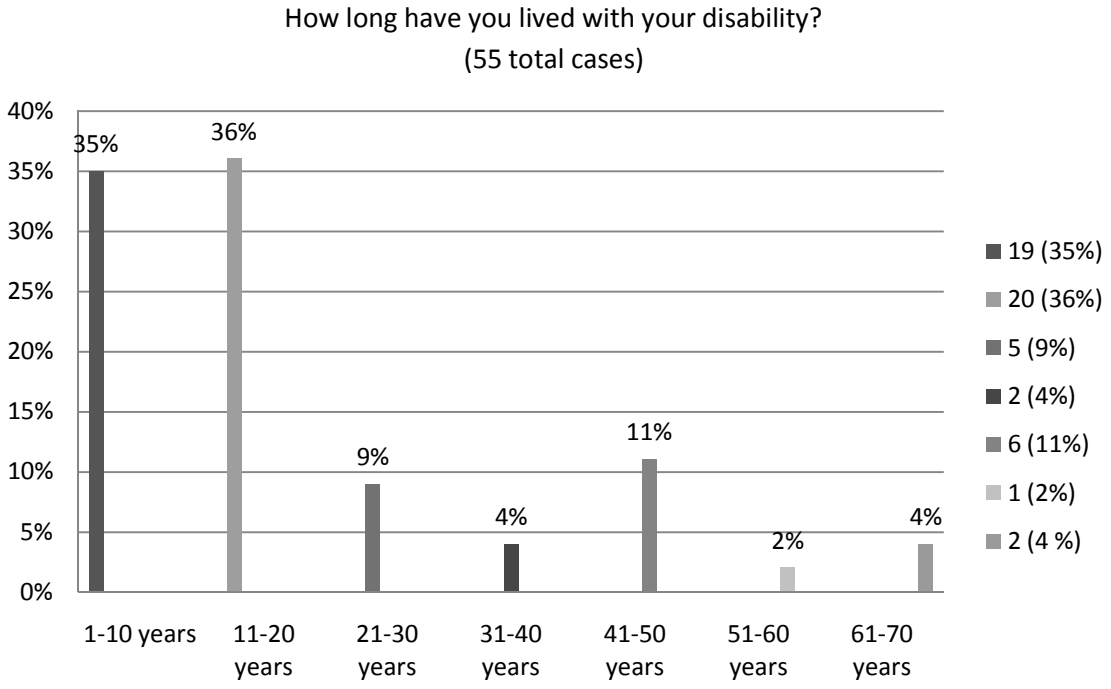
## GENERAL INFORMATION

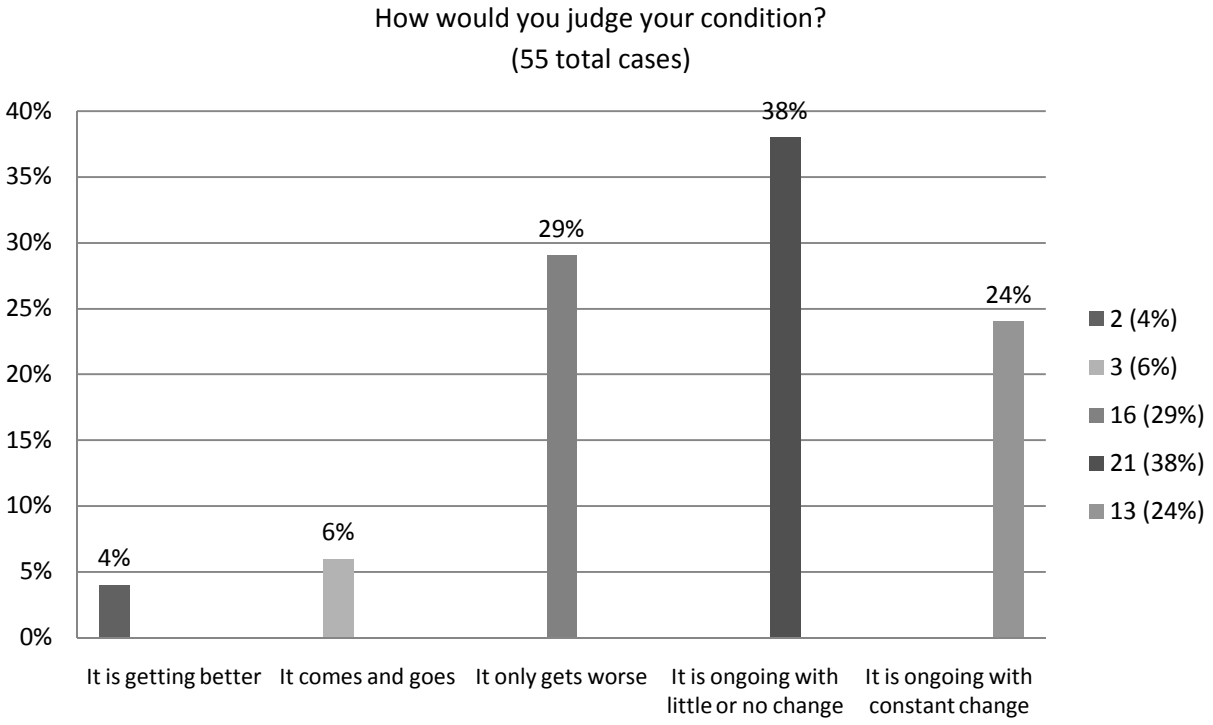



Why is someone helping you fill out this survey?
(54 total cases)
60%
50%
40%
30%
20%
10%
0%
56%
6%
15%
0%
19%
6%
This doesn't apply to me- I am answering this survey by myself
I am providing the answers and this person is recording them
I am unable to answer the survey
I do not want to participate in the survey
I am under 18 and this person is my parent or guardian
Other
30 (56%)
3 (6%)
8 (15%)
0 (0%)
10 (19%)
3(6%)

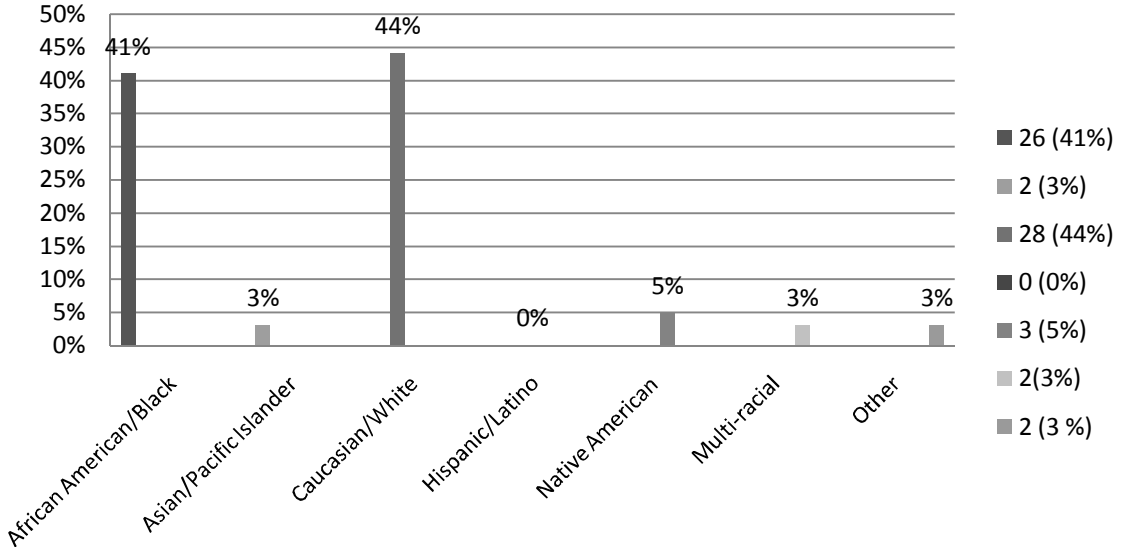

What is the type of your disability?
(94 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
20%
35%
16%
7%
3%
18%
Mental health/Emotional disorder
Physical
Learning/Cognitive
Speech Communication
Sensory
Chronic health condition
19 (20%)
33 (35%)
15 (16%)
7 (7%)
3 (3%)
17 (18%)


How long have you lived with your disability?
(55 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
35%
36%
9%
4%
11%
2%
4%
1-10 years
11-20 years
21-30 years
31-40 years
41-50 years
51-60 years
61-70 years
19 (35%)
20 (36%)
5 (9%)
2 (4%)
6 (11%)
1 (2%)
2 (4 %)

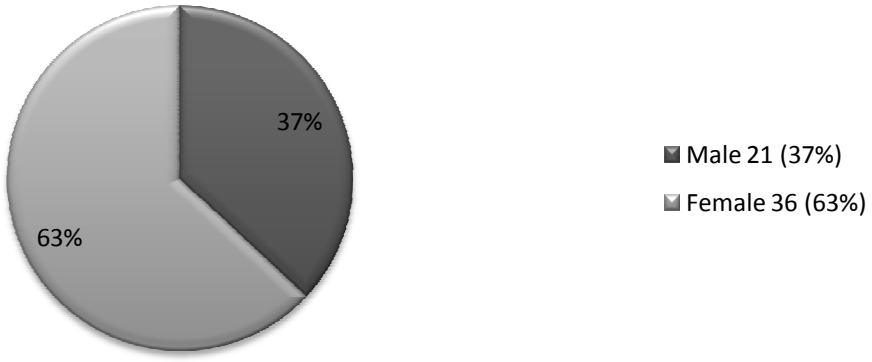

How would you judge your condition?
(55 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
4%
6%
29%
38%
24%
It is getting better
It comes and goes
It only gets worse
It is ongoing with little or no change
It is ongoing with constant change
2 (4%)
3 (6%)
16 (29%)
21 (38%)
13 (24%)

How long is your disability expected to last?
(56 total cases)

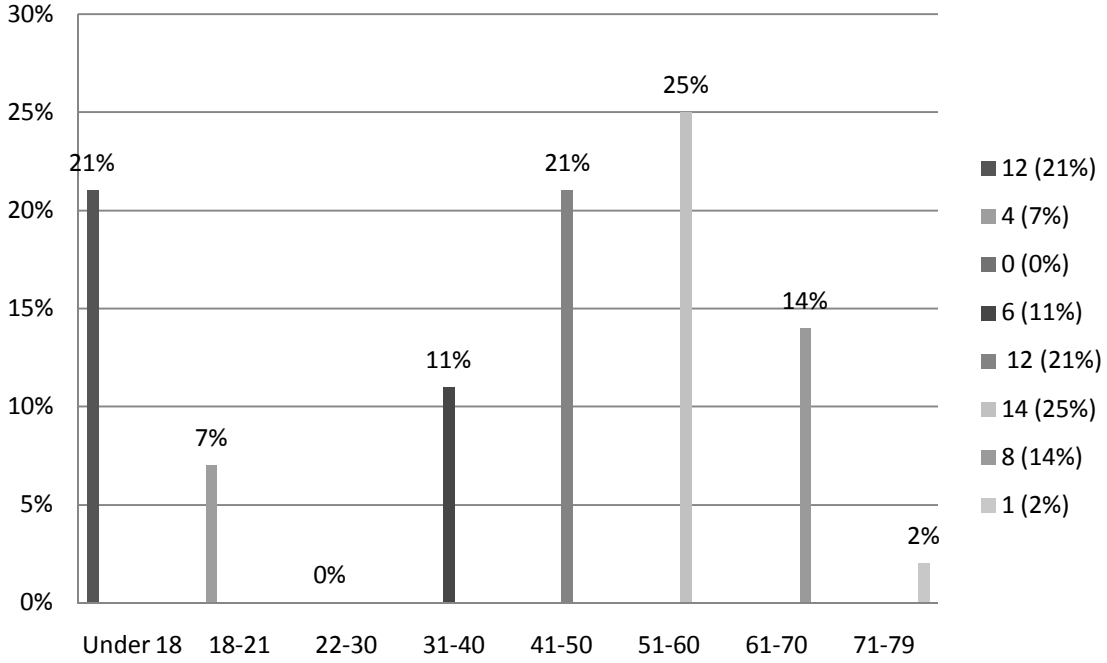
What is your race or ethnicity?
(63 total cases)



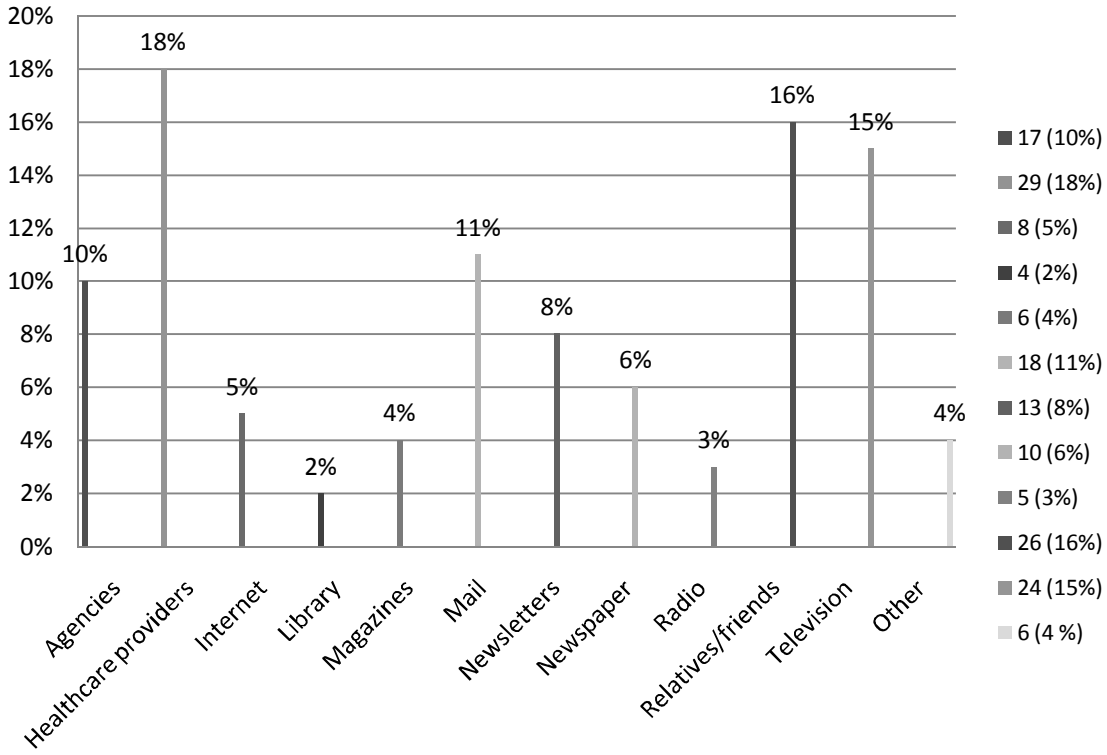

What is your gender?
(57 total cases)



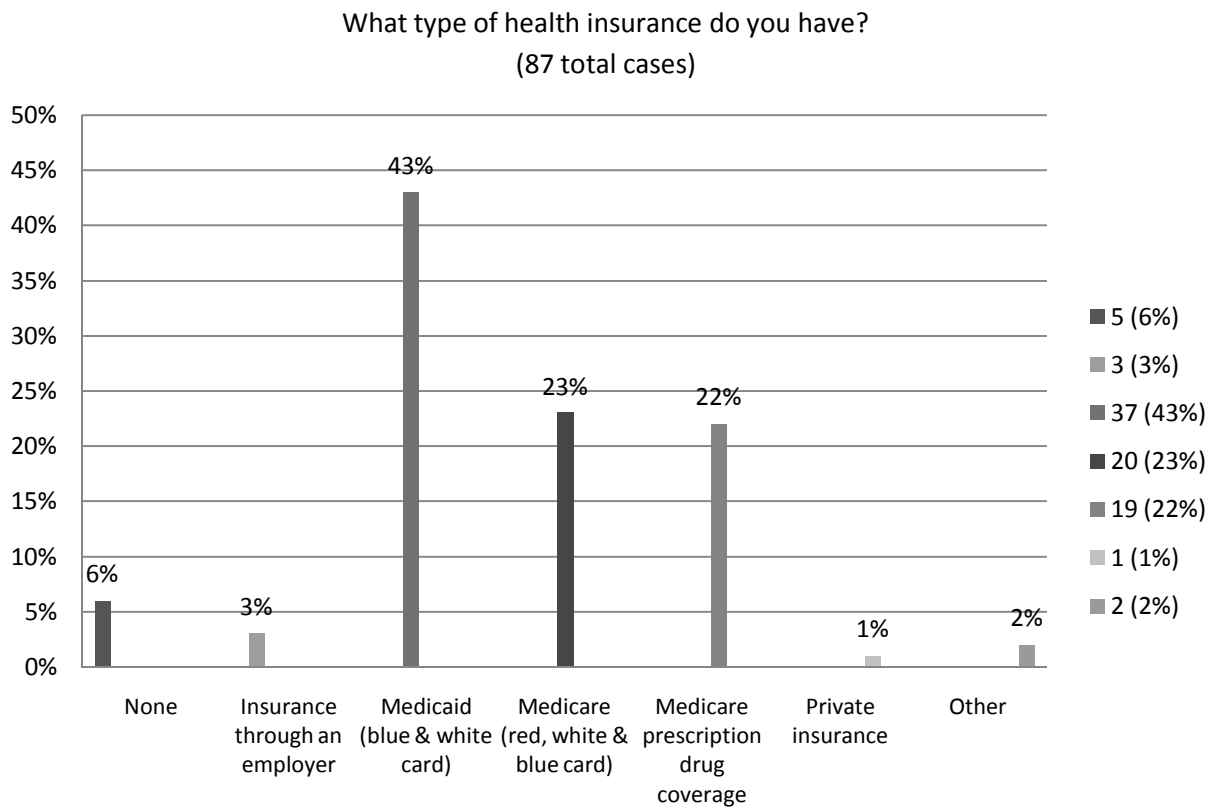
How old are you?
(57 total cases)

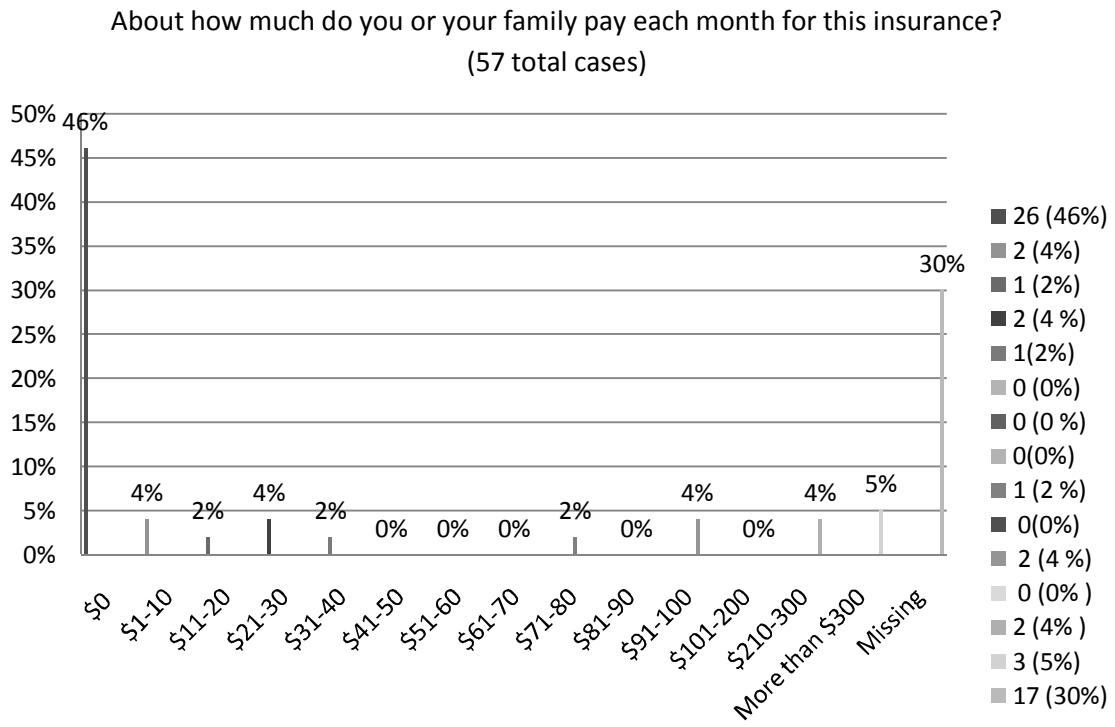



Which of the following helps you find out about available services?
(166 total cases)

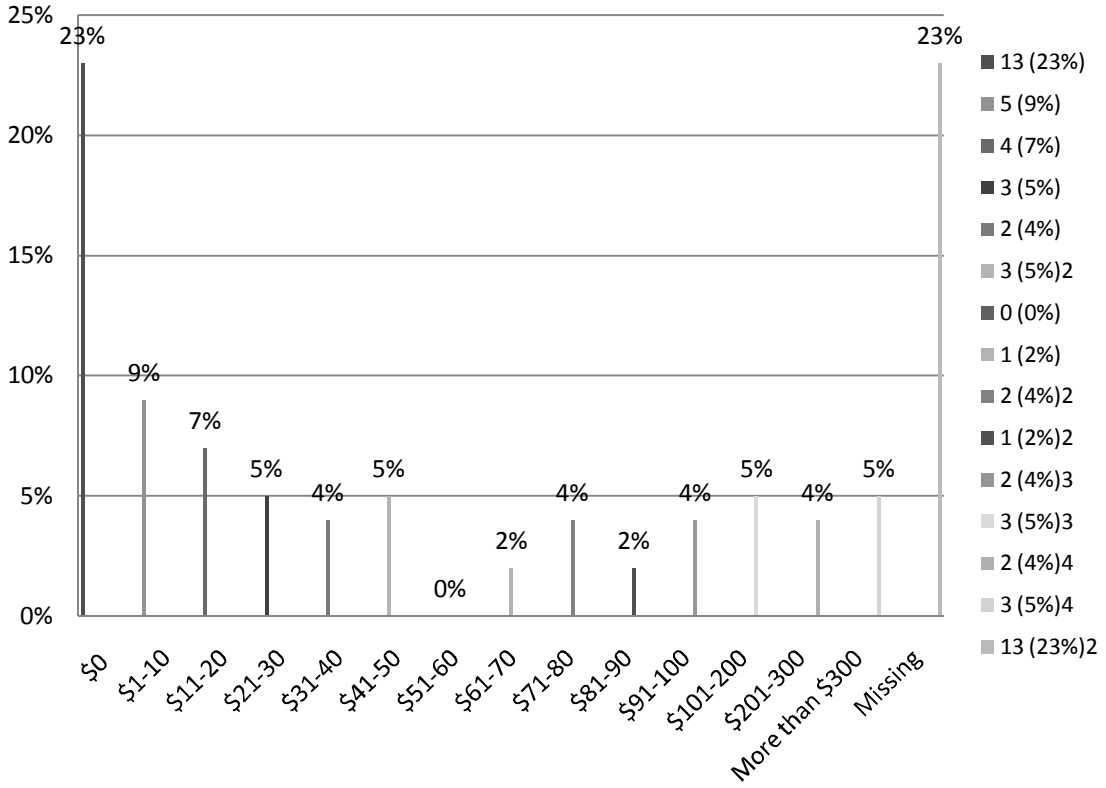


## HEALTH CARE

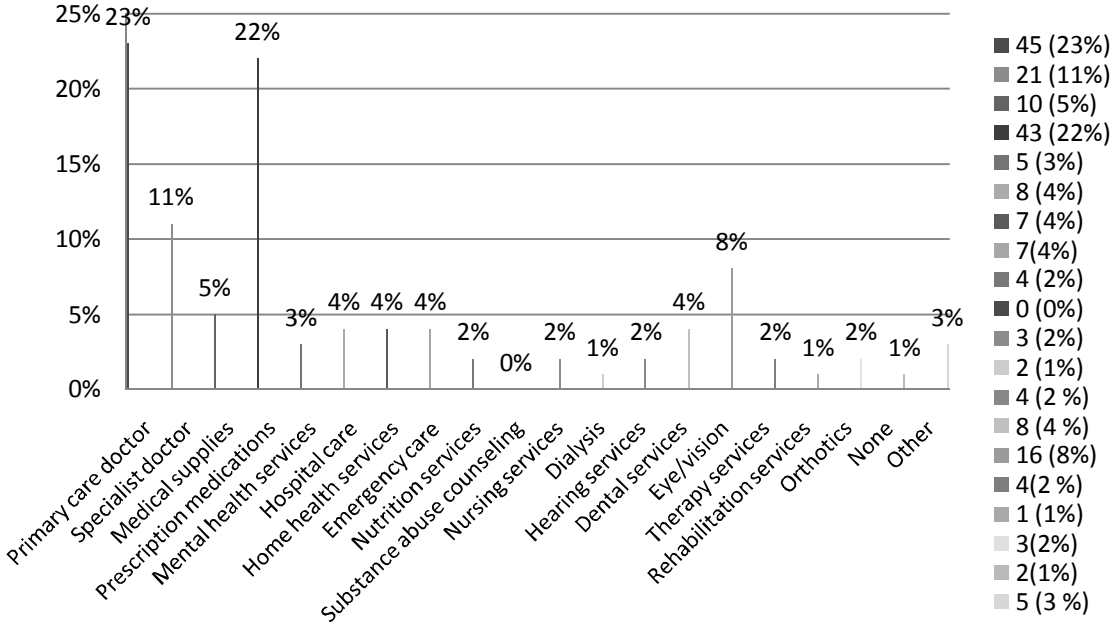

What type of health insurance do you have?
(87 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
6%
3%
43%
23%
22%
1%
2%
None
Insurance through an employer
Medicaid (blue & white card)
Medicare (red, white & blue card)
Medicare prescription drug coverage
Private insurance
Other
5 (6%)
3 (3%)
37 (43%)
20 (23%)
19 (22%)
1 (1%)
2 (2%)

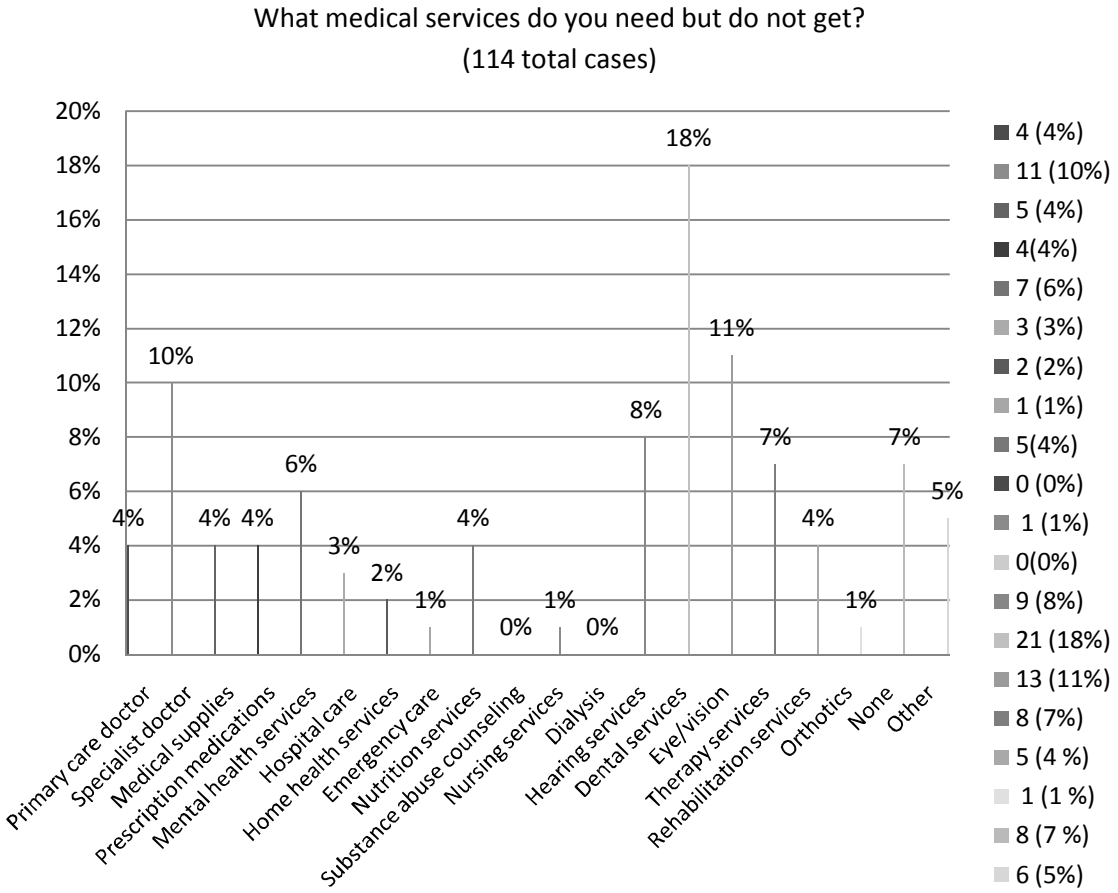

About how much do you or your family pay each month for this insurance?
(57 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
46%
4%
2%
4%
2%
0%
0%
0%
2%
0%
4%
0%
4%
5%
30%
$0
$1-10
$11-20
$21-30
$31-40
$41-50
$51-60
$61-70
$71-80
$81-90
$91-100
$101-200
$210-300
More than $300
Missing
26 (46%)
2 (4%)
1 (2%)
2 (4 %)
1(2%)
0 (0%)
0 (0 %)
0(0%)
1 (2 %)
0(0%)
2 (4 %)
0 (0% )
2 (4% )
3 (5%)
17 (30%)

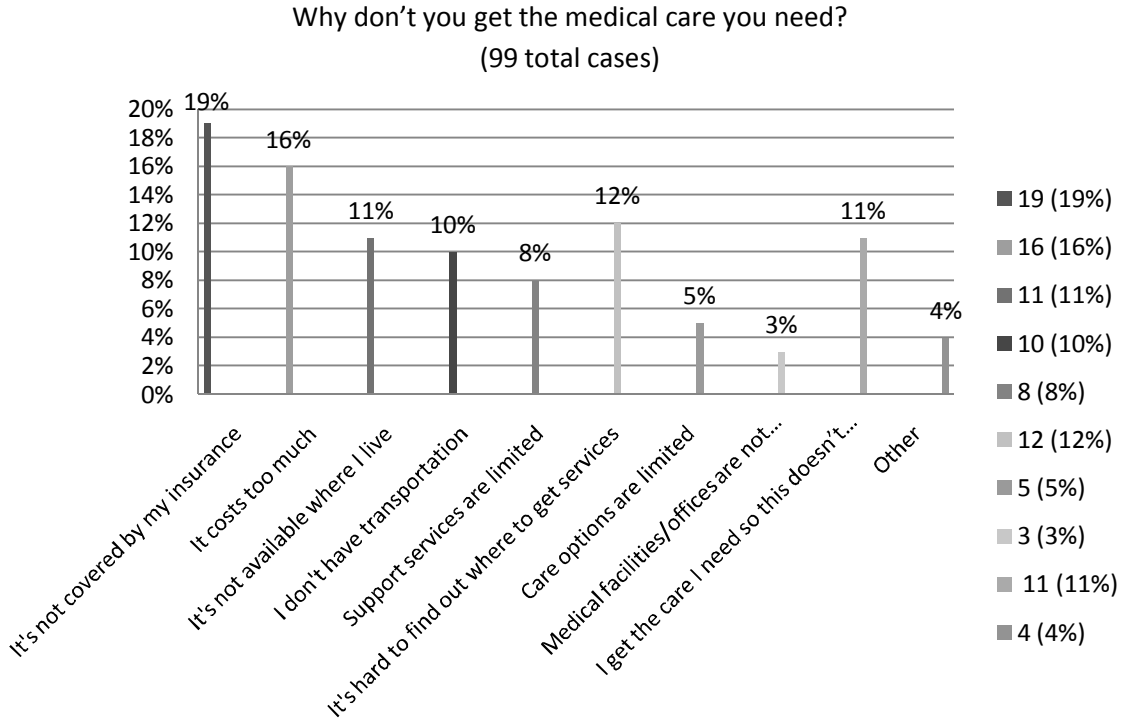
About how much of your own or your family's money is spent each month for medical expenses other than insurance?
(57 total cases)



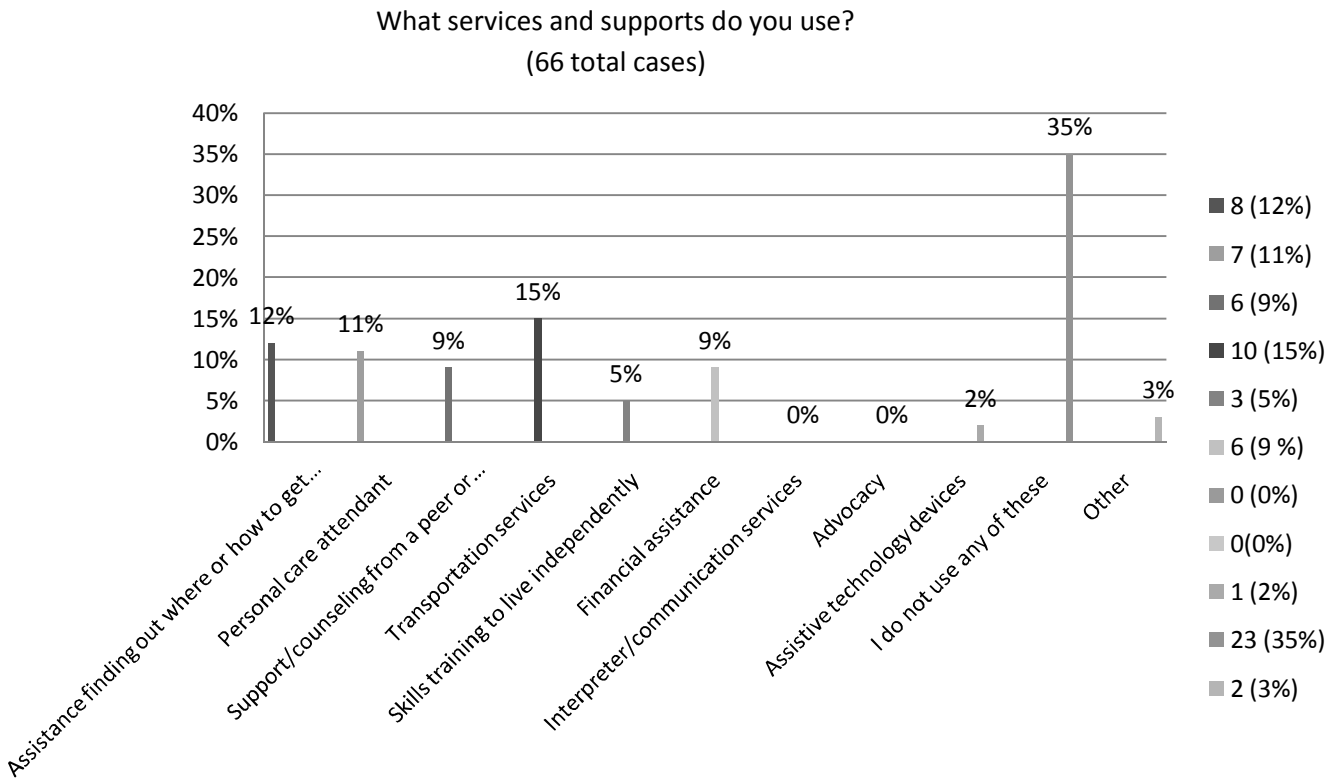

What medical services do you use on a regular basis?
(198 total cases)

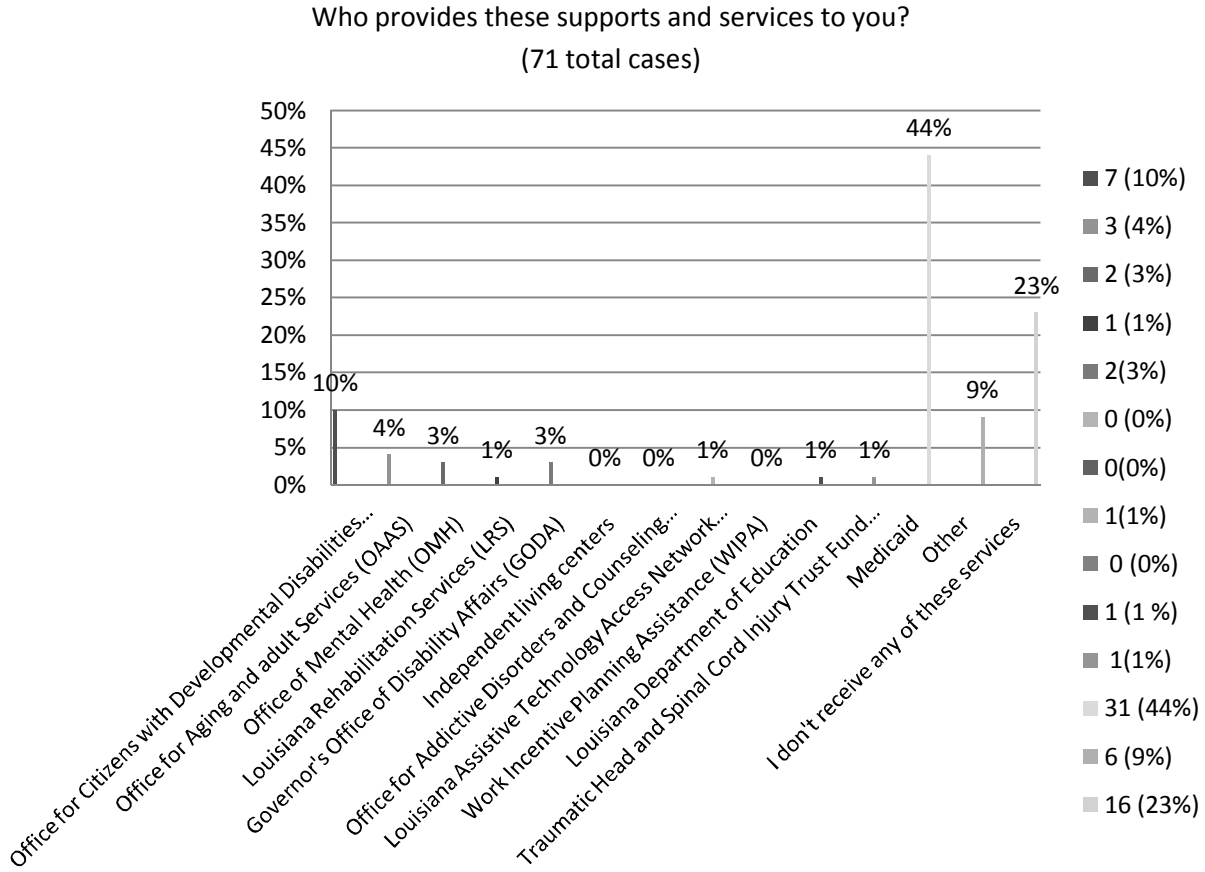


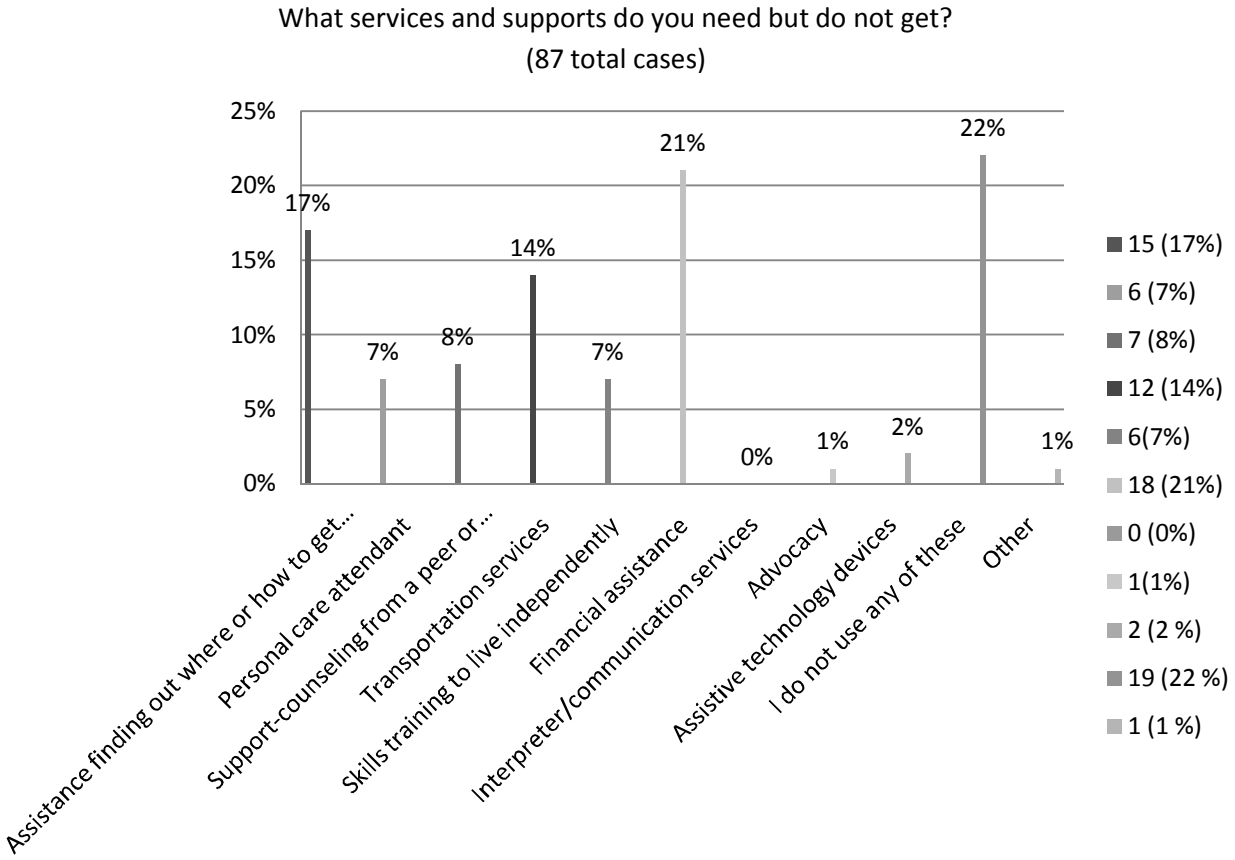

What medical services do you need but do not get?
(114 total cases)
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
4%
10%
4%
4%
6%
3%
2%
1%
4%
0%
1%
0%
8%
18%
11%
7%
4%
1%
7%
5%
Primary care doctor
Specialist doctor
Medical supplies
Prescription medications
Mental health services
Hospital care
Home health services
Emergency care
Nutrition services
Substance abuse counseling
Nursing services
Dialysis
Hearing services
Dental services
Eye/vision
Therapy services
Rehabilitation services
Orthotics
None
Other
4 (4%)
11 (10%)
5 (4%)
4(4%)
7 (6%)
3 (3%)
2 (2%)
1 (1%)
5(4%)
0 (0%)
1 (1%)
0(0%)
9 (8%)
21 (18%)
13 (11%)
8 (7%)
5 (4 %)
1 (1 %)
8 (7 %)
6 (5%)

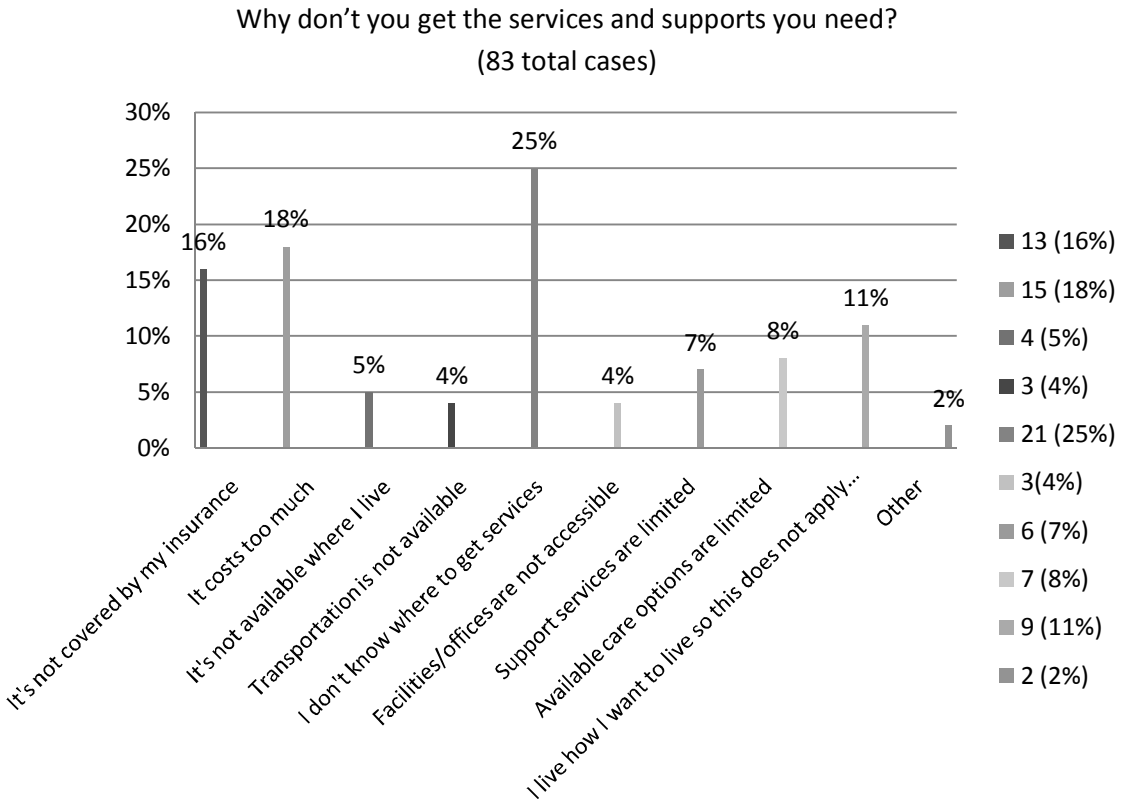

Why don't you get the medical care you need?
(99 total cases)
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
19%
16%
11%
10%
8%
12%
5%
3%
11%
4%
It's not covered by my insurance
It costs too much
It's not available where I live
I don't have transportation
Support services are limited
It's hard to find out where to get services
Care options are limited
Medical facilities/offices are not...
I get the care I need so this doesn't...
Other
19 (19%)
16 (16%)
11 (11%)
10 (10%)
8 (8%)
12 (12%)
5 (5%)
3 (3%)
11 (11%)
4 (4%)

**INDEPENDENT LIVING**

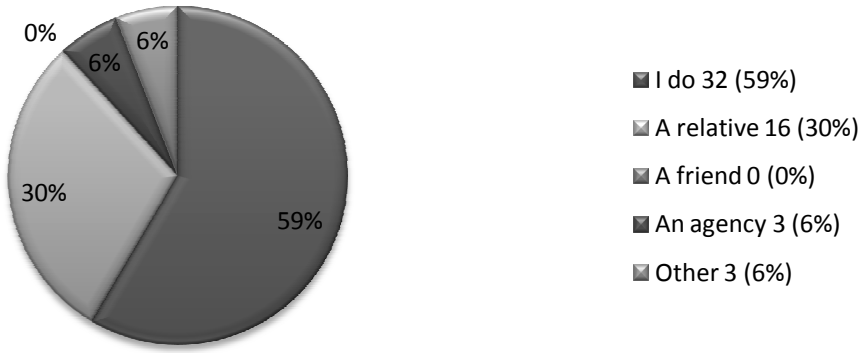


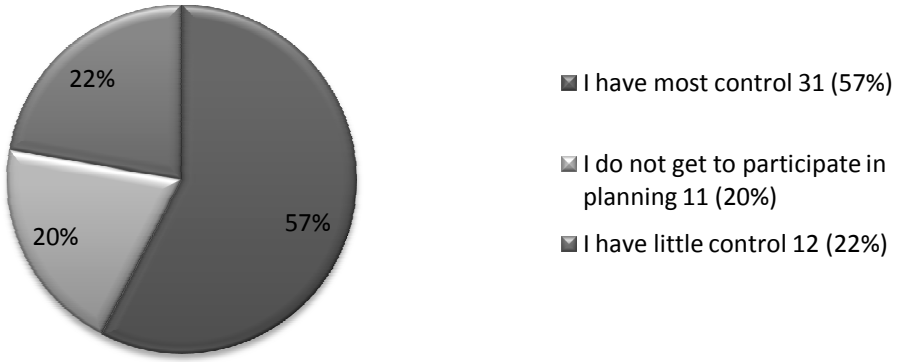

What services and supports do you need but do not get?
(87 total cases)
25%
20%
15%
10%
5%
0%
17%
7%
8%
14%
7%
21%
0%
1%
2%
22%
1%
Assistance finding out where or how to get...
Personal care attendant
Support-counseling from a peer or...
Transportation services
Skills training to live independently
Financial assistance
Interpreter/communication services
Advocacy
Assistive technology devices
I do not use any of these
Other
15 (17%)
6 (7%)
7 (8%)
12 (14%)
6(7%)
18 (21%)
0 (0%)
1(1%)
2 (2 %)
19 (22 %)
1 (1 %)


Why don't you get the services and supports you need?
(83 total cases)
30%
25%
20%
15%
10%
5%
0%
16%
18%
5%
4%
25%
4%
7%
8%
11%
2%
It's not covered by my insurance
It costs too much
It's not available where I live
Transportation is not available
I don't know where to get services
Facilities/offices are not accessible
Support services are limited
Available care options are limited
I live how I want to live so this does not apply...
Other
13 (16%)
15 (18%)
4 (5%)
3 (4%)
21 (25%)
3(4%)
6 (7%)
7 (8%)
9 (11%)
2 (2%)

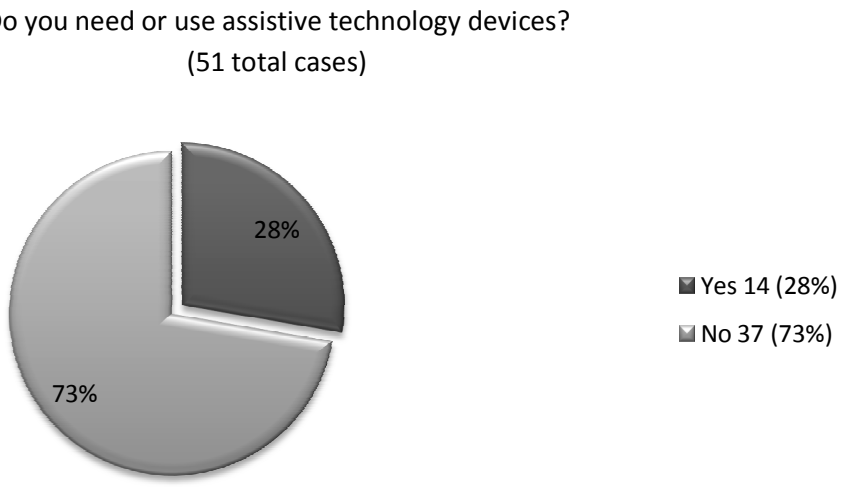
Who plans most of the care you get?
(54 total cases)

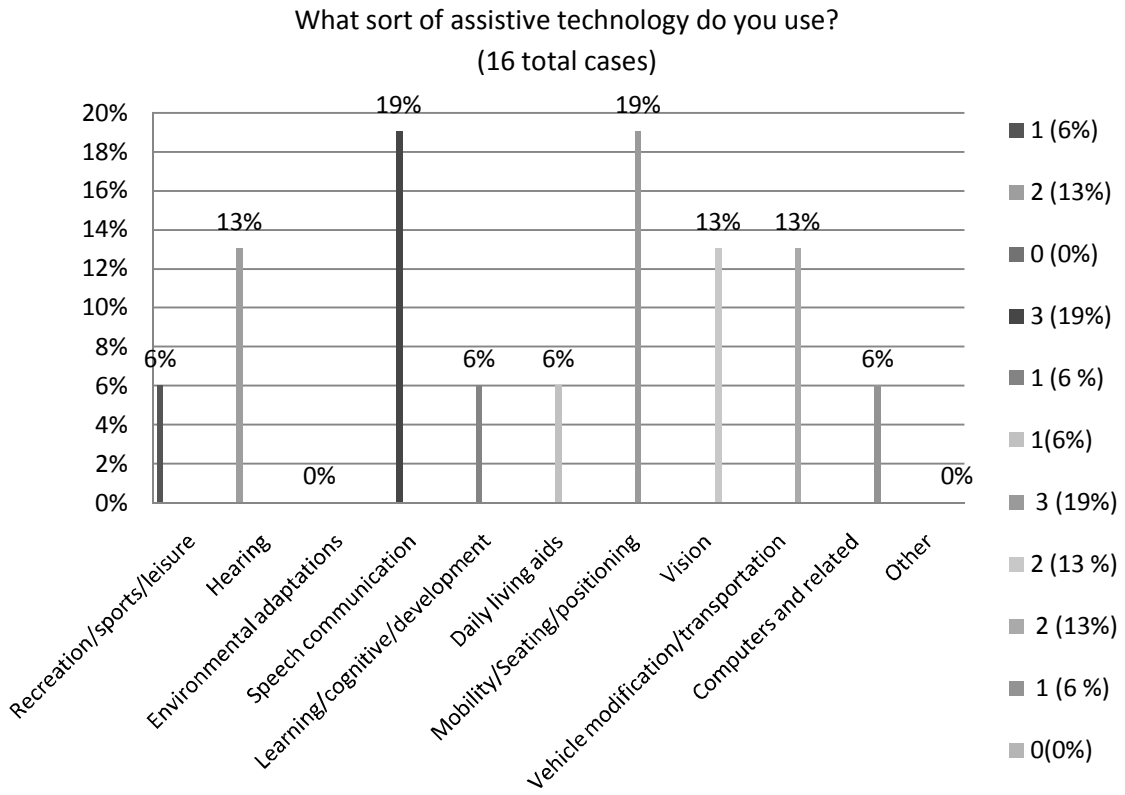


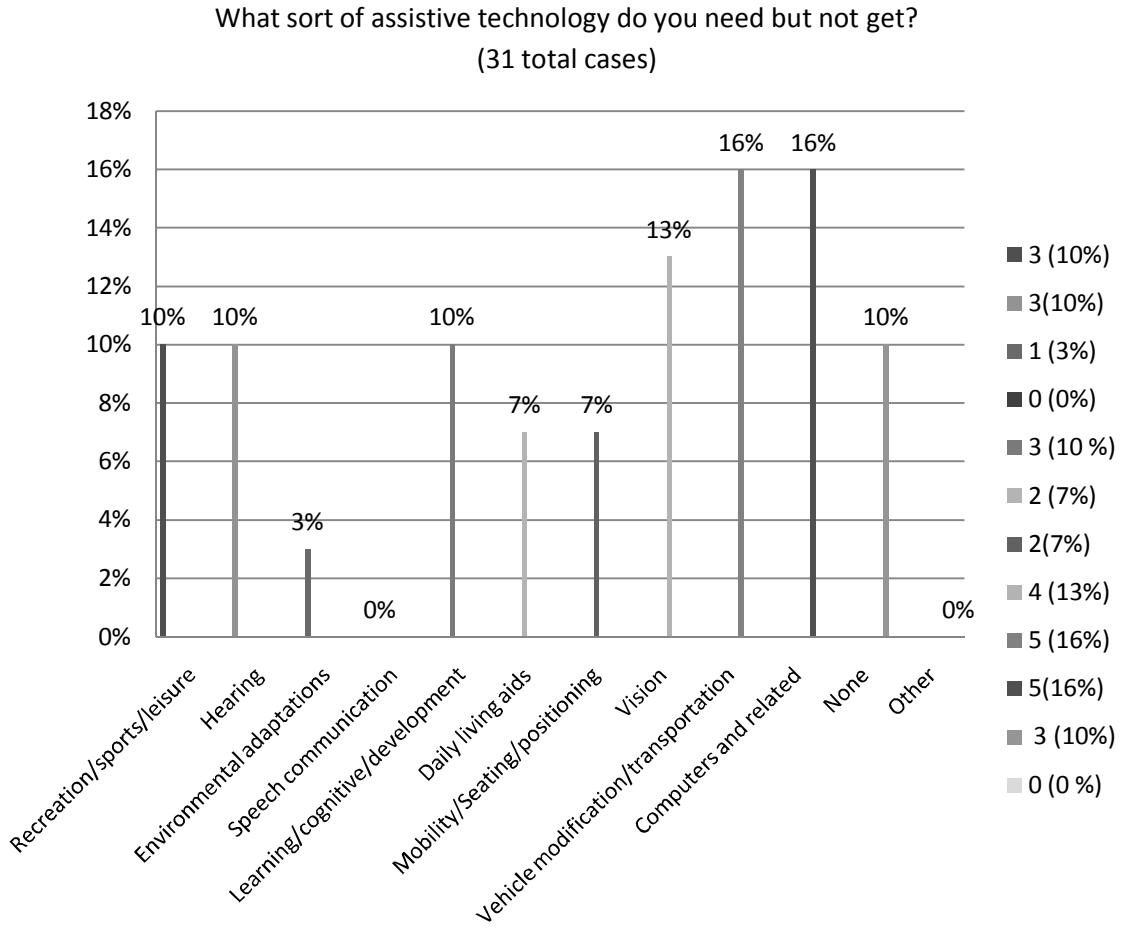

How much choice do you have when planning the services or care that you get?
(54 total cases)

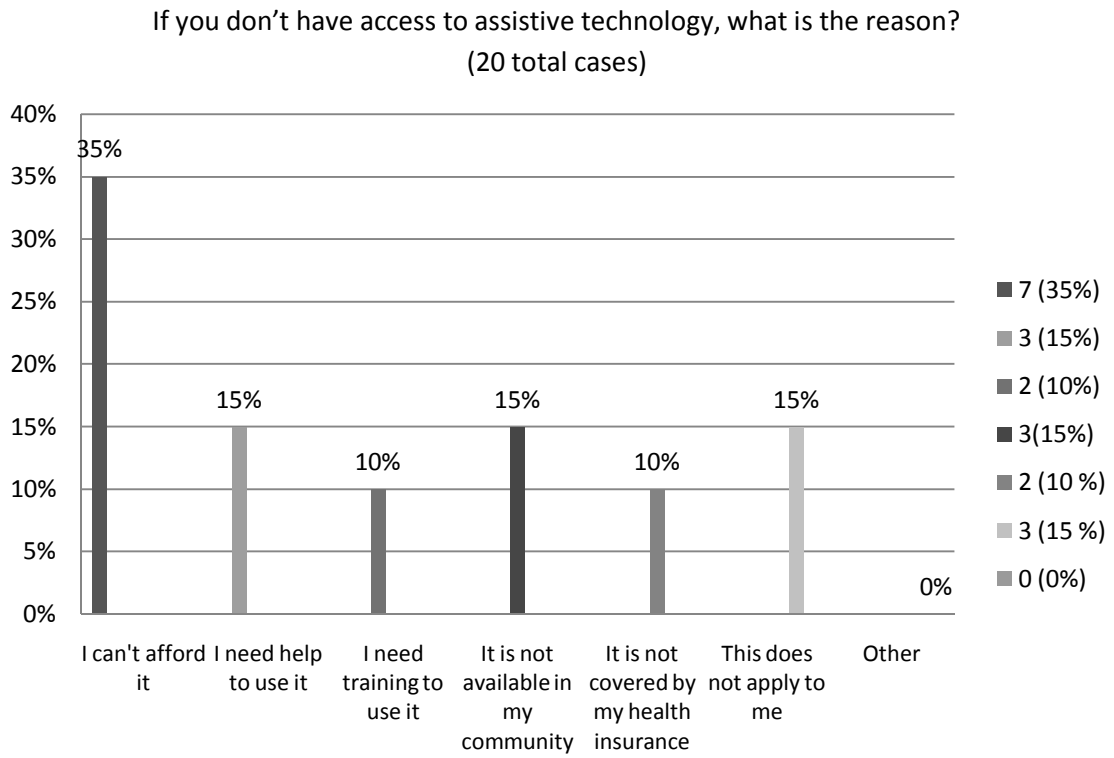


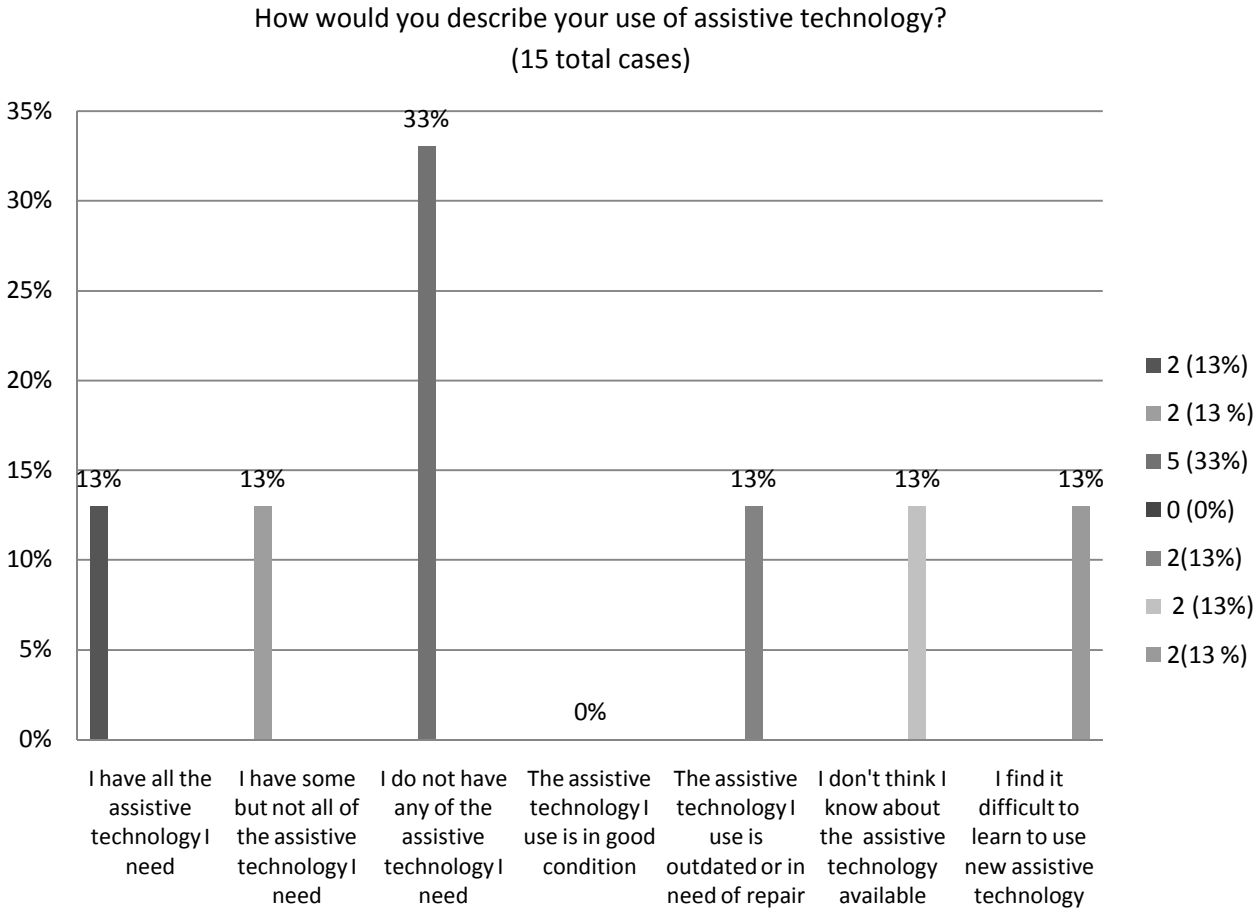
## ASSISTIVE TECHNOLOGY



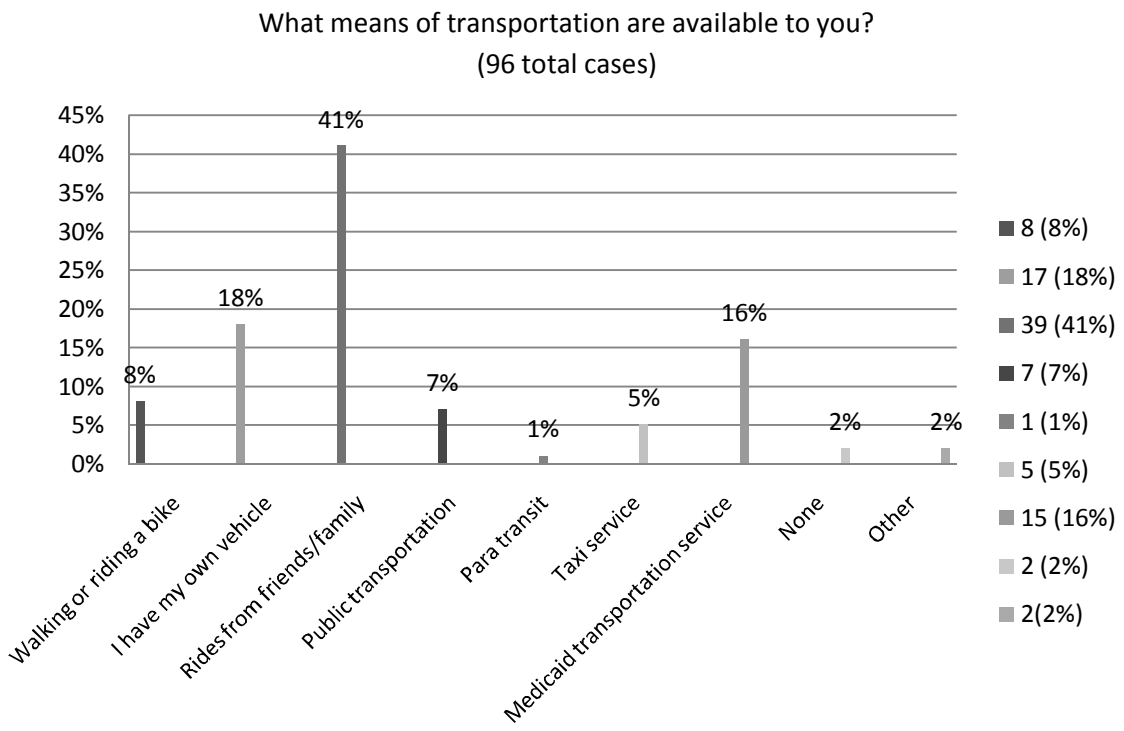



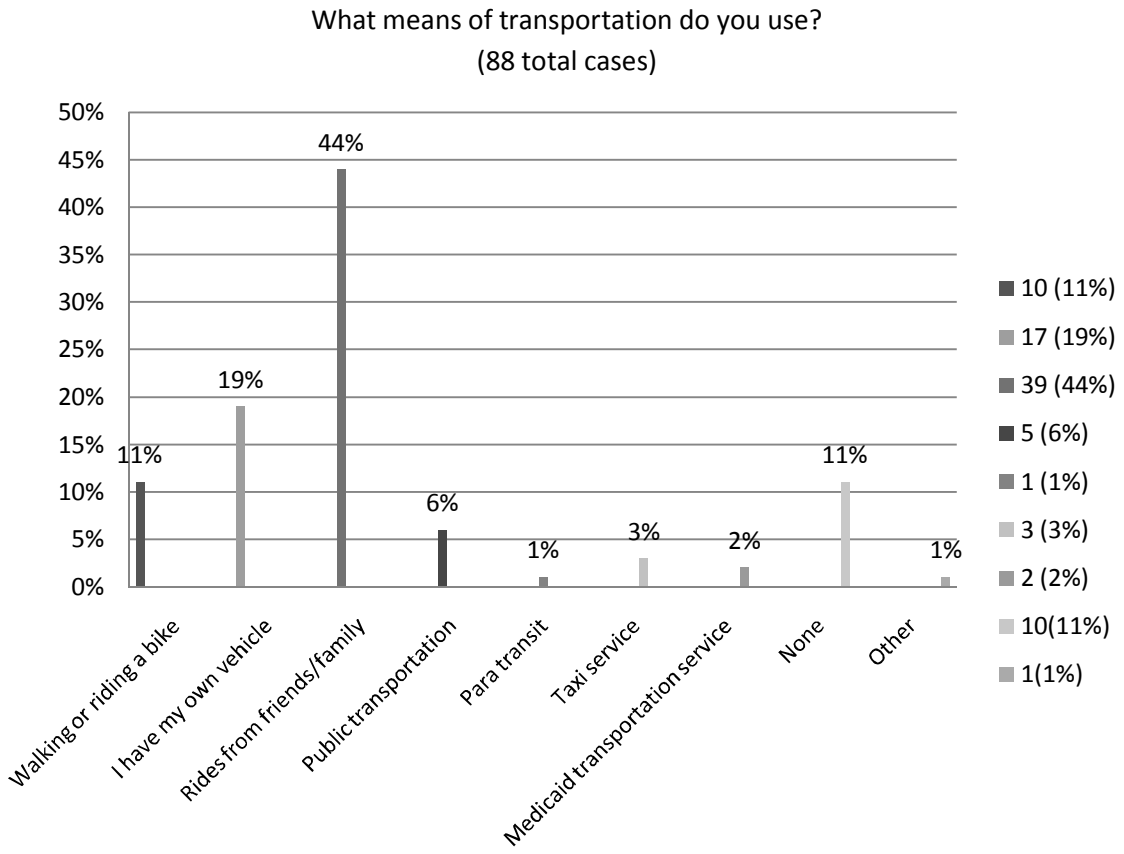

What sort of assistive technology do you need but not get?
(31 total cases)
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
10%
10%
3%
0%
10%
7%
7%
13%
16%
16%
10%
0%
Recreation/sports/leisure
Hearing
Environmental adaptations
Speech communication
Learning/cognitive/development
Daily living aids
Mobility/Seating/positioning
Vision
Vehicle modification/transportation
Computers and related
None
Other
3 (10%)
3(10%)
1 (3%)
0 (0%)
3 (10 %)
2 (7%)
2(7%)
4 (13%)
5 (16%)
5(16%)
3 (10%)
0 (0 %)

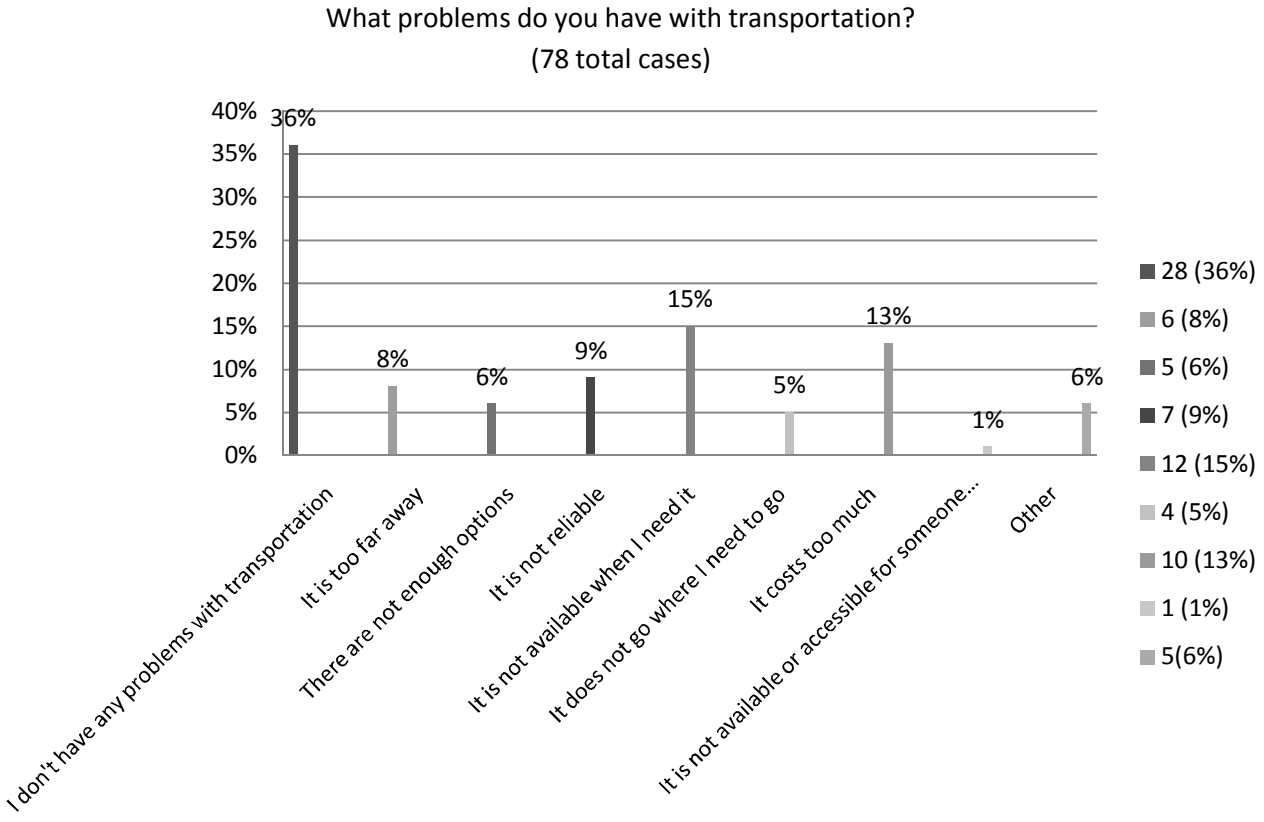

If you don't have access to assistive technology, what is the reason?
(20 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
35%
15%
10%
15%
10%
15%
0%
I can't afford it
I need help to use it
I need training to use it
It is not available in my community
It is not covered by my health insurance
This does not apply to me
Other
7 (35%)
3 (15%)
2 (10%)
3(15%)
2 (10 %)
3 (15 %)
0 (0%)

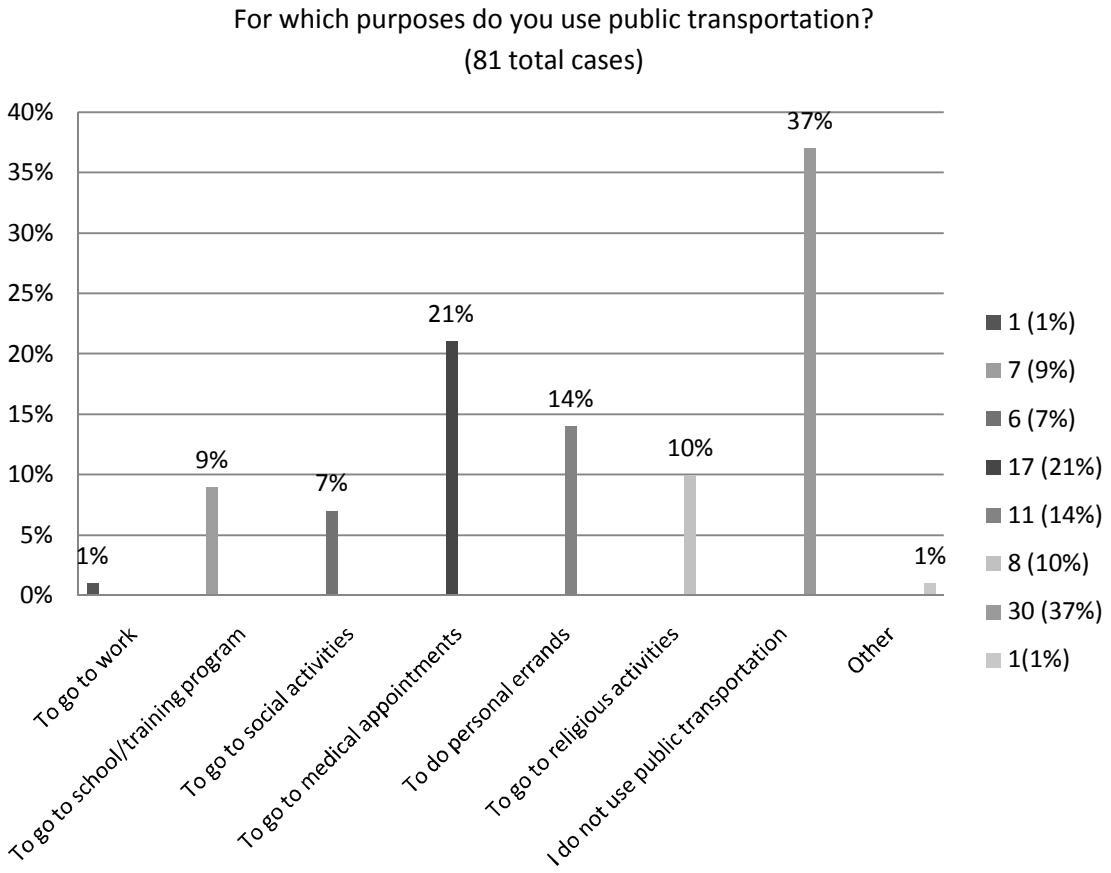

How would you describe your use of assistive technology?
(15 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
13%
13%
33%
0%
13%
13%
13%
I have all the assistive technology I need
I have some but not all of the assistive technology I need
I do not have any of the assistive technology I need
The assistive technology I use is in good condition
The assistive technology I use is outdated or in need of repair
I don't think I know about the assistive technology available
I find it difficult to learn to use new assistive technology
2 (13%)
2 (13 %)
5 (33%)
0 (0%)
2(13%)
2 (13%)
2(13 %)

**TRANSPORTATION**

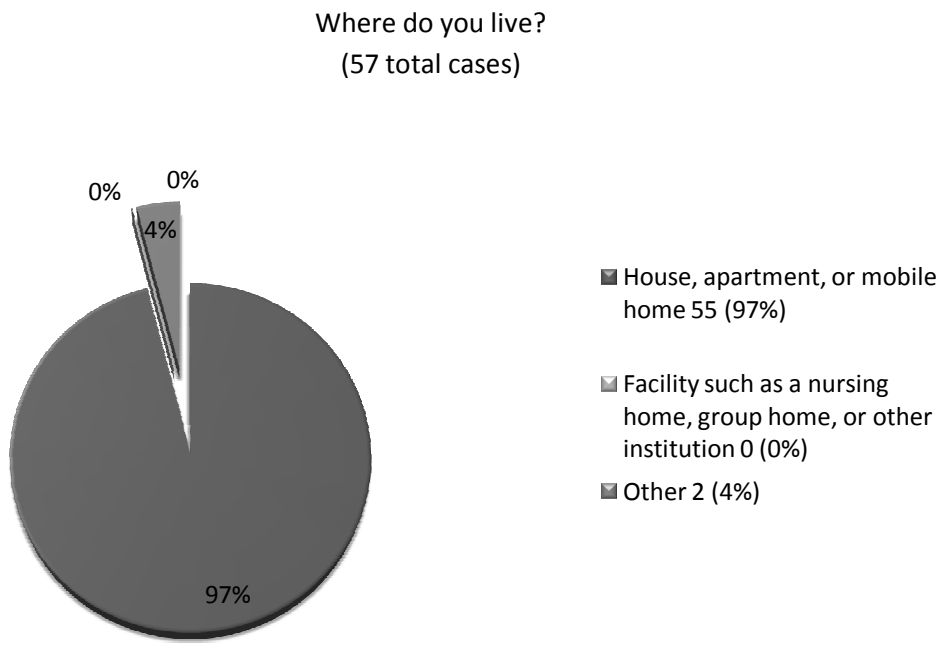


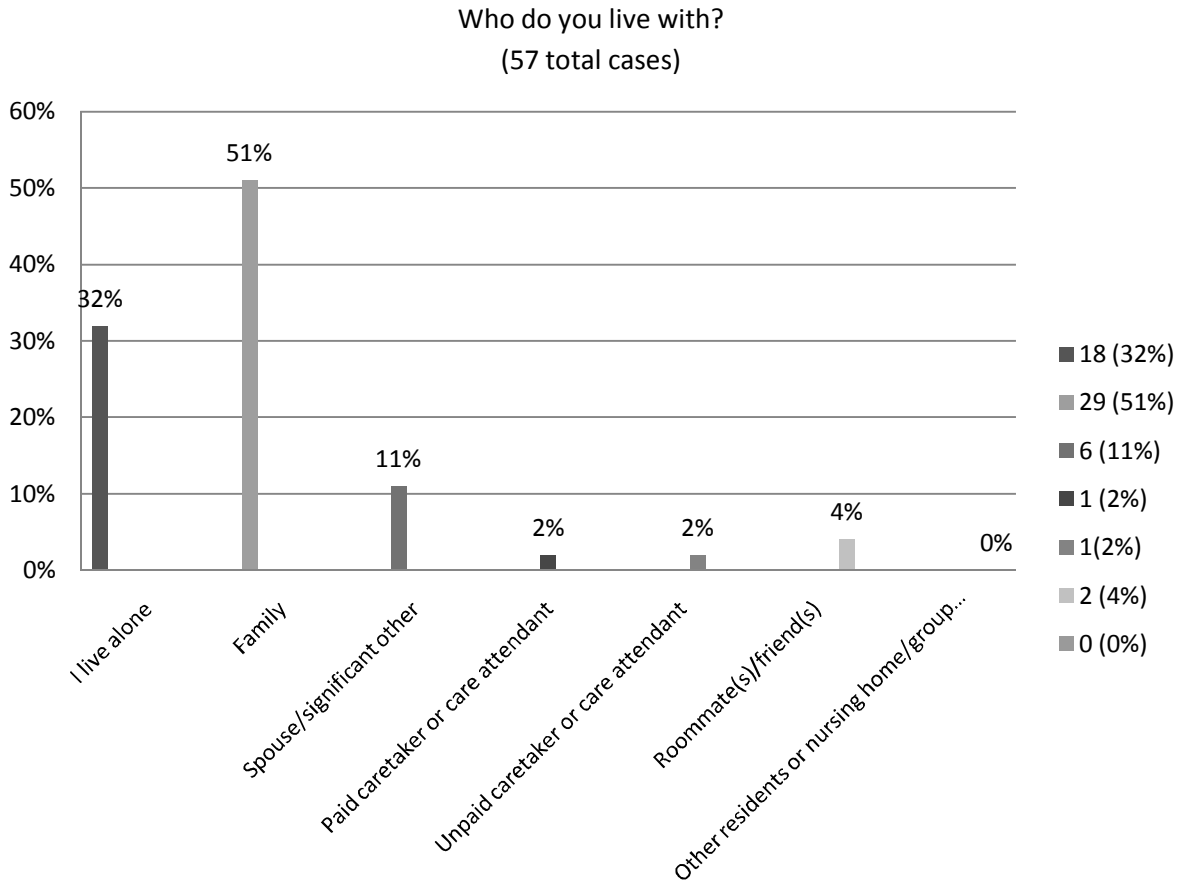




What problems do you have with transportation?
(78 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
36%
8%
6%
9%
15%
5%
13%
1%
6%
I don't have any problems with transportation
It is too far away
There are not enough options
It is not reliable
It is not available when I need it
It does not go where I need to go
It costs too much
It is not available or accessible for someone...
Other
28 (36%)
6 (8%)
5 (6%)
7 (9%)
12 (15%)
4 (5%)
10 (13%)
1 (1%)
5(6%)

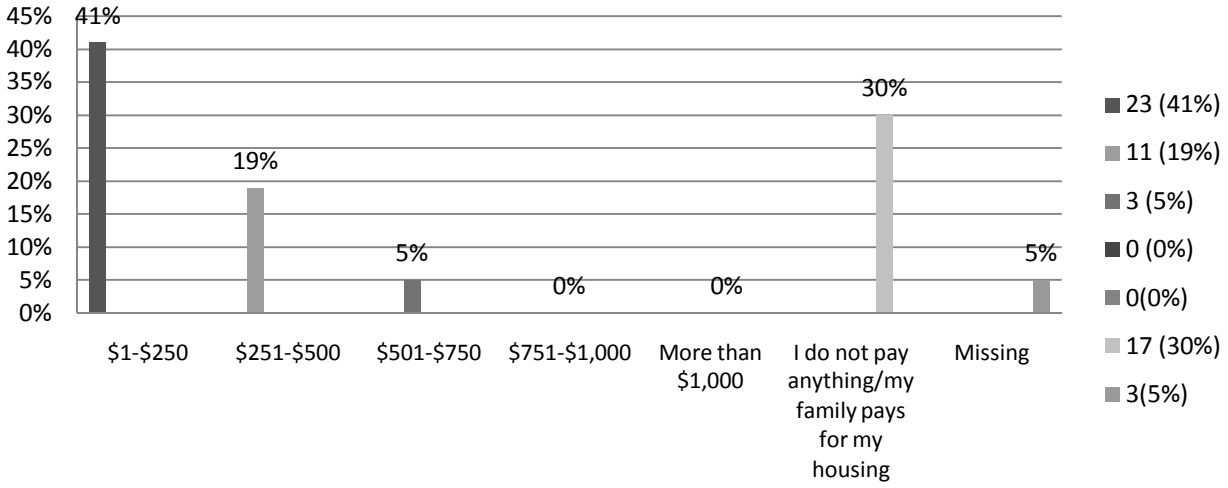

For which purposes do you use public transportation?
(81 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
1%
9%
7%
21%
14%
10%
37%
1%
To go to work
To go to school/training program
To go to social activities
To go to medical appointments
To do personal errands
To go to religious activities
I do not use public transportation
Other
1 (1%)
7 (9%)
6 (7%)
17 (21%)
11 (14%)
8 (10%)
30 (37%)
1(1%)

## HOUSING

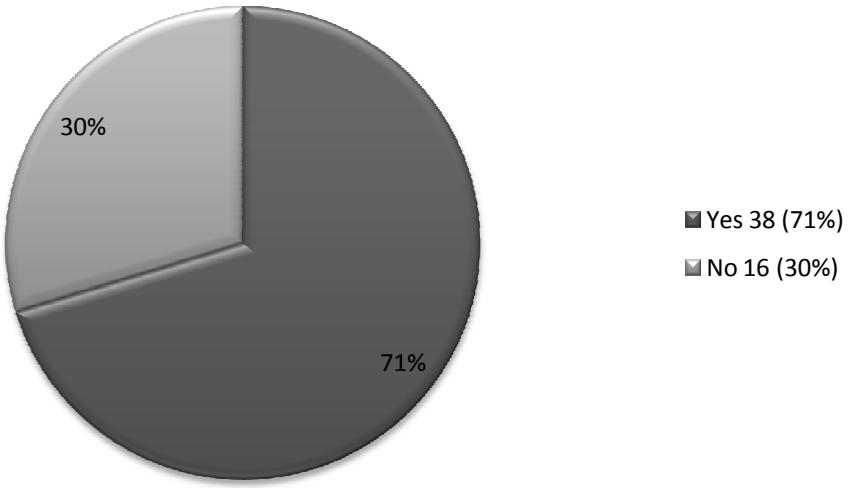

Where do you live?
(57 total cases)
0%
0%
4%
97%
House, apartment, or mobile home 55 (97%)
Facility such as a nursing home, group home, or other institution 0 (0%)
Other 2 (4%)

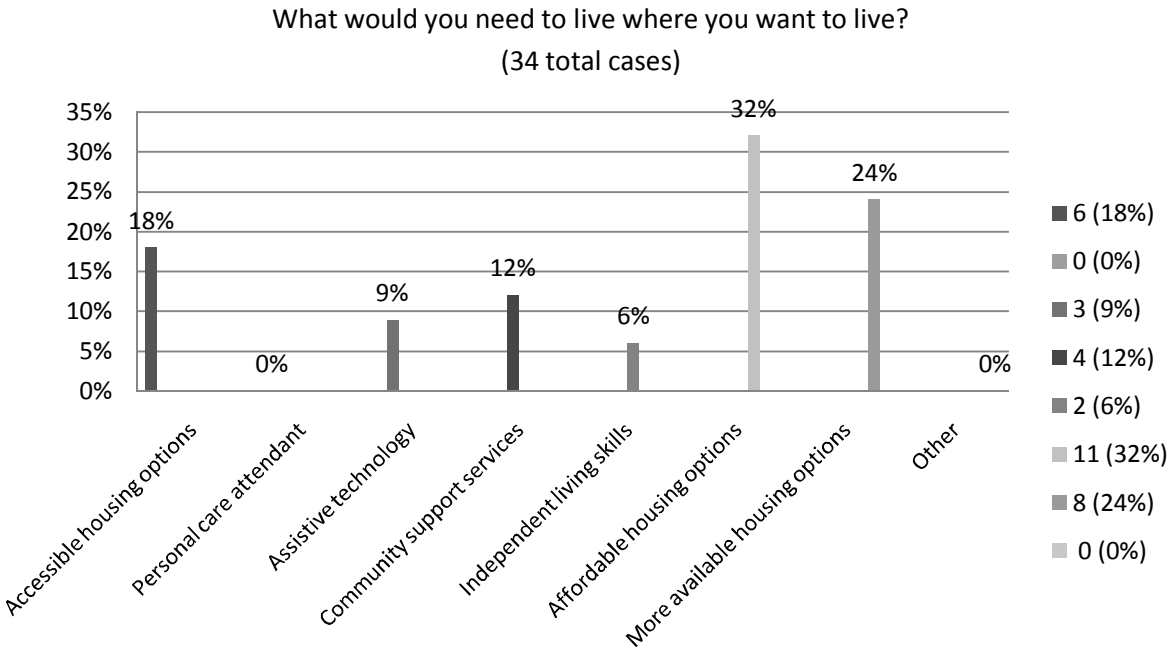

Who do you live with?
(57 total cases)
60%
50%
40%
30%
20%
10%
0%
32%
51%
11%
2%
2%
4%
0%
I live alone
Family
Spouse/significant other
Paid caretaker or care attendant
Unpaid caretaker or care attendant
Roommate(s)/friend(s)
Other residents or nursing home/group...
18 (32%)
29 (51%)
6 (11%)
1 (2%)
1(2%)
2 (4%)
0 (0%)

How much do you pay for housing each month, not including utilities?
(54 total cases)



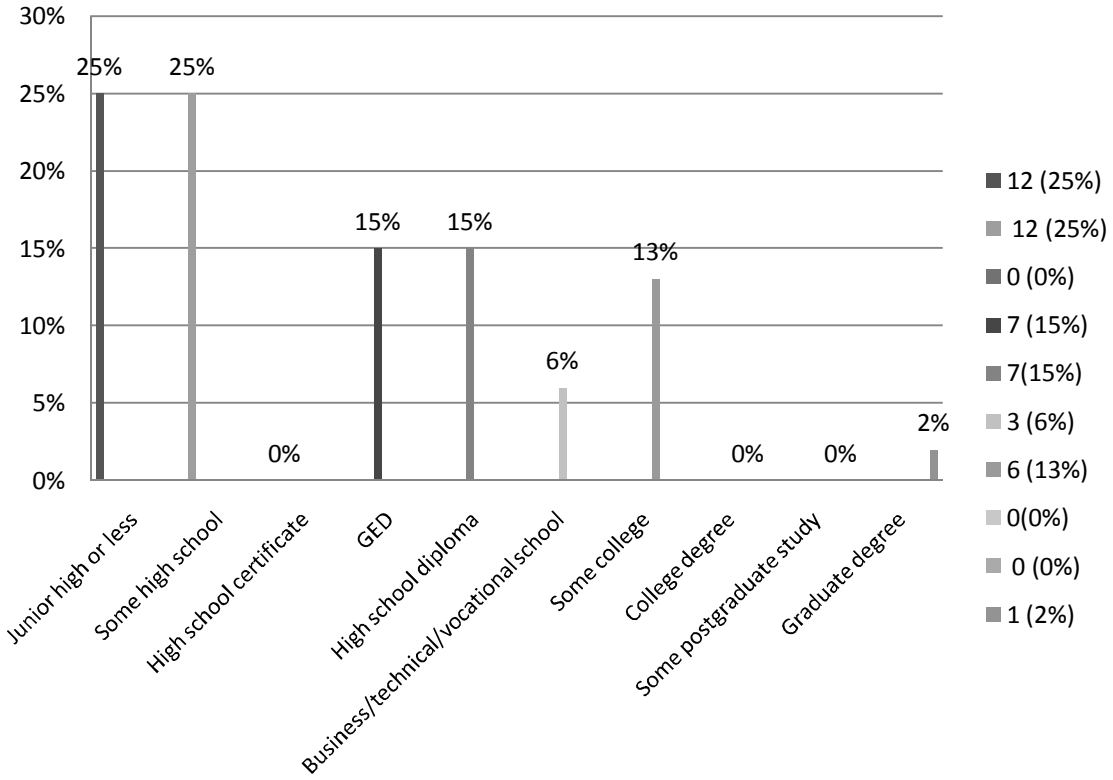

Are you currently living in your preferred living arrangement?
(54 total cases)



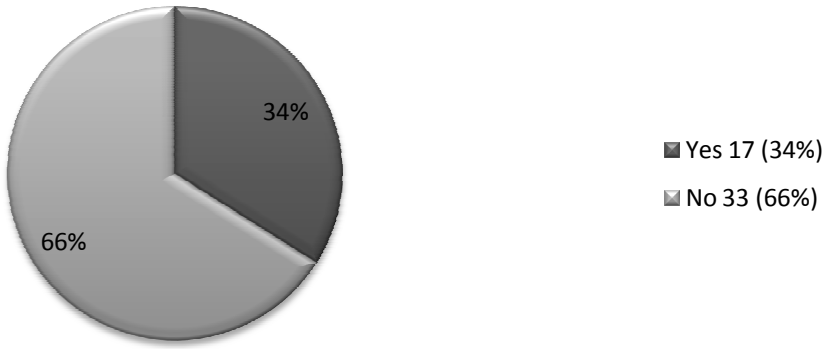

What would you need to live where you want to live?
(34 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
18%
0%
9%
12%
6%
32%
24%
0%
Accessible housing options
Personal care attendant
Assistive technology
Community support services
Independent living skills
Affordable housing options
More available housing options
Other
6 (18%)
0 (0%)
3 (9%)
4 (12%)
2 (6%)
11 (32%)
8 (24%)
0 (0%)

**EDUCATION**

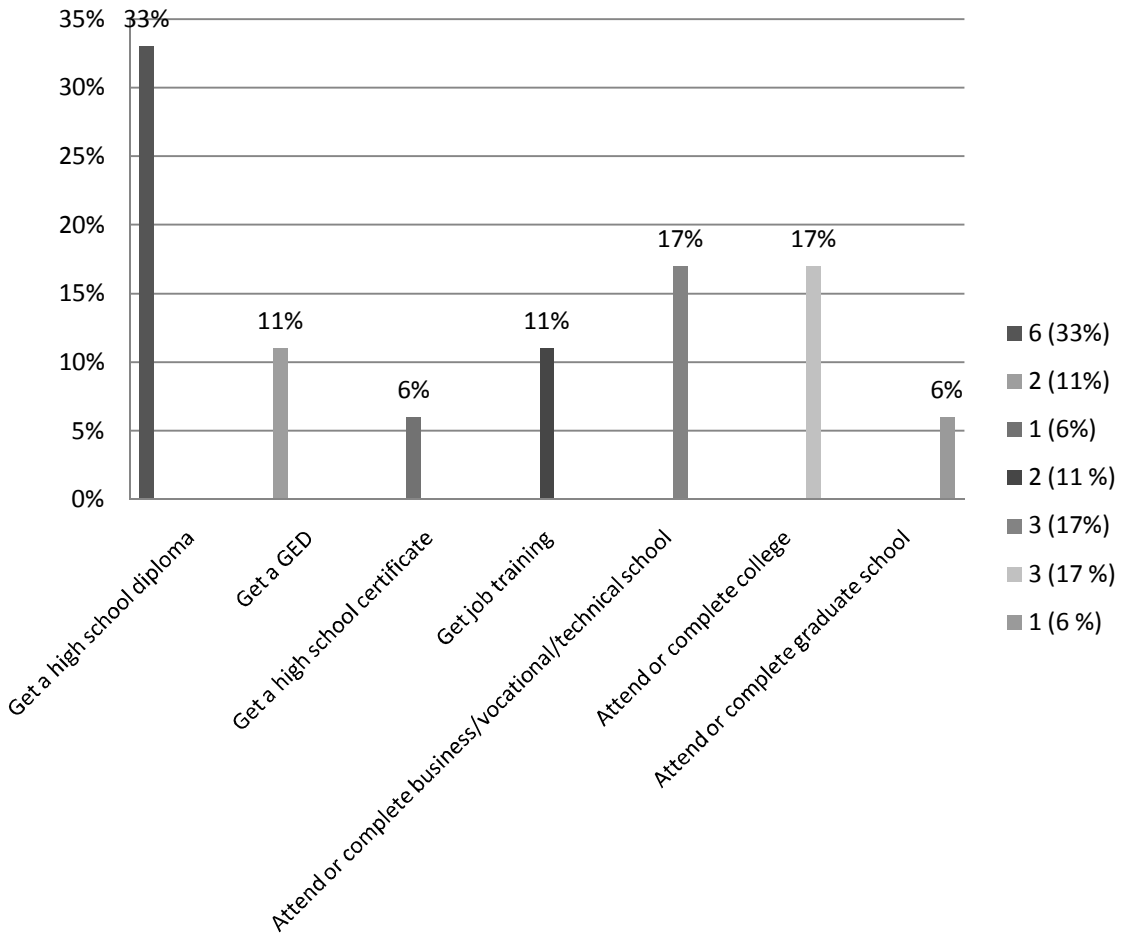
What is the highest level of education or grade level that you have completed?
(48 total cases)



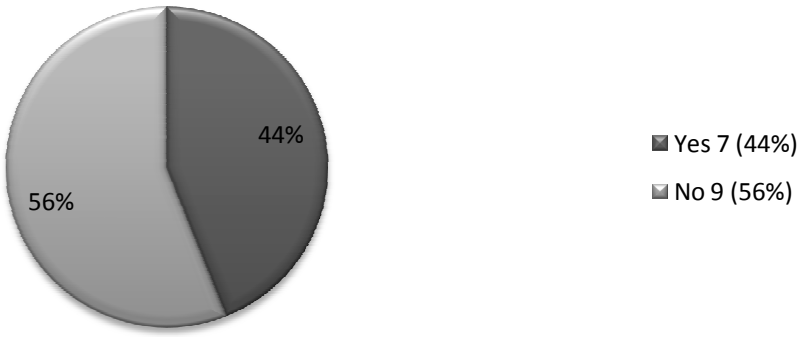

Do you want to or are you currently continuing your education?
(50 total cases)

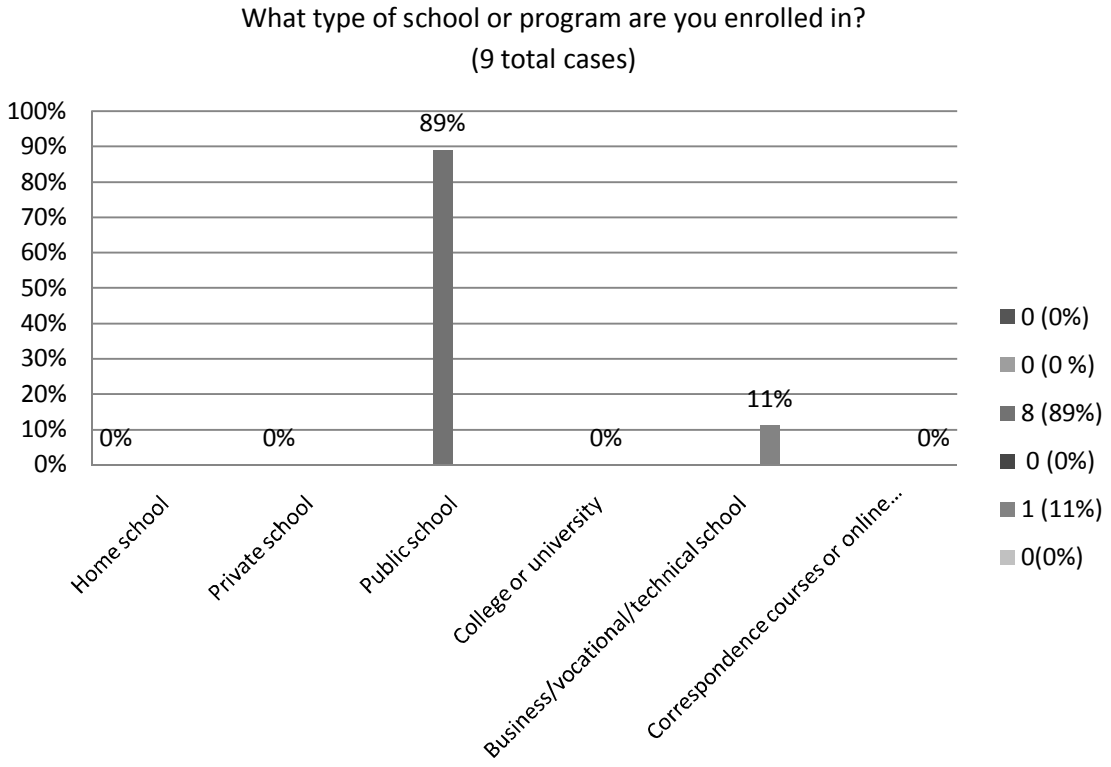


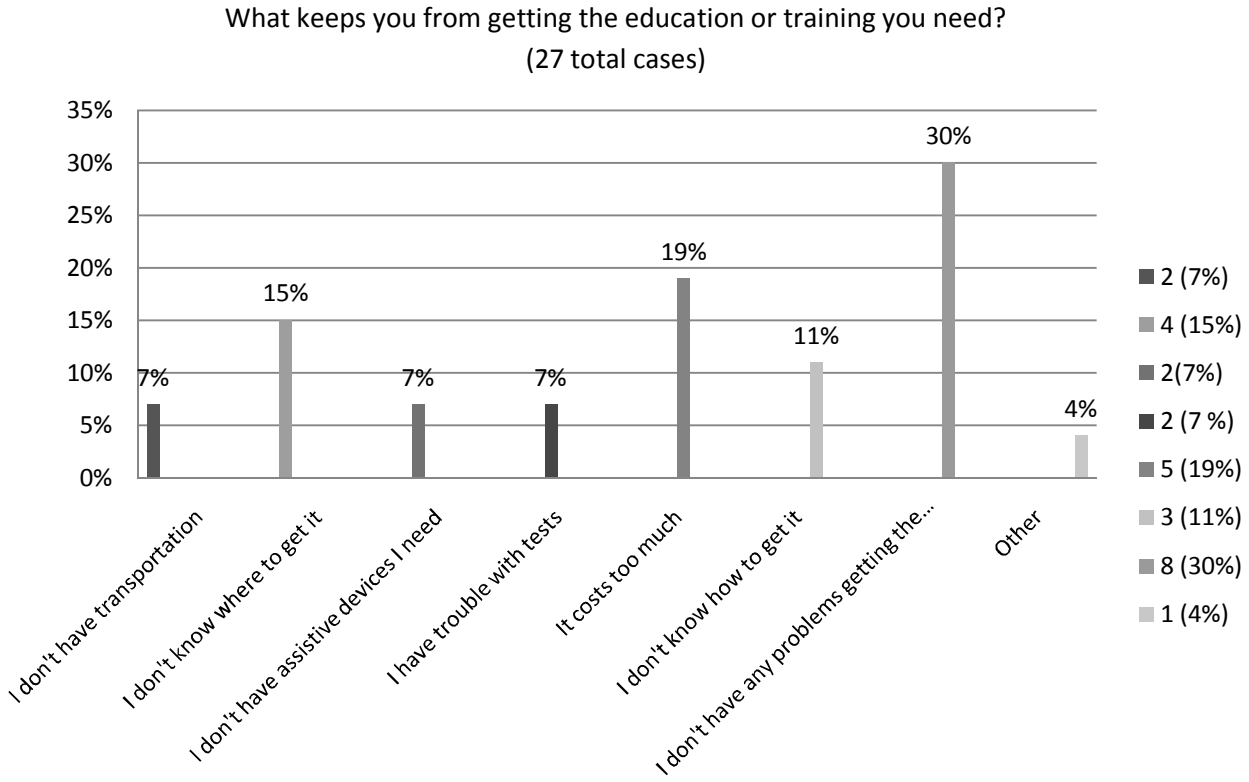
What are your current educational goals?
(18 total cases)



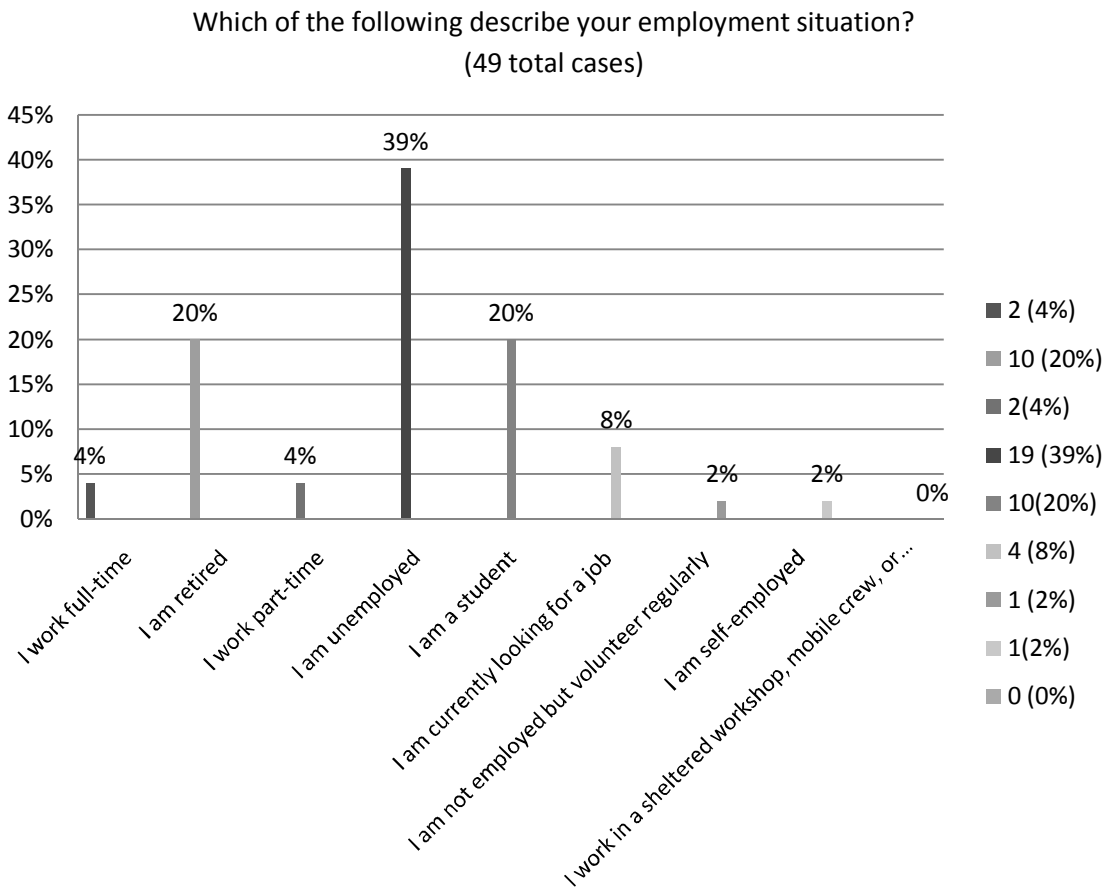

Are you currently enrolled in school or in a training program?
(16 total cases)

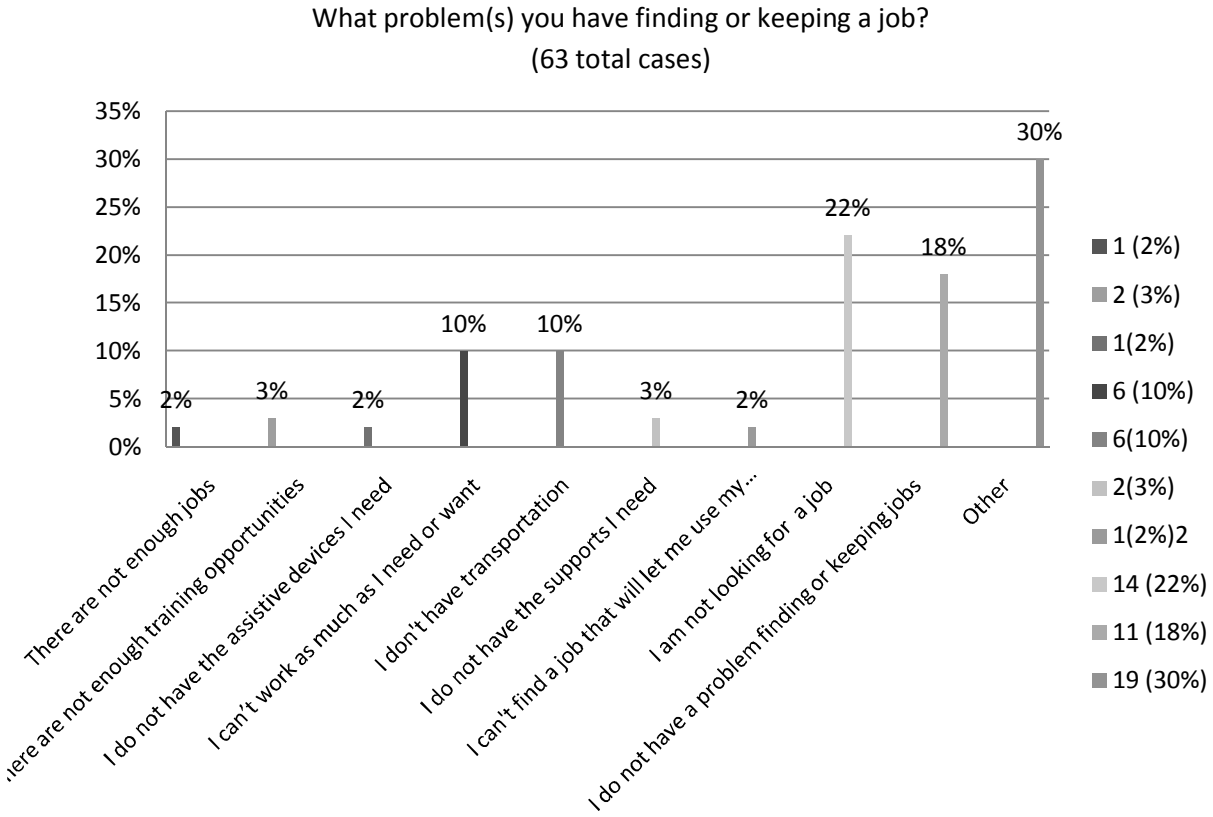



What type of school or program are you enrolled in?
(9 total cases)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0%
0%
89%
0%
11%
0%
Home school
Private school
Public school
College or university
Business/vocational/technical school
Correspondence courses or online...
0 (0%)
0 (0 %)
8 (89%)
0 (0%)
1 (11%)
0(0%)

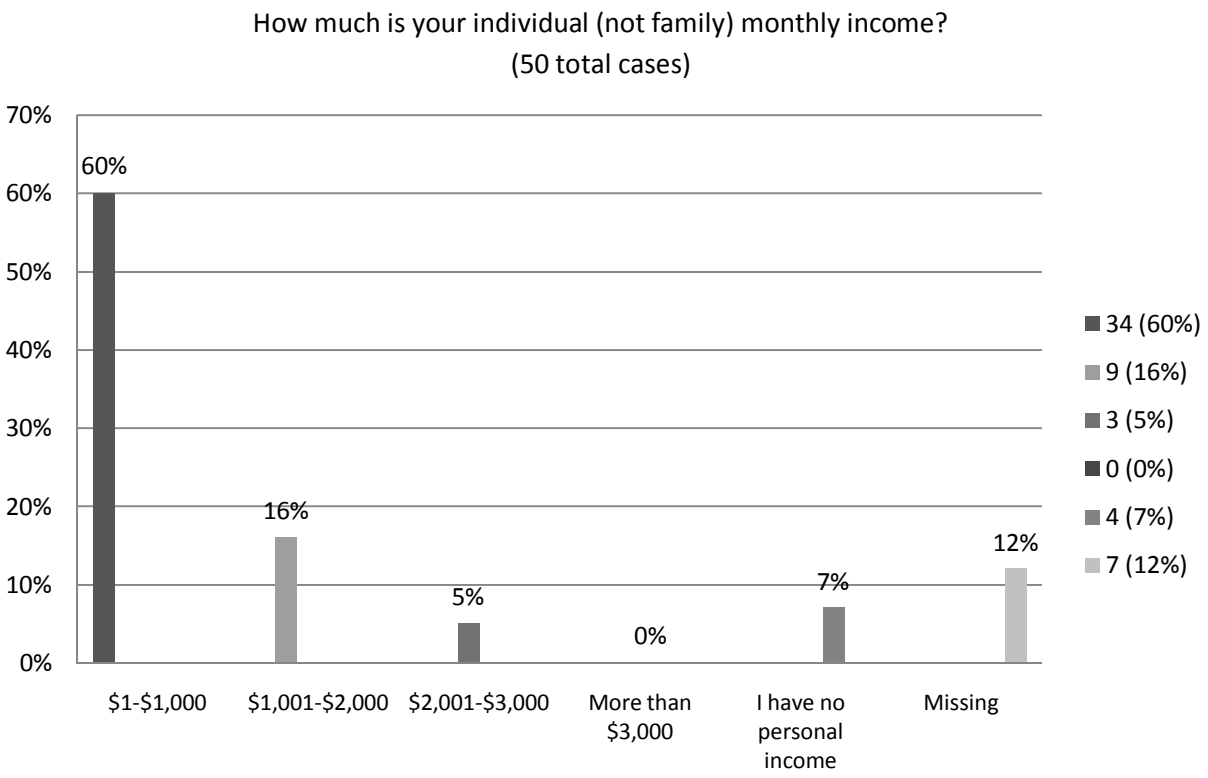

What keeps you from getting the education or training you need?
(27 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
7%
15%
7%
7%
19%
11%
30%
4%
I don't have transportation
I don't know where to get it
I don't have assistive devices I need
I have trouble with tests
It costs too much
I don't know how to get it
I don't have any problems getting the...
Other
2 (7%)
4 (15%)
2(7%)
2 (7 %)
5 (19%)
3 (11%)
8 (30%)
1 (4%)

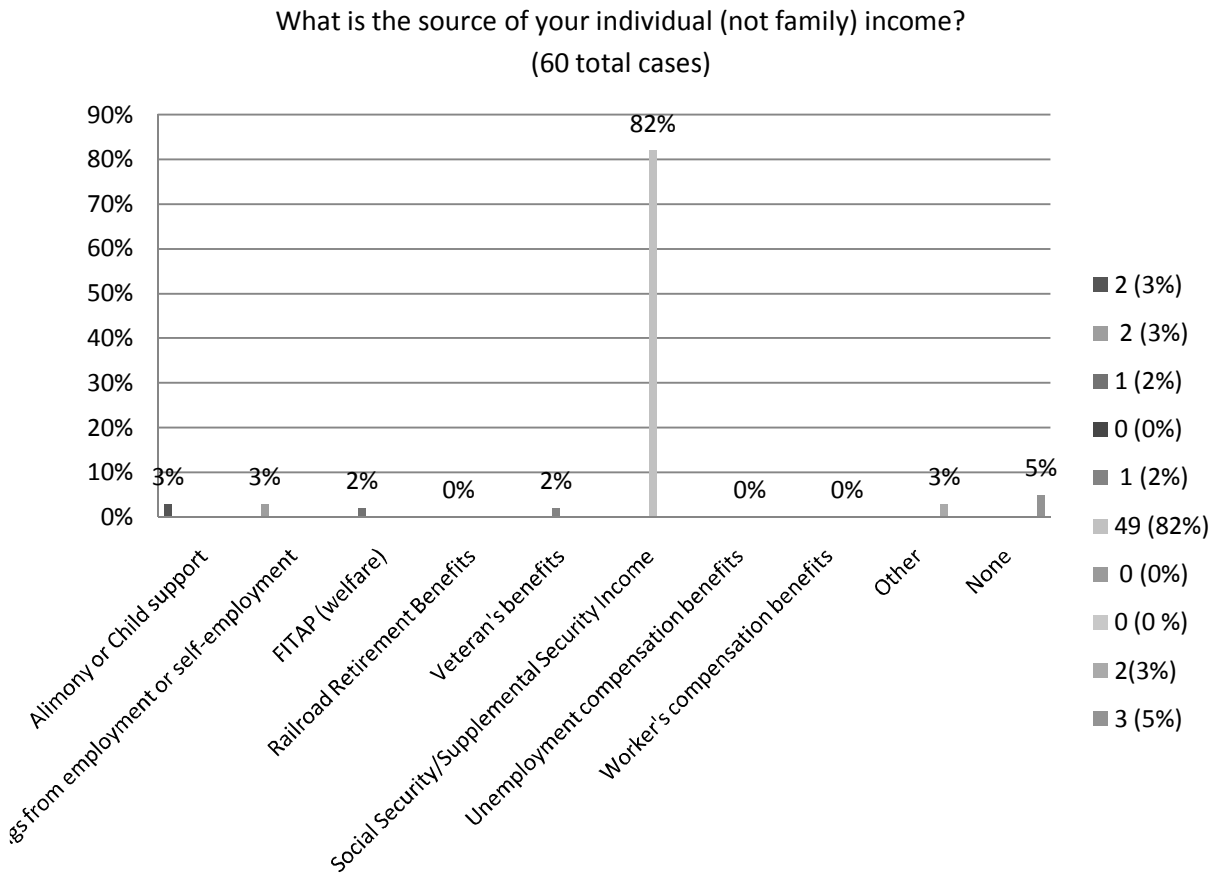
**EMPLOYMENT**

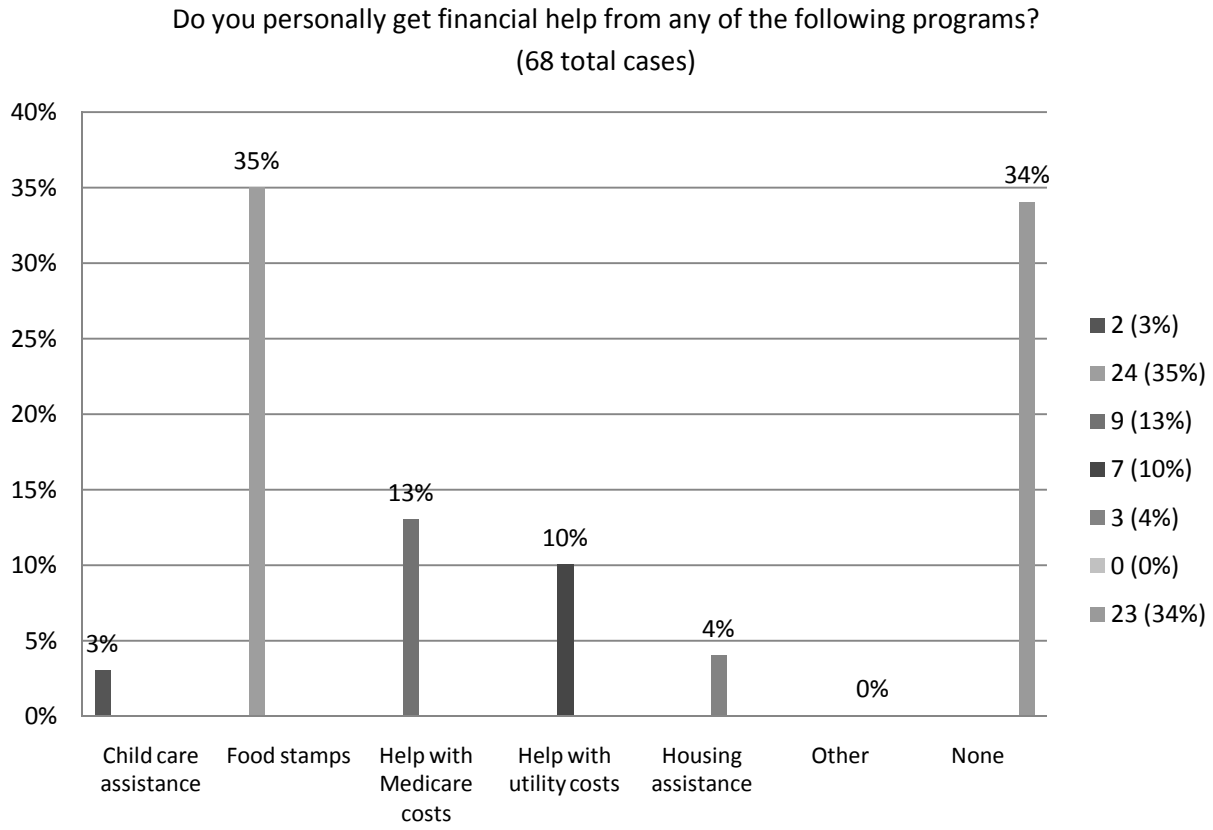

Which of the following describe your employment situation?
(49 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
4%
20%
4%
39%
20%
8%
2%
2%
0%
I work full-time
I am retired
I work part-time
I am unemployed
I am a student
I am currently looking for a job
I am not employed but volunteer regularly
I am self-employed
I work in a sheltered workshop, mobile crew, or ...
2 (4%)
10 (20%)
2(4%)
19 (39%)
10(20%)
4 (8%)
1 (2%)
1(2%)
0 (0%)

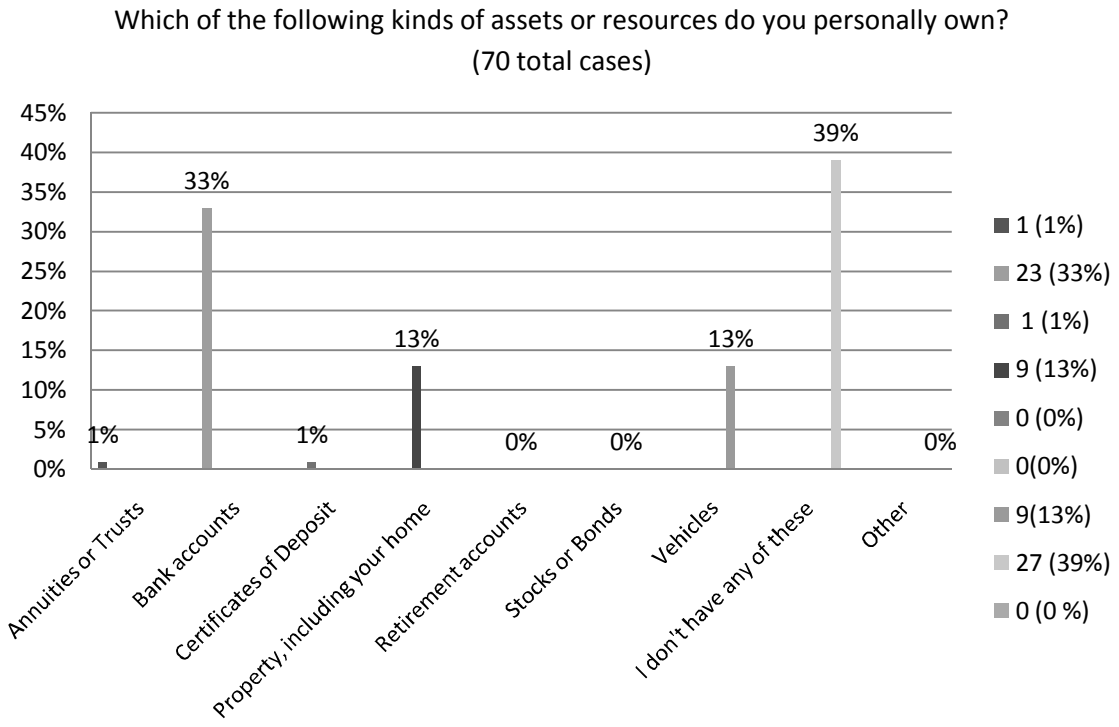

What problem(s) you have finding or keeping a job?
(63 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
2%
3%
2%
10%
10%
3%
2%
22%
18%
30%
There are not enough jobs
ere are not enough training opportunities
I do not have the assistive devices I need
I can't work as much as I need or want
I don't have transportation
I do not have the supports I need
I can't find a job that will let me use my...
I am not looking for a job
I do not have a problem finding or keeping jobs
Other
1 (2%)
2 (3%)
1(2%)
6 (10%)
6(10%)
2(3%)
1(2%)2
14 (22%)
11 (18%)
19 (30%)

**FINANCES**

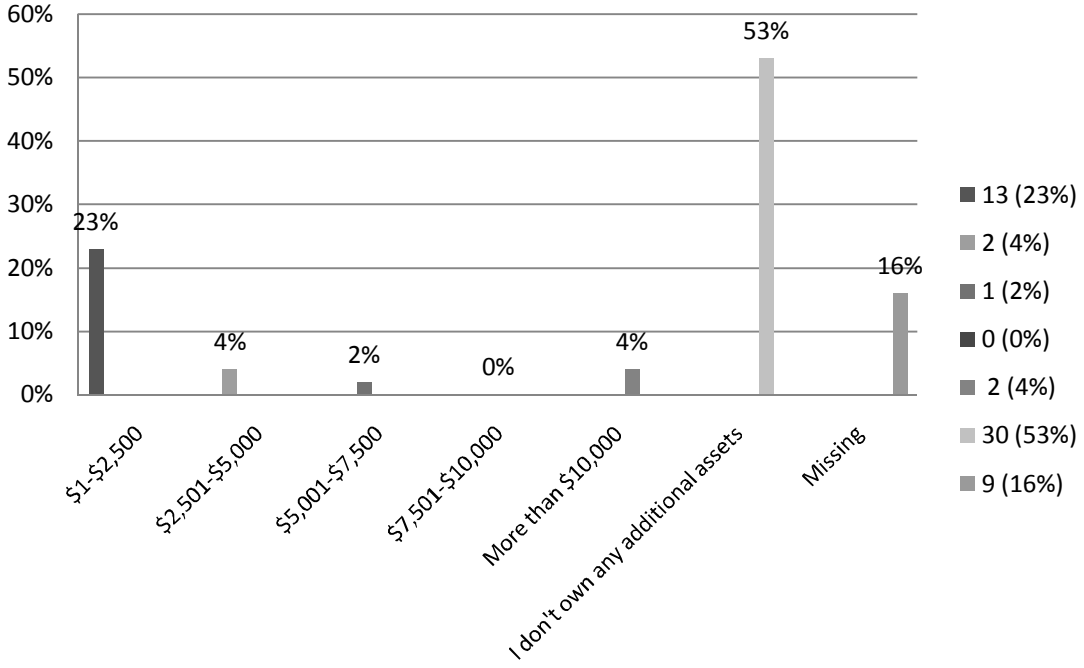

How much is your individual (not family) monthly income?
(50 total cases)
70%
60%
50%
40%
30%
20%
10%
0%
60%
16%
5%
0%
7%
12%
$1-$1,000
$1,001-$2,000
$2,001-$3,000
More than $3,000
I have no personal income
Missing
34 (60%)
9 (16%)
3 (5%)
0 (0%)
4 (7%)
7 (12%)


What is the source of your individual (not family) income?
(60 total cases)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
3%
3%
2%
0%
2%
82%
0%
0%
3%
5%
Alimony or Child support
gs from employment or self-employment
FITAP (welfare)
Railroad Retirement Benefits
Veteran's benefits
Social Security/Supplemental Security Income
Unemployment compensation benefits
Worker's compensation benefits
Other
None
2 (3%)
2 (3%)
1 (2%)
0 (0%)
1 (2%)
49 (82%)
0 (0%)
0 (0 %)
2(3%)
3 (5%)

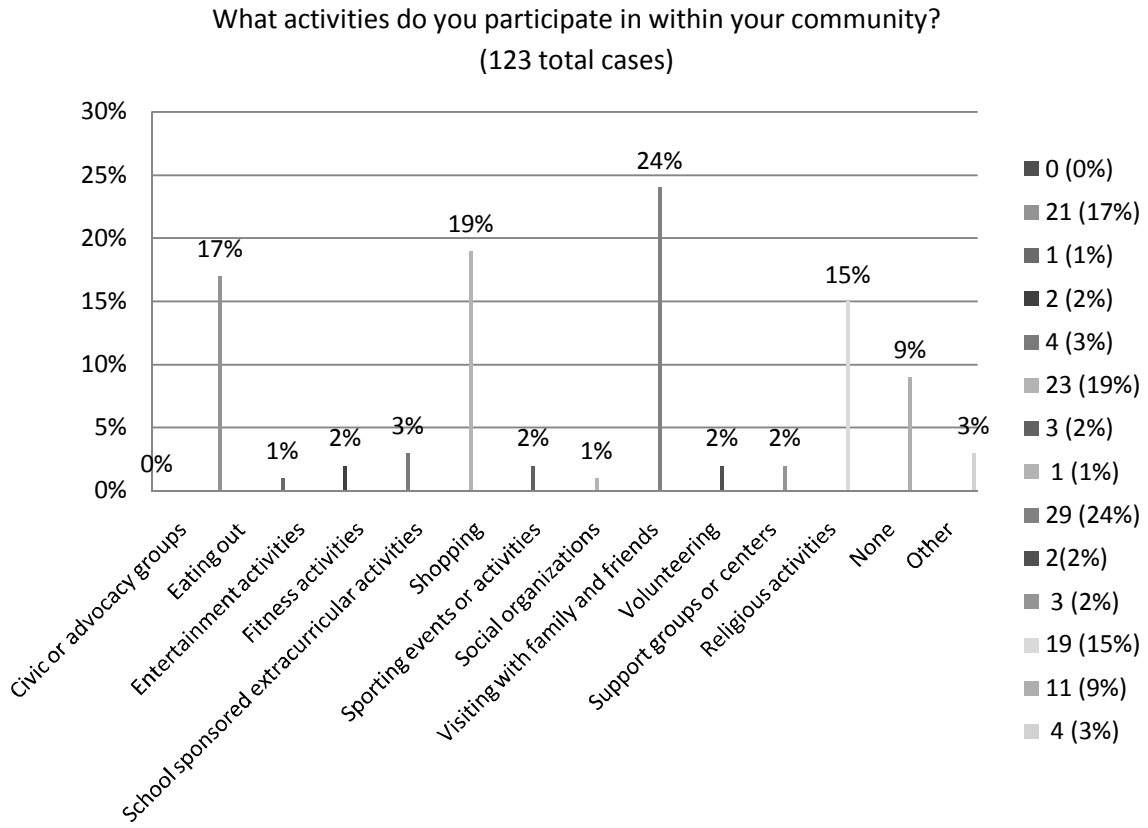

Do you personally get financial help from any of the following programs?
(68 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
3%
35%
13%
10%
4%
0%
34%
Child care assistance
Food stamps
Help with Medicare costs
Help with utility costs
Housing assistance
Other
None
2 (3%)
24 (35%)
9 (13%)
7 (10%)
3 (4%)
0 (0%)
23 (34%)

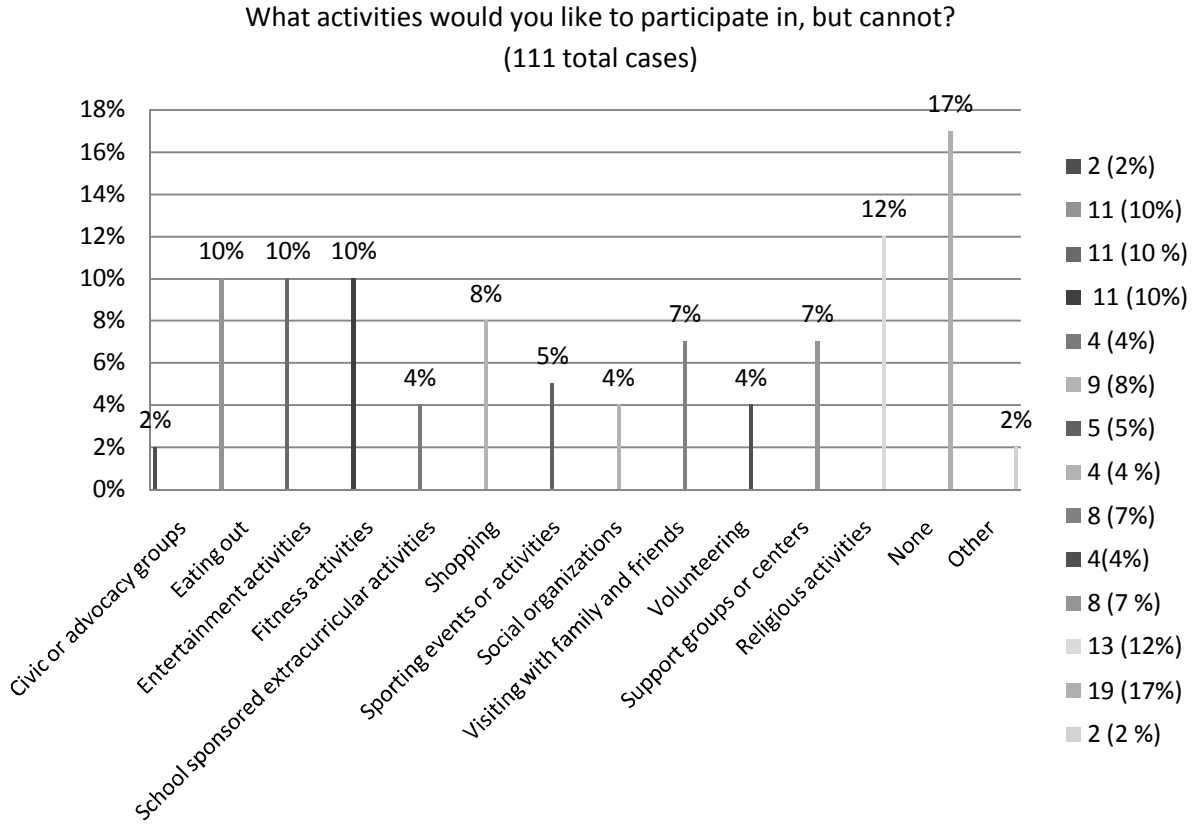

Which of the following kinds of assets or resources do you personally own?
(70 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1%
33%
1%
13%
0%
0%
13%
39%
0%
Annuities or Trusts
Bank accounts
Certificates of Deposit
Property, including your home
Retirement accounts
Stocks or Bonds
Vehicles
I don't have any of these
Other
1 (1%)
23 (33%)
1 (1%)
9 (13%)
0 (0%)
0(0%)
9(13%)
27 (39%)
0 (0 %)

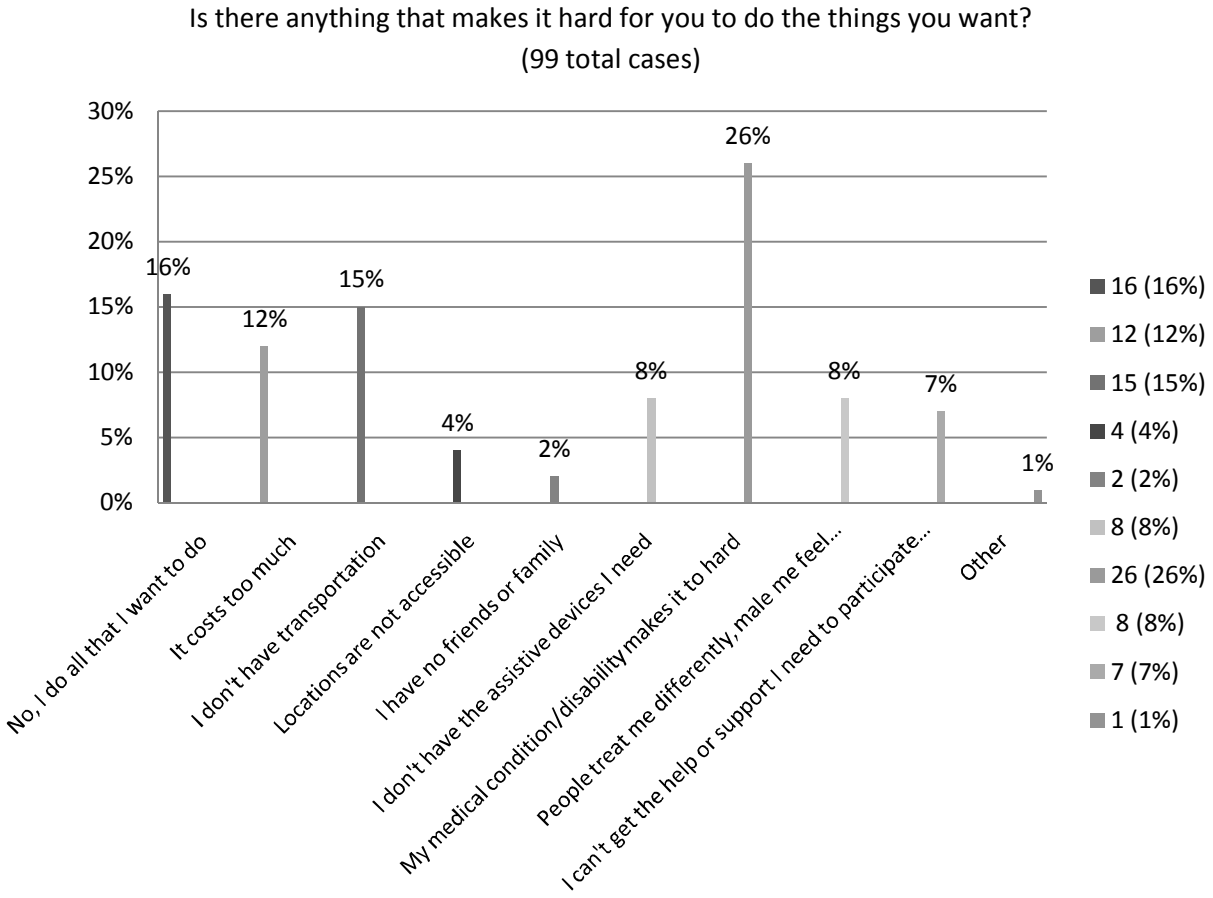
How much are your personal resources worth, other than your home or vehicle?
(48 total cases)



## COMMUNITY INVOLVEMENT

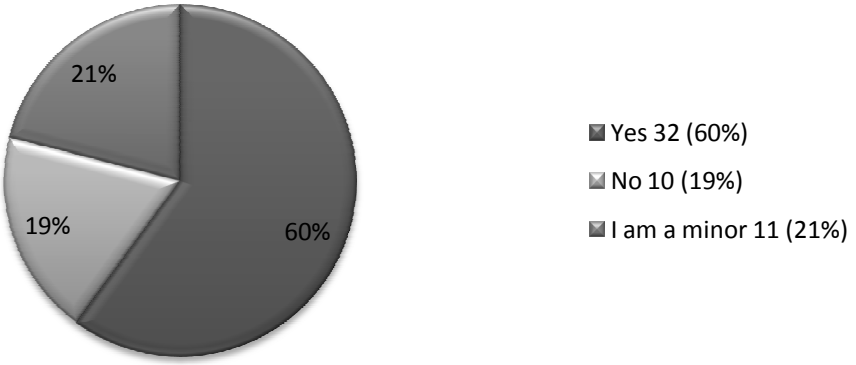


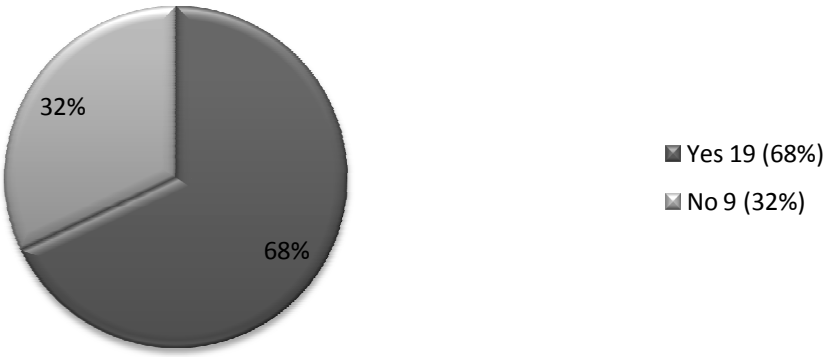

Is there anything that makes it hard for you to do the things you want?
(99 total cases)
30%
25%
20%
15%
10%
5%
0%
16%
12%
15%
4%
2%
8%
26%
8%
7%
1%
No, I do all that I want to do
It costs too much
I don't have transportation
Locations are not accessible
I have no friends or family
I don't have the assistive devices I need
My medical condition/disability makes it to hard
People treat me differently, male me feel...
I can't get the help or support I need to participate...
Other
16 (16%)
12 (12%)
15 (15%)
4 (4%)
2 (2%)
8 (8%)
26 (26%)
8 (8%)
7 (7%)
1 (1%)

**CIVIC INVOLVEMENT**

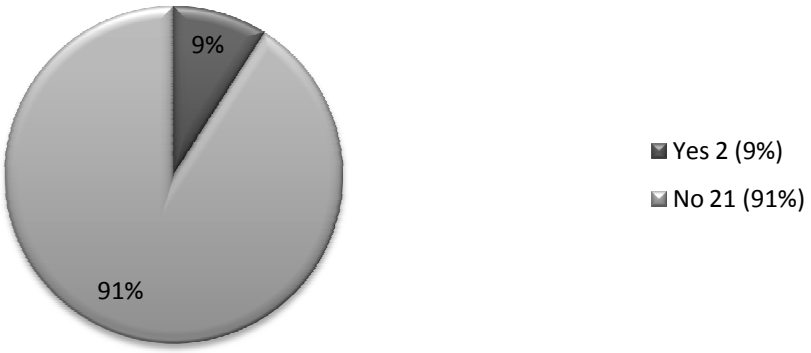
Are you registered to vote?
(53 total cases)



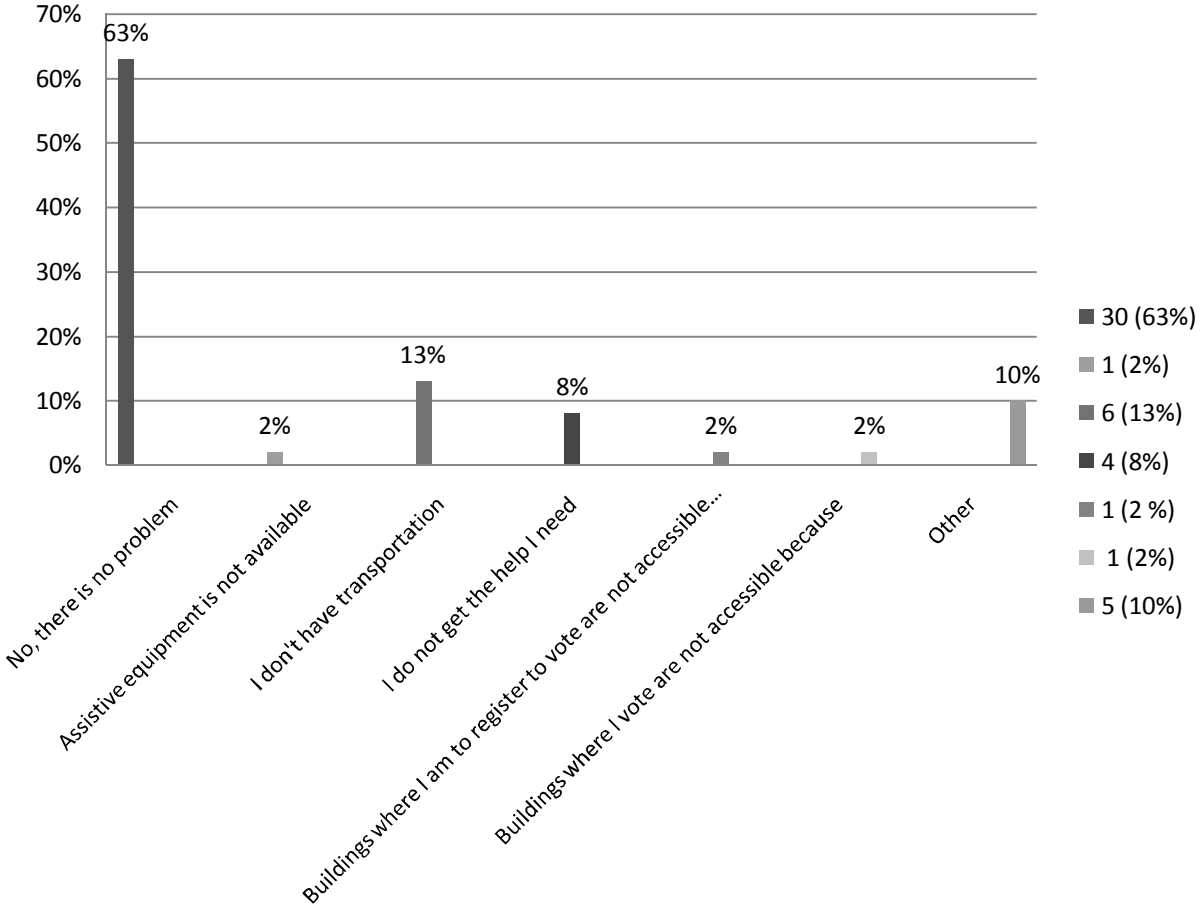

Have you voted in any election in the last four years?
(28 total cases)



Have you used special voting services such as vote by mail or early voting?
(23 total cases)

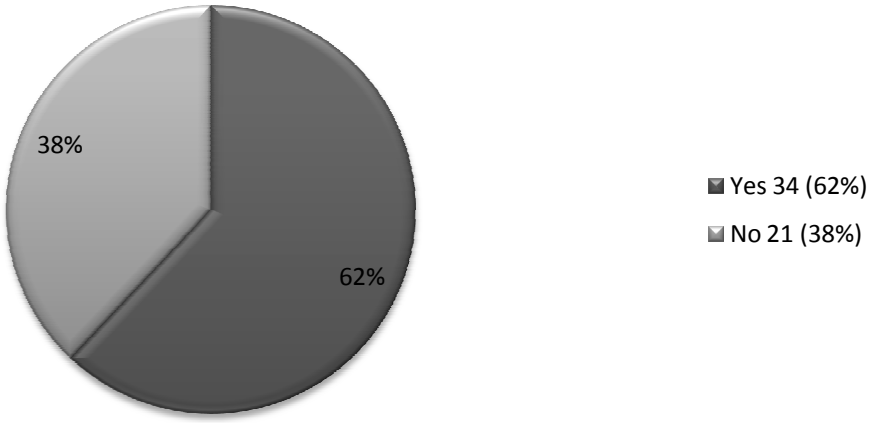



Is there anything that makes it hard for you to vote?
(48 total cases)

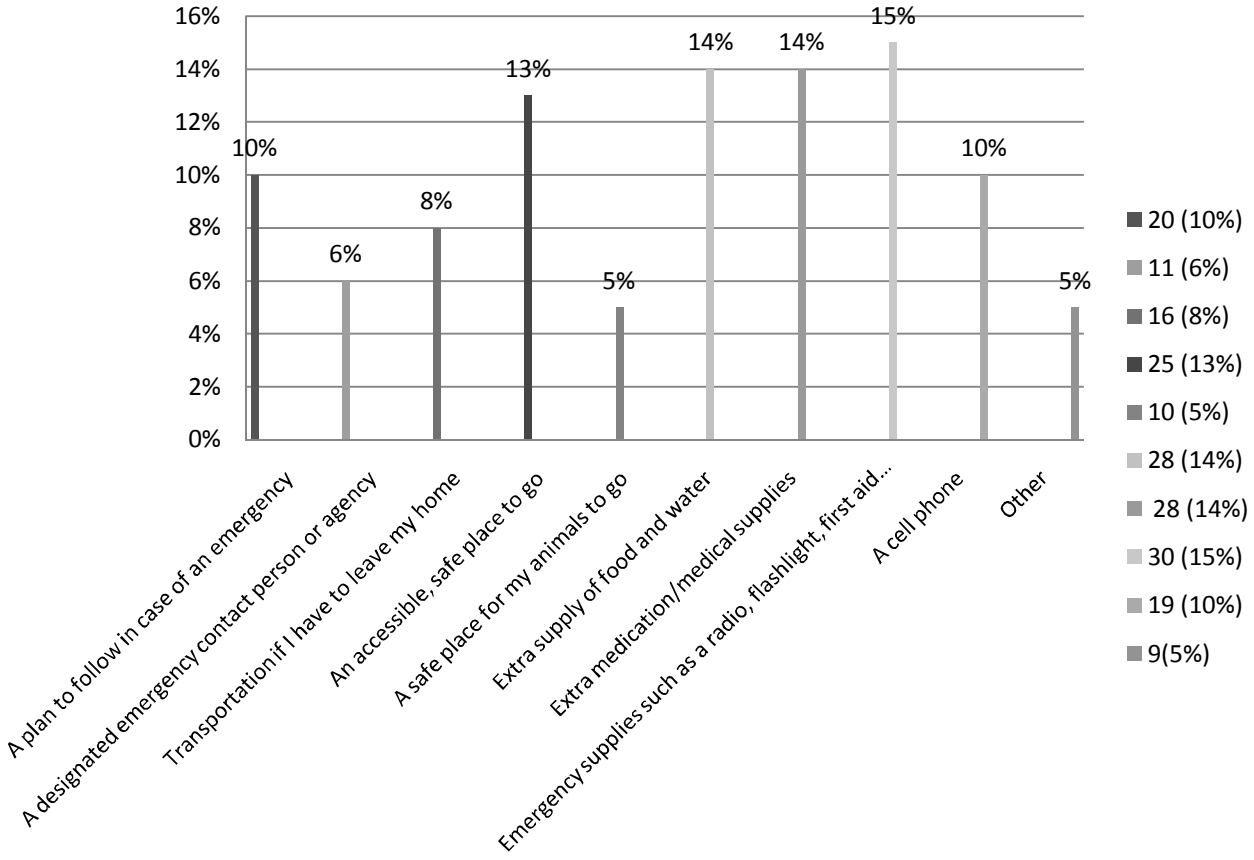


## EMERGENCY PREPAREDNESS

Do you have a plan in place to deal with an emergency situation?
(55 total cases)




What would you need to be prepared for a future emergency situation?
(196 total cases)



# Region V - Graphs

## GENERAL INFORMATION

### Format of Survey

| | Number | Percent |
|---|---|---|
| Paper | 52 | 91% |
| Internet | 4 | 7% |
| Telephone | 1 | 2% |
| *Total Cases* | 57 | |

### Who is filling out this survey?

| | Number | Percent |
|---|---|---|
| A person with a disability | 36 | 66 |
| A helper or friend of a person with a disability | 4 | 7% |
| The parent or guardian of a minor child with a disability | 10 | 18% |
| The parent or guardian of an adult with a disability | 4 | 7% |
| A court appointed guardian, curator, tutor or agent | 1 | 2% |
| A professional or advocate | 0 | 0% |
| *Total Cases* | 55 | |

### Why is someone helping you fill out this survey?

| | Number | Percent |
|---|---|---|
| This doesn't apply to me- I am answering this survey by myself | 30 | 56% |
| I am providing the answers and this person is recording them | 3 | 6% |
| I am unable to answer this survey | 8 | 15% |
| I do not want to participate in this survey | 0 | 0% |
| I am under 18 and this person is my parent or guardian | 10 | 19% |
| Other | 3 | 6% |
| *Total Cases* | 54 | |

**What is the type of your disability?**

| | Number | Percent |
|---|---|---|
| Mental health/ Emotional disorder | 19 | 20% |
| Physical | 33 | 35% |
| Learning/ Cognitive | 15 | 16% |
| Speech Communication | 7 | 7% |
| Sensory | 3 | 3% |
| Chronic health condition | 17 | 18% |
| *Total Cases* | 94 | |

**How long have you lived with your disability?**

| | Number | Percent |
|---|---|---|
| 1-10 years | 19 | 35% |
| 11-20 years | 20 | 36% |
| 21-30 years | 5 | 9% |
| 31-40 years | 2 | 4% |
| 41-50 years | 6 | 11% |
| 51-60 years | 1 | 2% |
| 61-70 years | 2 | 4% |
| *Total Cases* | 55 | |

**How would you judge your condition?**

| | Number | Percent |
|---|---|---|
| It is getting better | 2 | 4% |
| It comes and goes | 3 | 6% |
| It only gets worse | 16 | 29% |
| It is ongoing with little or no change | 21 | 38% |
| It is ongoing with constant change | 13 | 24% |
| *Total Cases* | 55 | |

**How long is your disability expected to last?**

| | Number | Percent |
|---|---|---|
| It is permanent | 47 | 84% |
| It is temporary | 1 | 2% |
| I'm not sure | 8 | 14% |
| *Total Cases* | 56 | |

**What is your race or ethnicity?**

| | Number | Percent |
|---|---|---|
| African American/ Black | 26 | 41% |
| Asian/ Pacific Islander | 2 | 3% |
| Caucasian/ White | 28 | 44% |
| Hispanic/ Latino | 0 | 0% |
| Native American | 3 | 5% |
| Multi-racial | 2 | 3% |
| Other | 2 | 3% |
| *Total Cases* | 63 | |

**What is your gender?**

| | Number | Percent |
|---|---|---|
| Male | 21 | 37% |
| Female | 36 | 63% |
| *Total Cases* | 57 | |

**How old are you?**

| | Number | Percent |
|---|---|---|
| Under 18 | 12 | 21% |
| 18-21 | 4 | 7% |
| 22-30 | 0 | 0% |
| 31-40 | 6 | 11% |
| 41-50 | 12 | 21% |
| 51-60 | 14 | 25% |
| 61-70 | 8 | 14% |
| 71-79 | 1 | 2% |
| *Total Cases* | 57 | |

**Which of the following helps you find out about available services?**

| | Number | Percent |
|---|---|---|
| Agencies | 17 | 10% |
| Healthcare providers | 29 | 18% |
| Internet | 8 | 5% |
| Library | 4 | 2% |
| Magazines | 6 | 4% |
| Mail | 18 | 11% |
| Newsletters | 13 | 8% |
| Newspaper | 10 | 6% |
| Radio | 5 | 3% |
| Relatives/ friends | 26 | 16% |
| Television | 24 | 15% |
| Other | 6 | 4% |
| *Total Cases* | 166 | |

## HEALTH CARE

**What type of health insurance do you have?**

| | Number | Percent |
|---|---|---|
| None | 5 | 6% |
| Insurance through an employer | 3 | 3% |
| Medicaid (blue & white card) | 37 | 43% |
| Medicare (red, white & blue card) | 20 | 23% |
| Medicare prescription drug coverage | 19 | 22% |
| Private insurance | 1 | 1% |
| Other | 2 | 2% |
| *Total Cases* | 87 | |

**About how much do you or your family pay each month for this insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 26 | 46% |
| $1-10 | 2 | 4% |
| $11-20 | 1 | 2% |
| $21-30 | 2 | 4% |
| $31-40 | 1 | 2% |
| $41-50 | 0 | 0% |
| $51-60 | 0 | 0% |
| $61-70 | 0 | 0% |
| $71-80 | 1 | 2% |
| $81-90 | 0 | 0% |
| $91-100 | 2 | 4% |
| $101-200 | 0 | 0% |
| $210-300 | 2 | 4% |
| More than $300 | 3 | 5% |
| Missing | 17 | 30% |
| *Total Cases* | 57 | |

**About how much of your own or your family's money is spent each month for medical expenses other than insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 13 | 23% |
| $1-10 | 5 | 9% |
| $11-20 | 4 | 7% |
| $21-30 | 3 | 5% |
| $31-40 | 2 | 4% |
| $41-50 | 3 | 5% |
| $51-60 | 0 | 0% |
| $61-70 | 1 | 2% |
| $71-80 | 2 | 4% |
| $81-90 | 1 | 2% |
| $91-100 | 2 | 4% |
| $101-200 | 2 | 4% |
| $210-300 | 2 | 4% |
| More than $300 | 3 | 5% |
| Missing | 13 | 23% |
| *Total Cases* | 57 | |

**What medical services do you use on a regular basis?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 45 | 23% |
| Specialist doctor | 21 | 11% |
| Medical supplies | 10 | 5% |
| Prescription medications | 43 | 22% |
| Mental health services | 5 | 3% |
| Hospital care | 8 | 4% |
| Home health services | 7 | 4% |
| Emergency care | 7 | 4% |
| Nutrition services | 4 | 2% |
| Substance abuse counseling | 0 | 0% |
| Nursing services | 3 | 2% |
| Dialysis | 2 | 1% |
| Hearing services | 4 | 2% |
| Dental services | 8 | 4% |
| Eye/vision | 16 | 8% |
| Therapy services | 4 | 2% |
| Rehabilitation services | 1 | 1% |
| Orthotics | 3 | 2% |
| None | 2 | 1% |
| Other | 5 | 3% |
| *Total Cases* | 198 | |

**What medical services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 4 | 4% |
| Specialist doctor | 11 | 10% |
| Medical supplies | 5 | 4% |
| Prescription medications | 4 | 4% |
| Mental health services | 7 | 6% |
| Hospital care | 3 | 3% |
| Home health services | 2 | 2% |
| Emergency care | 1 | 1% |
| Nutrition services | 5 | 4% |
| Substance abuse counseling | 0 | 0% |
| Nursing services | 1 | 1% |
| Dialysis | 0 | 0% |
| Hearing services | 9 | 8% |
| Dental services | 21 | 18% |
| Eye/vision | 13 | 11% |
| Therapy services | 8 | 7% |
| Rehabilitation services | 5 | 4% |
| Orthotics | 1 | 1% |
| None | 8 | 7% |
| Other | 6 | 5% |
| *Total Cases* | 114 | |

**Why don't you get the medical care you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 19 | 19% |
| It costs too much | 16 | 16% |
| It's not available where I live | 11 | 11% |
| I don't have transportation | 10 | 10% |
| Support services are limited | 8 | 8% |
| It's hard to find out where to get services | 12 | 12% |
| Care options are limited | 5 | 5% |
| Medical facilities/ offices are not accessible | 3 | 3% |
| I get the care I need so this doesn't apply to me | 11 | 11% |
| Other | 4 | 4% |
| *Total Cases* | 99 | |

**INDEPENDENT LIVING**

**What services and supports do you use?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 8 | 12% |
| Personal care attendant | 7 | 11% |
| Support/counseling from a peer or professional | 6 | 9% |
| Transportation services | 10 | 15% |
| Skills training to live independently | 3 | 5% |
| Financial assistance | 6 | 9% |
| Interpreter/communication services | 0 | 0% |
| Advocacy | 0 | 0% |
| Assistive technology devices | 1 | 2% |
| I do not use any of these | 23 | 35% |
| Other | 2 | 3% |
| *Total Cases* | 66 | |

**Who provides these supports and services to you?**

| | Number | Percent |
|---|---|---|
| Office for Citizens with Developmental Disabilities (OCDD) | 7 | 10% |
| Office of aging and adult services (OAAS) | 3 | 4% |
| Office of Mental Health (OMH) | 2 | 3% |
| Louisiana Rehabilitation Services (LRS) | 1 | 1% |
| Governor's Office of Disability Affairs (GODA) | 2 | 3% |
| Independent living centers | 0 | 0% |
| Office for Addictive Disorders and Counseling (OADC) | 0 | 0% |
| Louisiana Assistive Technology Access Network (LATAN) | 1 | 1% |
| Work Incentive Planning Assistance (WIPA) | 0 | 0% |
| Louisiana Department of Education | 1 | 1% |
| Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) | 1 | 1% |
| Medicaid | 31 | 44% |
| Other | 6 | 9% |
| I don't receive any of these services | 16 | 23% |
| *Total Cases* | 71 | |

**What services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 15 | 17% |
| Personal care attendant | 6 | 7% |
| Support/counseling from a peer or professional | 7 | 8% |
| Transportation services | 12 | 14% |
| Skills training to live independently | 6 | 7% |
| Financial assistance | 18 | 21% |
| Interpreter/communication services | 0 | 0% |
| Advocacy | 1 | 1% |
| Assistive technology devices | 2 | 2% |
| I do not use any of these | 19 | 22% |
| Other | 1 | 1% |
| *Total Cases* | 87 | |

**Why don't you get the services and supports you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 13 | 16% |
| It costs too much | 15 | 18% |
| It's not available where I live | 4 | 5% |
| Transportation is not available | 3 | 4% |
| I don't know where to get services | 21 | 25% |
| Facilities/ offices are not accessible | 3 | 4% |
| Support services are limited | 6 | 7% |
| Available care options are limited | 7 | 8% |
| I live how I want to live so this does not apply to me | 9 | 11% |
| Other | 2 | 2% |
| *Total Cases* | 83 | |

**Who plans most of the care you get?**

| | Number | Percent |
|---|---|---|
| I do | 32 | 59% |
| A relative | 16 | 30% |
| A friend | 0 | 0% |
| An agency | 3 | 6% |
| Other | 3 | 6% |
| *Total Cases* | 54 | |

**How much choice do you have when planning for the services or care that you get?**

| | Number | Percent |
|---|---|---|
| I have most control | 31 | 57% |
| I do not get to participate in planning | 11 | 20% |
| I have little control | 12 | 22% |
| *Total Cases* | 54 | |

## ASSISTIVE TECHNOLOGY

**Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?**

| | Number | Percent |
|---|---|---|
| Yes | 14 | 28% |
| No | 37 | 73% |
| *Total Cases* | 51 | |

**What sort of assistive technology do you use?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 1 | 6% |
| Hearing | 2 | 13% |
| Environmental adaptations | 0 | 0% |
| Speech communication | 3 | 19% |
| Learning/cognitive/development | 1 | 6% |
| Daily living aids | 3 | 19% |
| Mobility/seating/positioning | 2 | 13% |
| Vision | 2 | 13% |
| Vehicle modification/transportation | 31 | 3% |
| Computers and related | 1 | 6% |
| Other | 0 | 0% |
| *Total Cases* | 16 | |

**What sort of assistive technology do you need but not get?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 3 | 10% |
| Hearing | 3 | 10% |
| Environmental adaptations | 1 | 3% |
| Speech communication | 0 | 0% |
| Learning/cognitive/development | 3 | 10% |
| Daily living aids | 2 | 7% |
| Mobility/seating/positioning | 2 | 7% |
| Vision | 4 | 13% |
| Vehicle modification/transportation | 5 | 16% |
| Computers and related | 3 | 10% |
| Other | 0 | 0% |
| *Total Cases* | 31 | |

**If you don't have access to assistive technology, what is the reason?**

| | Number | Percent |
|---|---|---|
| I can't afford it | 7 | 35% |
| I need help to use it | 3 | 15% |
| I need training to use it | 2 | 10% |
| It is not available in my community | 3 | 15% |
| It is not covered by my health insurance | 2 | 10% |
| This does not apply to me | 3 | 15% |
| Other | 0 | 0% |
| *Total Cases* | 20 | |

**How would you describe your use of assistive technology?**

| | Number | Percent |
|---|---|---|
| I have all the assistive technology I need | 2 | 13% |
| I have some but not all of the assistive technology I need | 2 | 13% |
| I do not have any of the assistive technology I need | 5 | 33% |
| The assistive technology I use is in good condition | 0 | 0% |
| The assistive technology I use is outdated or in need of repair | 2 | 13% |
| I don't think I know about the assistive technology available | 2 | 13% |
| I find it difficult to learn to use new assistive technology | 2 | 13% |
| *Total Cases* | 15 | |

**TRANSPORTATION**

**What means of transportation are available to you?**

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 8 | 8% |
| I have my own vehicle | 17 | 18% |
| Rides from friends/ family | 39 | 41% |
| Public transportation | 7 | 7% |
| Para Transit | 1 | 1% |
| Taxi service | 5 | 5% |
| Medicaid transportation service | 15 | 16% |
| None | 2 | 2% |
| Other | 2 | 2% |
| *Total Cases* | 96 | |

**What means of transportation do you use?**

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 10 | 11% |
| I have my own vehicle | 17 | 19% |
| Rides from friends/ family | 39 | 44% |
| Public transportation | 5 | 6% |
| Para Transit | 1 | 1% |
| Taxi service | 3 | 3% |
| Medicaid transportation service | 2 | 2% |
| None | 10 | 11% |
| Other | 1 | 1% |
| *Total Cases* | 88 | |

**What problems do you have with transportation?**

| | Number | Percent |
|---|---|---|
| I don't have any problems with transportation | 28 | 36% |
| It's too far away | 6 | 8% |
| There are not enough options | 5 | 6% |
| It is not reliable | 7 | 9% |
| It is not available when I need it | 12 | 15% |
| It does not go where I need it to go | 4 | 5% |
| It costs too much | 10 | 13% |
| It is not available or accessible for someone with my disability | 1 | 1% |
| Other | 5 | 6% |
| *Total Cases* | 78 | |

**For which purposes do you use public transportation?**

| | Number | Percent |
|---|---|---|
| To go to work | 1 | 1% |
| To go to school/ training program | 7 | 9% |
| To go to social activities | 6 | 7% |
| To go to medical appointments | 17 | 21% |
| To do personal errands | 11 | 14% |
| To go to religious activities | 8 | 10% |
| I do not use public transportation | 30 | 37% |
| Other | 1 | 1% |
| *Total Cases* | 81 | |

## HOUSING

### Where do you live?

| | Number | Percent |
|---|---|---|
| House, apartment, or mobile home | 55 | 97% |
| Facility such as a nursing home, group home, or other institution | 0 | 0% |
| Shelter | 0 | 0% |
| Other | 2 | 4% |
| *Total Cases* | 57 | |

### Who do you live with?

| | Number | Percent |
|---|---|---|
| I live alone | 18 | 32% |
| Family | 29 | 51% |
| Spouse/significant other | 6 | 11% |
| Paid caretaker or care attendant | 1 | 2% |
| Roommate(s)/ Friend(s) | 2 | 4% |
| Other residents or nursing home/ group home/ shelter or other institution | 0 | 0% |
| *Total Cases* | 57 | |

### How much do you pay for housing each month, not including utilities?

| | Number | Percent |
|---|---|---|
| $1-$250 | 23 | 41% |
| $251-$500 | 11 | 19% |
| $501-$750 | 3 | 5% |
| $750-$1,000 | 0 | 0% |
| More than $1,000 | 0 | 0% |
| I do not pay anything/ my family pays for my housing | 17 | 30% |
| Missing | 3 | 5% |
| *Total Cases* | 54 | |

**Are you currently living in your preferred living arrangement?**

| | Number | Percent |
|---|---|---|
| Yes | 38 | 71% |
| No | 16 | 30% |
| *Total Cases* | 54 | |

**What would you need to live where you want to live?**

| | Number | Percent |
|---|---|---|
| Accessible housing options | 6 | 18% |
| Personal care attendant | 0 | 0% |
| Assistive technology | 3 | 9% |
| Community support services | 4 | 12% |
| Independent living skills | 2 | 6% |
| Affordable housing options | 11 | 32% |
| More available housing options | 8 | 24% |
| Other | 0 | 0% |
| *Total Cases* | 34 | |

## EDUCATION

**What is the highest level of education or grade level that you have completed?**

| | Number | Percent |
|---|---|---|
| Junior high or less | 12 | 25% |
| Some high school | 12 | 25% |
| High school certificate | 0 | 0% |
| GED | 7 | 15% |
| High school diploma | 7 | 15% |
| Business/ technical/ vocational school | 3 | 6% |
| Some college | 6 | 3% |
| College degree | 3 | 6% |
| Some postgraduate study | 0 | 0% |
| Graduate degree | 1 | 2% |
| *Total Cases* | 48 | |

**Do you want to or are you currently continuing your education?**

| | Number | Percent |
|---|---|---|
| Yes | 17 | 34% |
| No | 33 | 66% |
| *Total Cases* | 50 | |

**What are you current educational goals?**

| | Number | Percent |
|---|---|---|
| Get a high school diploma | 6 | 33% |
| Get a GED | 2 | 11% |
| Get a high school certificate | 1 | 6% |
| Get job training | 2 | 11% |
| Attend or complete business/vocational/technical school | 3 | 17% |
| Attend or complete college | 3 | 17% |
| Attend or complete graduate school | 1 | 6% |
| *Total Cases* | 18 | |

**Are you currently enrolled in school or in a training program?**

| | Number | Percent |
|---|---|---|
| Yes | 7 | 44% |
| No | 9 | 56% |
| *Total Cases* | 16 | |

**What type of school or program are you enrolled in?**

| | Number | Percent |
|---|---|---|
| Home school | 0 | 0% |
| Private school | 0 | 0% |
| Public school | 8 | 89% |
| College or university | 0 | 0% |
| Business/ vocational/ technical school | 1 | 11% |
| Correspondence courses or online instruction | 0 | 0% |
| *Total Cases* | 9 | |

**What keeps you from getting the education or training you need?**

| | Number | Percent |
|---|---|---|
| I don't have transportation | 2 | 7% |
| I don't know where I get it | 4 | 15% |
| I don't have assistive devices I need | 2 | 7% |
| I have trouble with tests | 2 | 7% |
| It costs too much | 5 | 19% |
| I don't know how to get it | 3 | 11% |
| I don't have any problems getting the education or training I need | 8 | 30% |
| Other | 1 | 4% |
| *Total Cases* | 27 | |

**EMPLOYMENT**

**Which of the following describes your employment situation?**

| | Number | Percent |
|---|---|---|
| I work full time | 2 | 4% |
| I am retired | 10 | 20% |
| I work part-time | 2 | 4% |
| I am unemployed | 19 | 39% |
| I am a student | 10 | 20% |
| I am currently looking for a job | 4 | 8% |
| I am not employed by volunteer regularly | 1 | 2% |
| I am self-employed | 1 | 2% |
| I work in a sheltered workshop, mobile crew, or enclave | 0 | 0% |
| *Total Cases* | 49 | |

**What problem(s) do you have finding or keeping a job?**

| | Number | Percent |
|---|---|---|
| There are not enough jobs | 1 | 2% |
| There are not enough training opportunities | 2 | 3% |
| I do not have the assistive devices I need | 1 | 2% |
| I can't work as much as I need or want | 6 | 10% |
| I don't have transportation | 6 | 10% |
| I do not have the supports I need | 2 | 3% |
| I can't find a job that will let me use my existing skills | 1 | 2% |
| I am not looking for a job | 14 | 22% |
| I do not have a problem finding or keeping jobs | 11 | 18% |
| Other | 19 | 30% |
| *Total Cases* | 63 | |

**FINANCES**

**How much is your individual (not family) monthly income?**

| | Number | Percent |
|---|---|---|
| $1-$1,000 | 34 | 60% |
| $1,001- $2,000 | 9 | 16% |
| $2,001-$3,000 | 3 | 5% |
| More than $3,000 | 0 | 0% |
| I have no personal income | 4 | 7% |
| Missing | 7 | 12% |
| *Total Cases* | 50 | |

**What is the source of your individual (not family) income?**

| | Number | Percent |
|---|---|---|
| Alimony or Child support | 2 | 3% |
| Earnings from employment or self-employment | 2 | 3% |
| FITAP (welfare) | 1 | 2% |
| Railroad Retirement Benefits | 0 | 0% |
| Veteran's benefits | 1 | 2% |
| Social Security/ Supplemental Security Income | 49 | 82% |
| Unemployment compensation benefits | 0 | 0% |
| Worker's compensation benefits | 0 | 0% |
| Other | 2 | 3% |
| None | 3 | 5% |
| *Total Cases* | 60 | |

**Do you personally get financial help from any of the following programs?**

| | Number | Percent |
|---|---|---|
| Child care assistance | 2 | 3% |
| Food stamps | 24 | 35% |
| Help with Medicare costs | 9 | 13% |
| Help with utility costs | 7 | 10% |
| Housing assistance | 3 | 4% |
| Other | 0 | 0% |
| No, I don't get any of these | 23 | 34% |
| *Total Cases* | 68 | |

**Which of the following kinds of assets or resources do you personally own?**

| | Number | Percent |
|---|---|---|
| Annuities or Trusts | 1 | 1% |
| Bank accounts | 23 | 33% |
| Certificate of deposit | 1 | 1% |
| Property, including your home | 9 | 13% |
| Retirement accounts | 0 | 0% |
| Stocks or Bonds | 0 | 0% |
| Vehicles | 9 | 13% |
| I don't have any of these | 27 | 39% |
| Other | 0 | 0% |
| *Total Cases* | 70 | |

**How much are your personal resources worth, other than your home or vehicle?**

| | Number | Percent |
|---|---|---|
| $1-$2,5000 | 13 | 23% |
| $2,501-$5,000 | 2 | 4% |
| $5,001-$7,500 | 1 | 2% |
| $7,501-$10,000 | 2 | 4% |
| More than $10,000 | 30 | 53% |
| I don't own any additional assets | 9 | 16% |
| *Total Cases* | 48 | |

## COMMUNITY INVOLVEMENT

**What activities do you participate in within your community?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 0 | 0% |
| Eating out | 21 | 17% |
| Entertainment activities | 1 | 1% |
| Fitness activities | 2 | 2% |
| School sponsored extracurricular activities | 4 | 3% |
| Shopping | 23 | 19% |
| Sporting events or activities | 3 | 2% |
| Social organizations | 1 | 1% |
| Visiting with family and friends | 29 | 24% |
| Volunteering | 2 | 2% |
| Support groups or centers | 3 | 2% |
| Religious activities | 19 | 15% |
| None | 11 | 9% |
| Other | 4 | 3% |
| *Total Cases* | 123 | |

**What activities would you like to participate in, but cannot?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 2 | 2% |
| Eating out | 11 | 10% |
| Entertainment activities | 11 | 10% |
| Fitness activities | 11 | 10% |
| School sponsored extracurricular activities | 4 | 4% |
| Shopping | 9 | 8% |
| Sporting events or activities | 5 | 5% |
| Social organizations | 4 | 4% |
| Visiting with family and friends | 8 | 7% |
| Volunteering | 4 | 4% |
| Support groups or centers | 8 | 7% |
| Religious activities | 13 | 12% |
| None | 19 | 17% |
| Other | 2 | 2% |
| *Total Cases* | 111 | |

**Is there anything that makes it hard for you to do the things you want?**

| | Number | Percent |
|---|---|---|
| No, I do all that I Want to do | 16 | 16% |
| It costs too much | 12 | 12% |
| I don't have transportation | 15 | 15% |
| Locations are not accessible | 4 | 4% |
| I have no friends or family | 2 | 2% |
| I don't have the assistive devices I need | 8 | 8% |
| My medical condition/ disability makes it too hard | 26 | 26% |
| People treat me differently/ make me feel uncomfortable | 8 | 8% |
| I can't get the help or support I need to participate in community activities | 7 | 7% |
| Other | 1 | 1% |
| *Total Cases* | 99 | |

## CIVIC INVOLVEMENT

### Are you registered to vote?

| | Number | Percent |
|---|---|---|
| Yes, I am an adult who is registered to vote | 34 | 60% |
| No, I am an adult who is not registered to vote | 10 | 19% |
| No, I am a minor child and cannot vote | 11 | 21% |
| *Total Cases* | 53 | |

### Have you voted in any election in the last four years?

| | Number | Percent |
|---|---|---|
| Yes | 19 | 68% |
| No | 9 | 32% |
| *Total Cases* | 28 | |

### Have you used special voting services such as vote by mail or early vote?

| | Number | Percent |
|---|---|---|
| Yes | 2 | 9% |
| No | 21 | 91% |
| *Total Cases* | 23 | |

### Is there anything that makes it hard for you to vote?

| | Number | Percent |
|---|---|---|
| No, there is no problem | 30 | 63% |
| Assistive equipment is not available | 1 | 2% |
| I don't have the transportation | 6 | 13% |
| I do not get the help I need | 4 | 8% |
| Buildings where I am to register to vote are not accessible because | 1 | 2% |
| Other | 5 | 10% |
| *Total Cases* | 48 | |

## EMERGENCY PREPAREDNESS

**Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?**

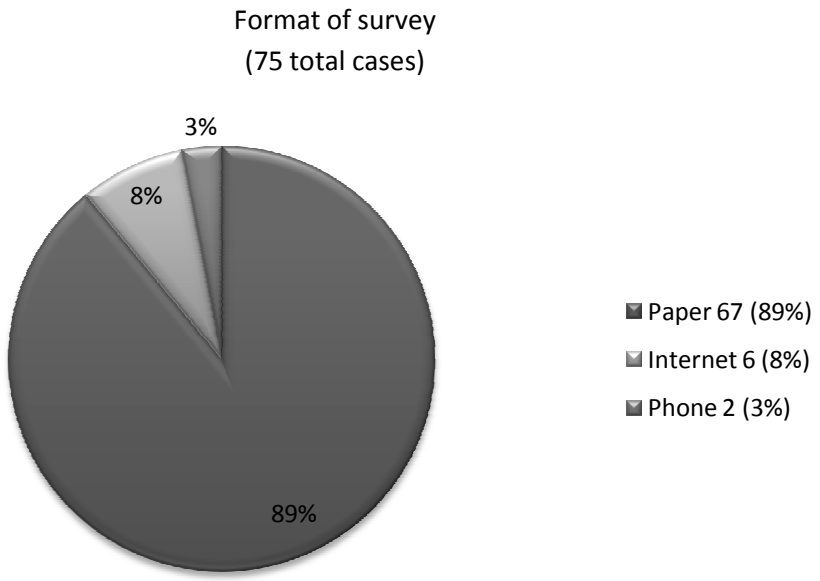
| | Number | Percent |
|---|---|---|
| Yes | 34 | 62% |
| No | 21 | 38% |
| *Total Cases* | 55 | |

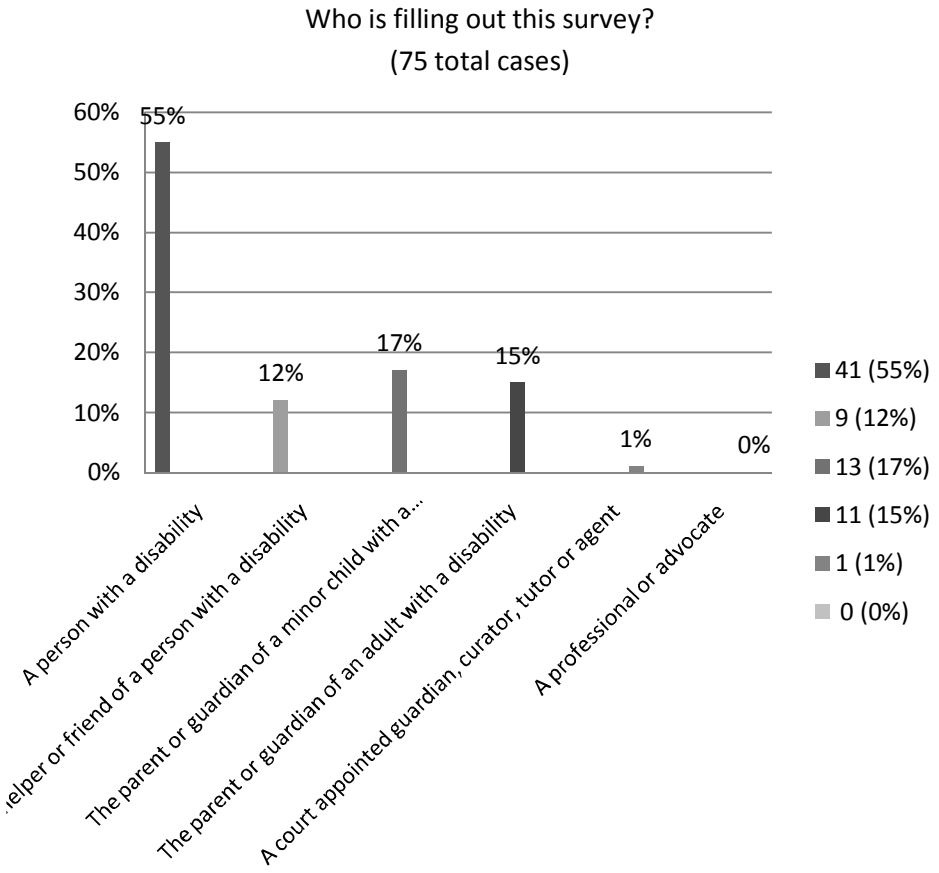
**What would you need to be prepared for a future emergency situation?**

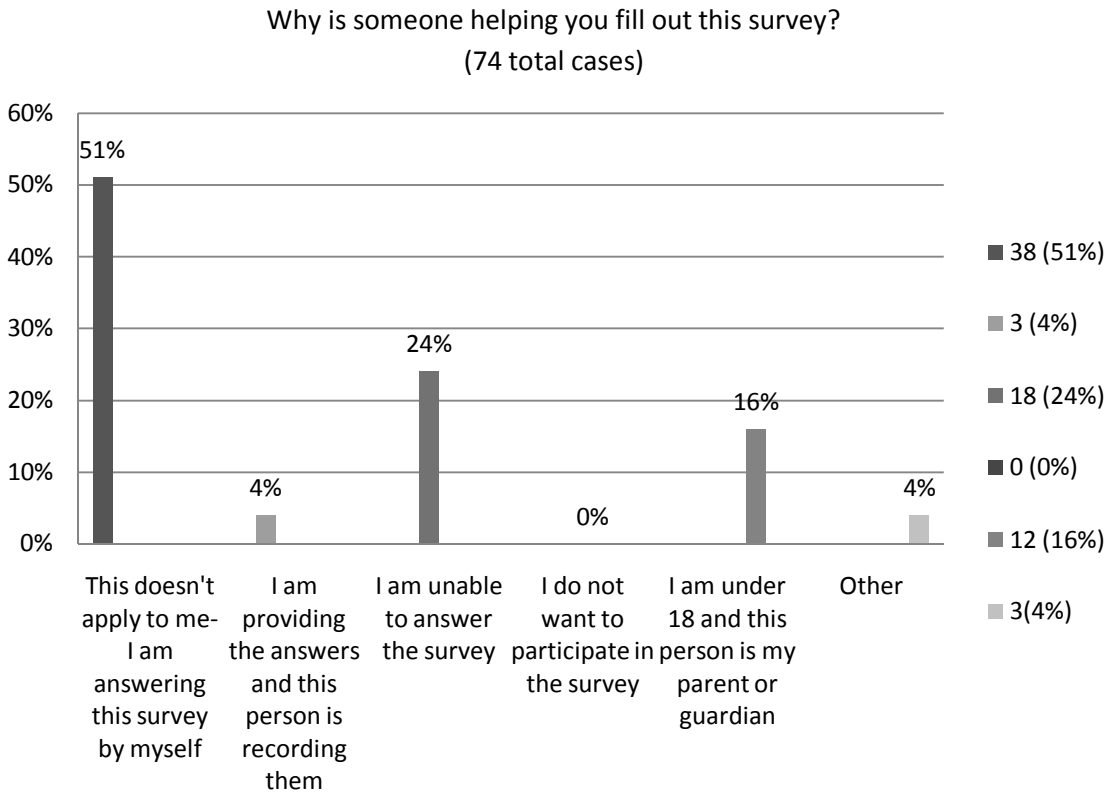
| | Number | Percent |
|---|---|---|
| A plan to follow in case of an emergency | 20 | 10% |
| A designated emergency contact person or agency | 11 | 6% |
| Transportation if I have to leave my home | 16 | 8% |
| An accessible, safe place to go | 25 | 13% |
| A safe place for my animals to go | 10 | 5% |
| Extra supply of food and water | 28 | 14% |
| Extra medication/ medical supplies | 28 | 14% |
| Emergency supplies such as a radio, flashlight, first aid kit, or generator | 30 | 15% |
| A cell phone | 19 | 10% |
| Other | 9 | 5% |
| *Total Cases* | 196 | |

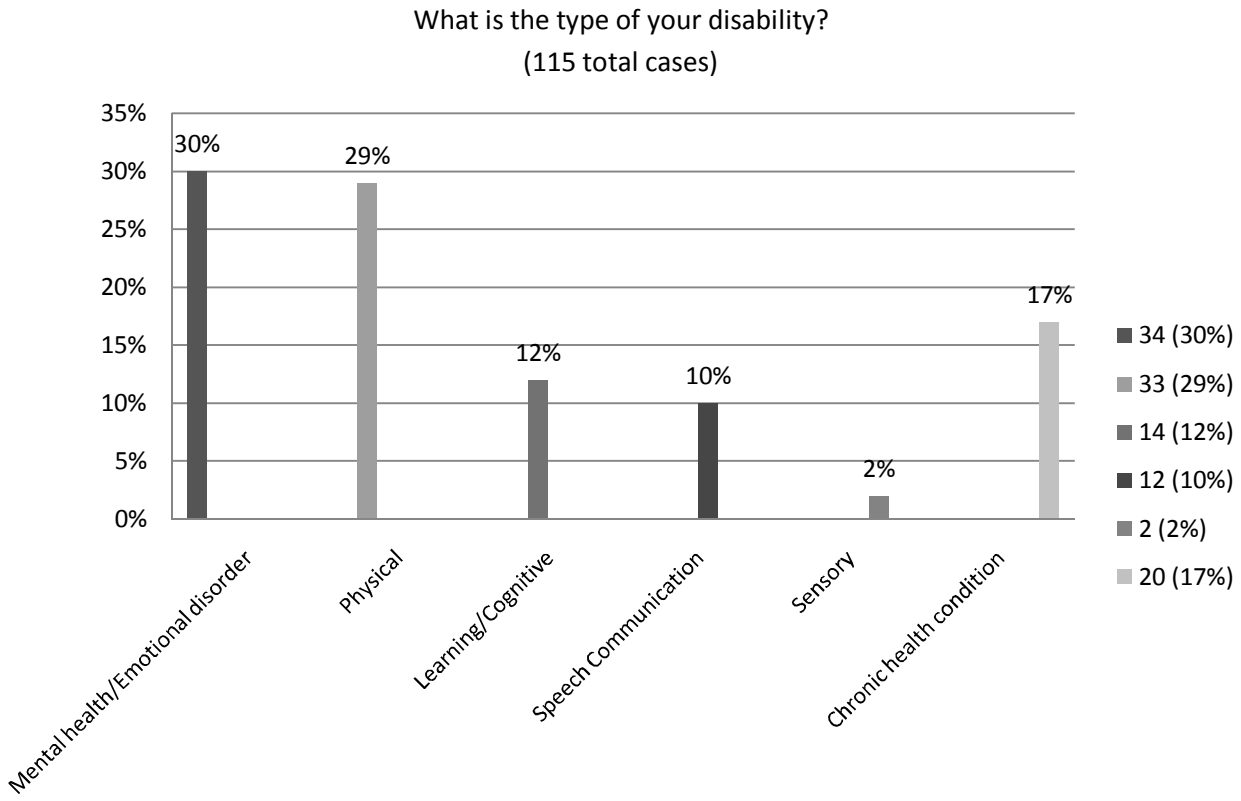
# Region VI - Graphs

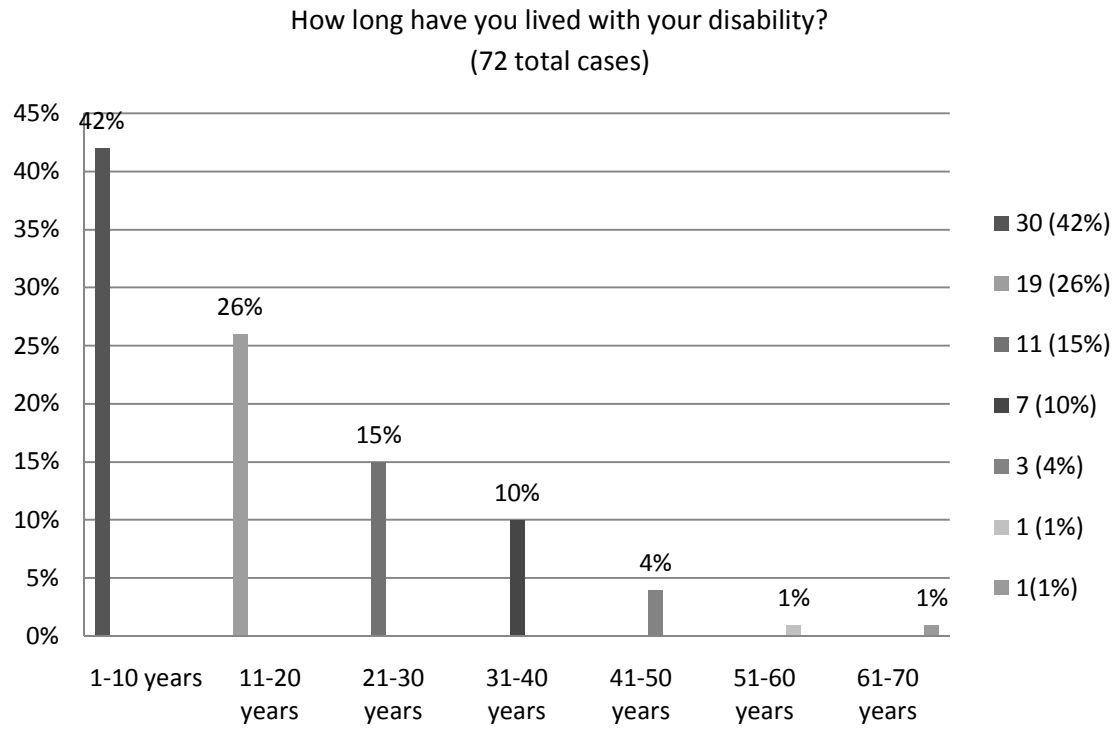
## GENERAL INFORMATION

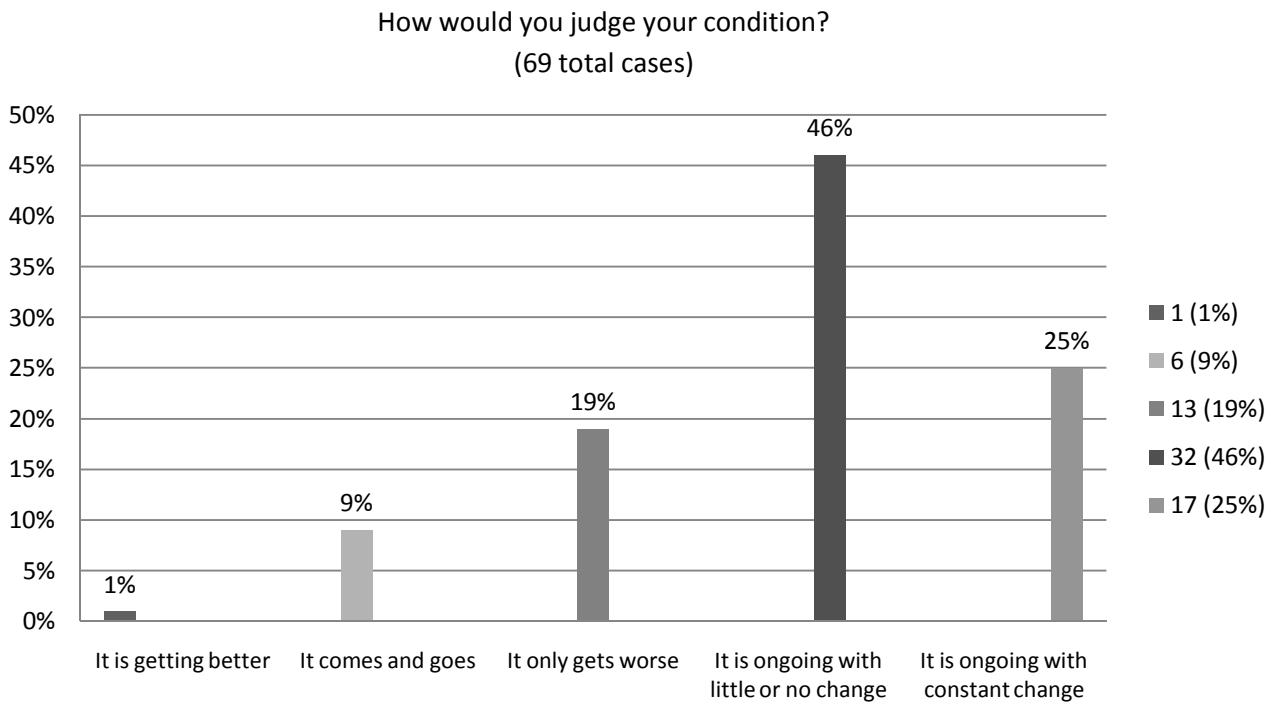


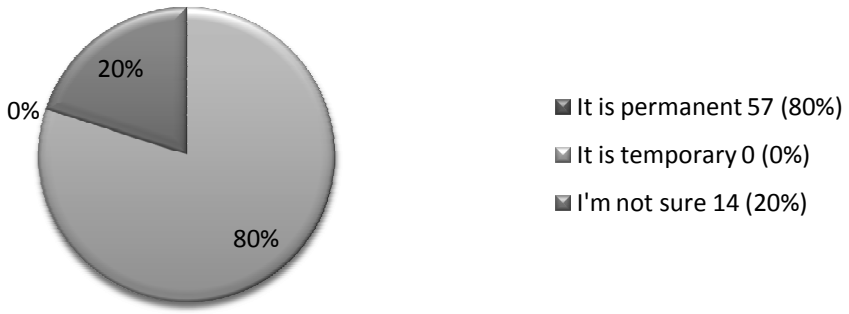

Why is someone helping you fill out this survey?
(74 total cases)
60%
50%
40%
30%
20%
10%
0%
51%
4%
24%
0%
16%
4%
This doesn't apply to me- I am answering this survey by myself
I am providing the answers and this person is recording them
I am unable to answer the survey
I do not want to participate in the survey
I am under 18 and this person is my parent or guardian
Other
38 (51%)
3 (4%)
18 (24%)
0 (0%)
12 (16%)
3(4%)


What is the type of your disability?
(115 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
30%
29%
12%
10%
2%
17%
Mental health/Emotional disorder
Physical
Learning/Cognitive
Speech Communication
Sensory
Chronic health condition
34 (30%)
33 (29%)
14 (12%)
12 (10%)
2 (2%)
20 (17%)

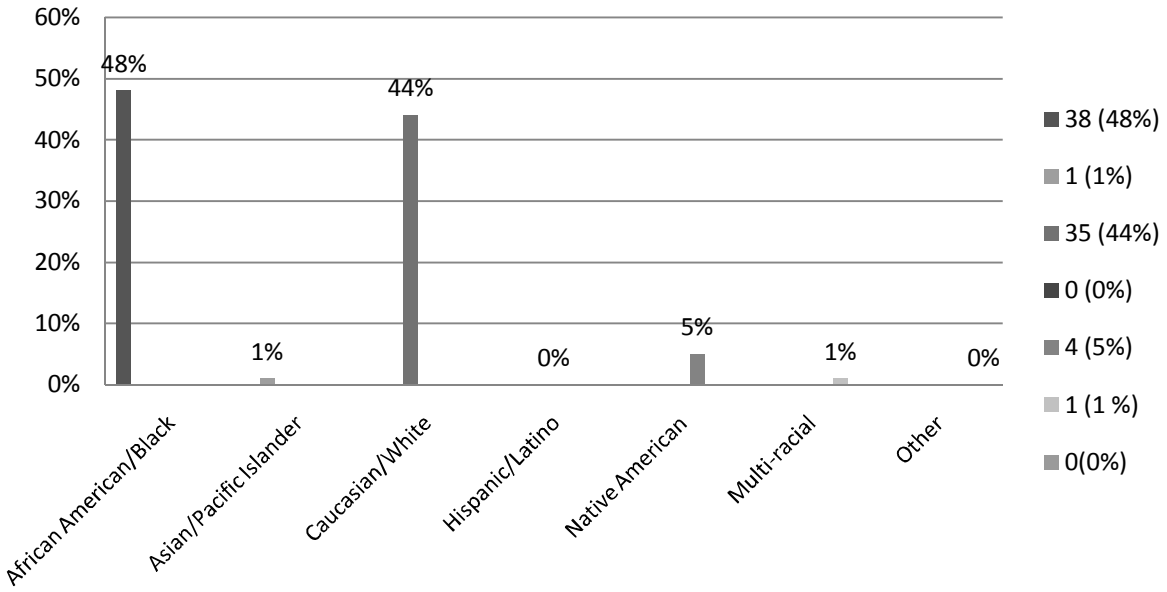

How long have you lived with your disability?
(72 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
42%
26%
15%
10%
4%
1%
1%
1-10 years
11-20 years
21-30 years
31-40 years
41-50 years
51-60 years
61-70 years
30 (42%)
19 (26%)
11 (15%)
7 (10%)
3 (4%)
1 (1%)
1(1%)


How would you judge your condition?
(69 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1%
9%
19%
46%
25%
It is getting better
It comes and goes
It only gets worse
It is ongoing with little or no change
It is ongoing with constant change
1 (1%)
6 (9%)
13 (19%)
32 (46%)
17 (25%)

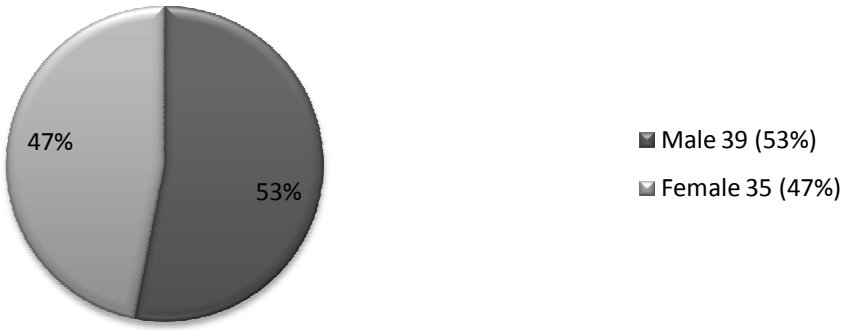
How long is your disability expected to last?
(71 total cases)



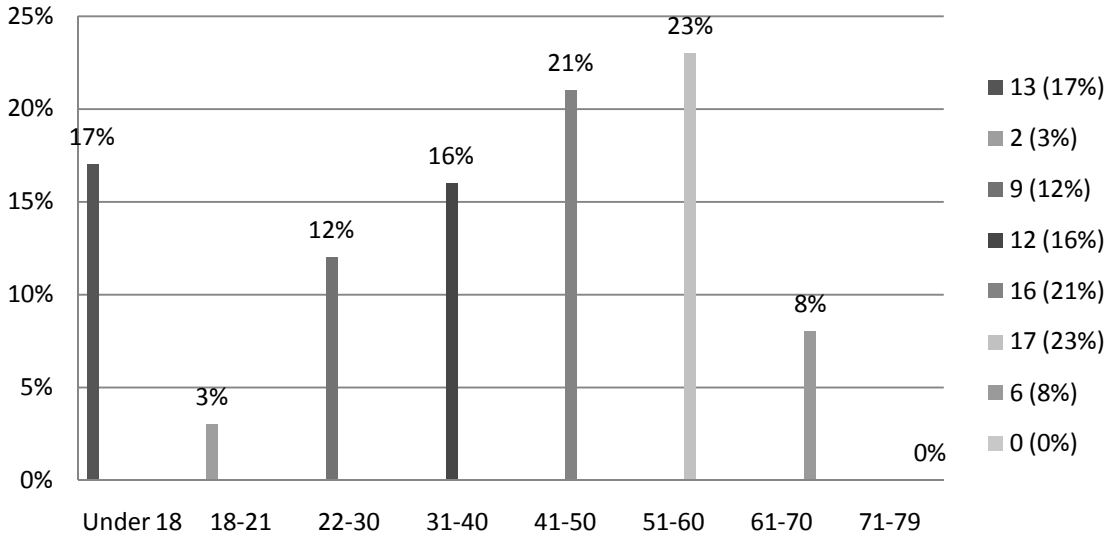

What is you race or ethnicity?
(79 total cases)



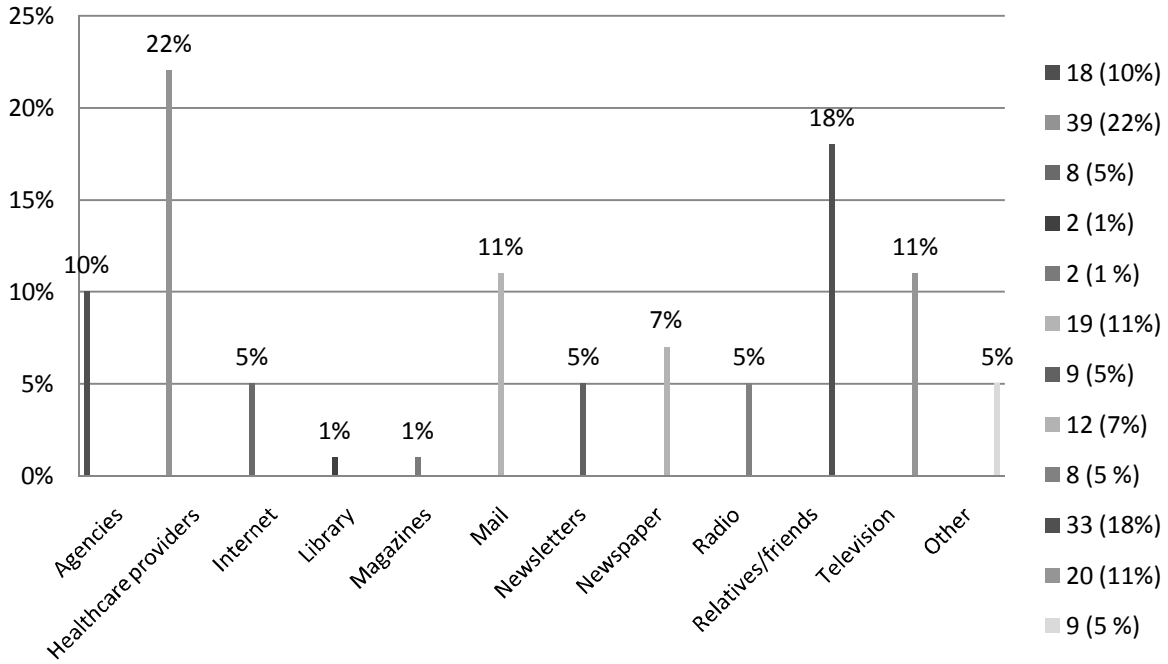

What is your gender?
(74 total cases)



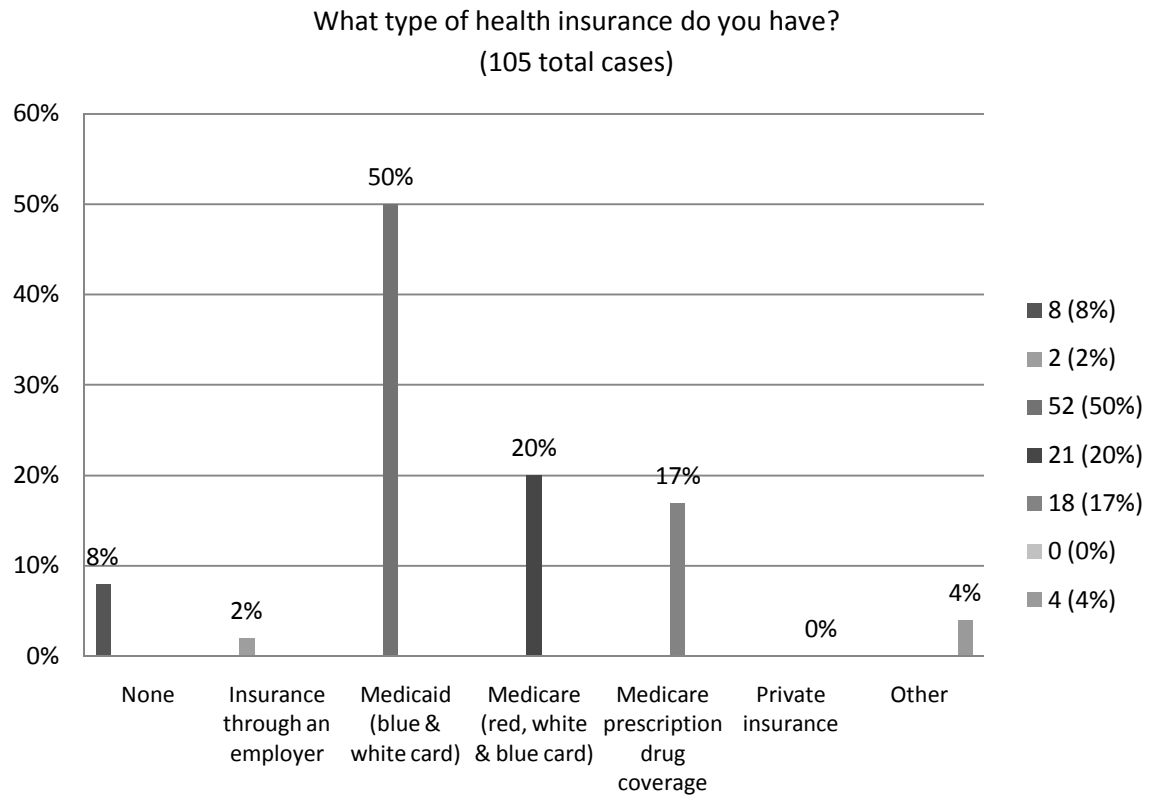
How old are you?
(75 total cases)

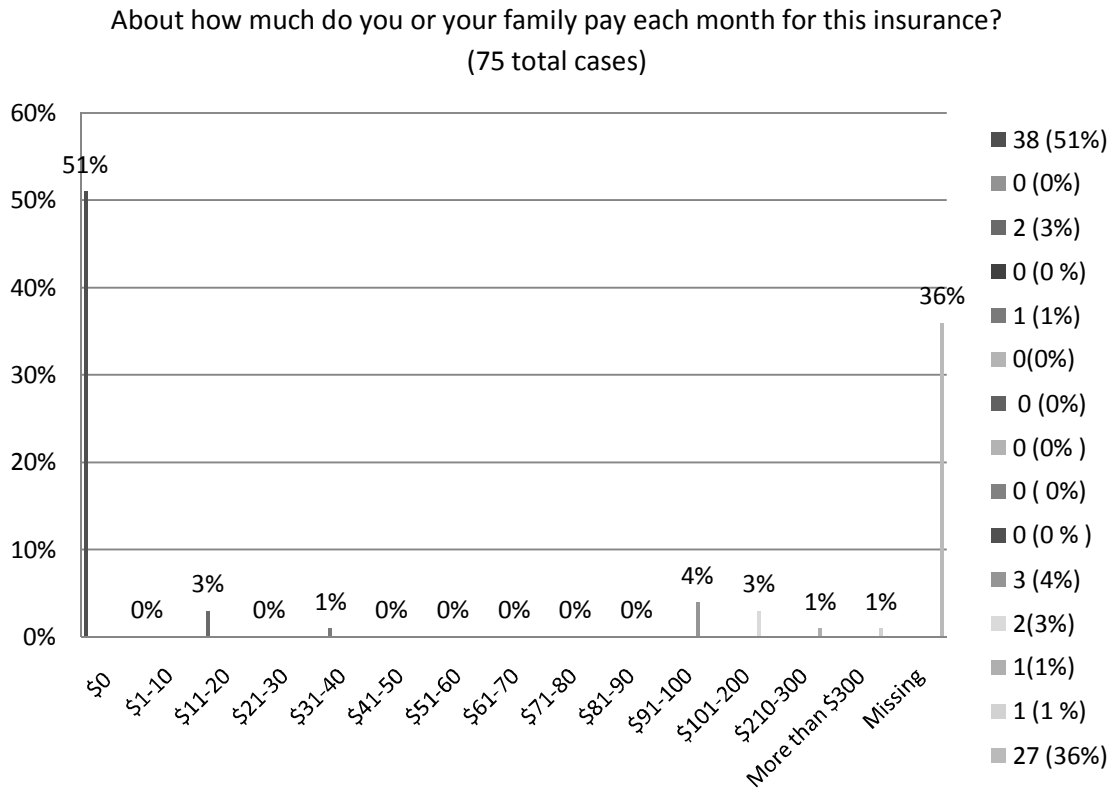



Which of the following helps you find out about available services?
(179 total cases)

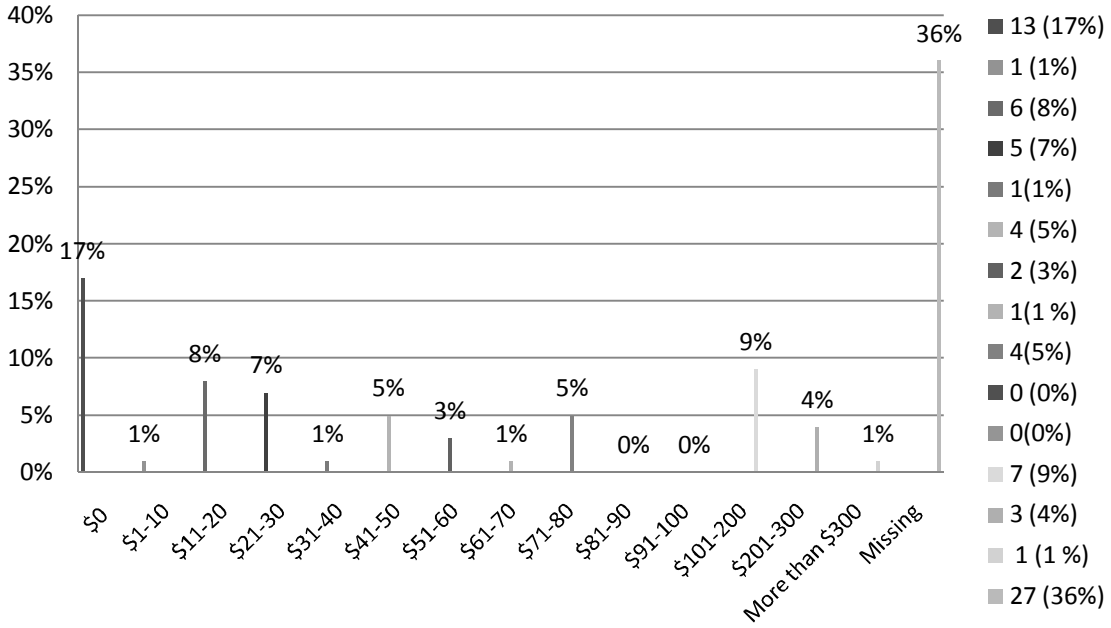


## HEALTH CARE

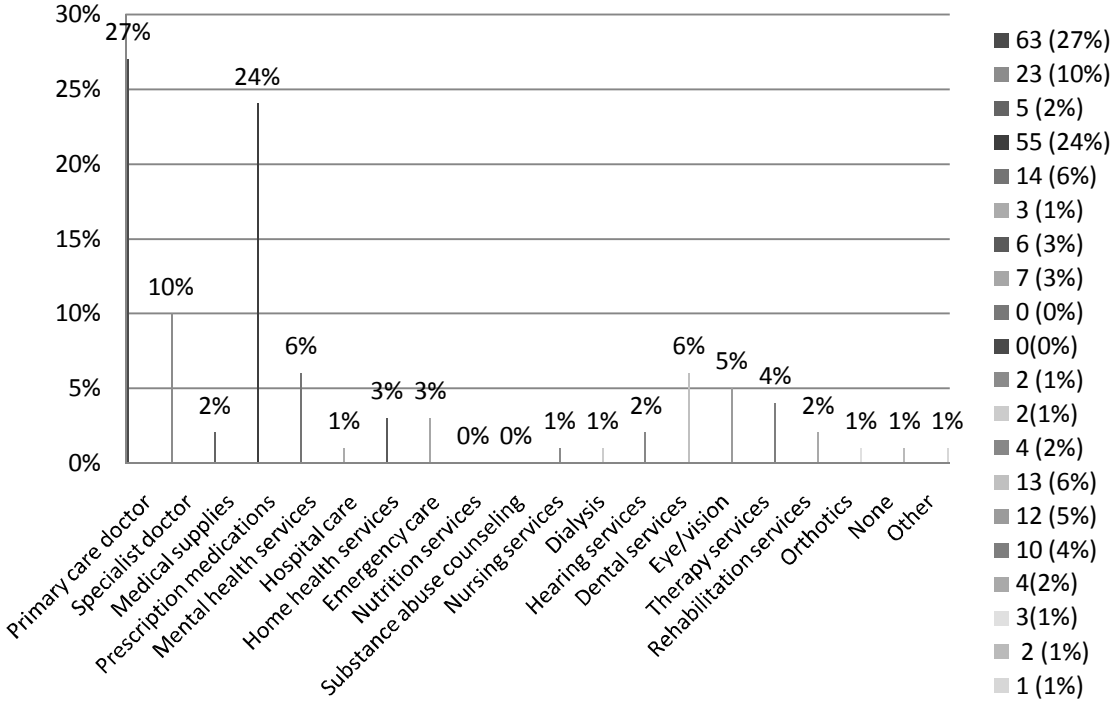

What type of health insurance do you have?
(105 total cases)
60%
50%
40%
30%
20%
10%
0%
8%
2%
50%
20%
17%
0%
4%
None
Insurance through an employer
Medicaid (blue & white card)
Medicare (red, white & blue card)
Medicare prescription drug coverage
Private insurance
Other
8 (8%)
2 (2%)
52 (50%)
21 (20%)
18 (17%)
0 (0%)
4 (4%)


About how much do you or your family pay each month for this insurance?
(75 total cases)
60%
50%
40%
30%
20%
10%
0%
51%
0%
3%
0%
1%
0%
0%
0%
0%
0%
4%
3%
1%
1%
36%
$0
$1-10
$11-20
$21-30
$31-40
$41-50
$51-60
$61-70
$71-80
$81-90
$91-100
$101-200
$210-300
More than $300
Missing
38 (51%)
0 (0%)
2 (3%)
0 (0 %)
1 (1%)
0(0%)
0 (0%)
0 (0% )
0 ( 0%)
0 (0 % )
3 (4%)
2(3%)
1(1%)
1 (1 %)
27 (36%)

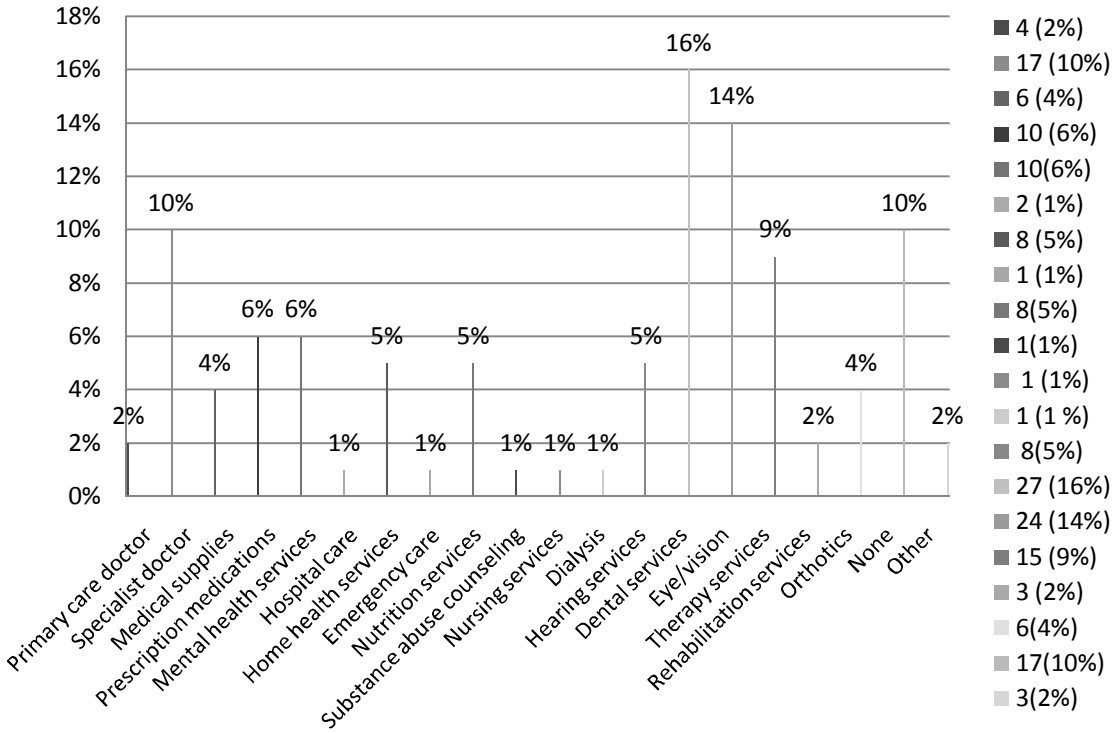
About how much of your own or your family's money is spent each month for medical expenses other than insurance?
(75 total cases)



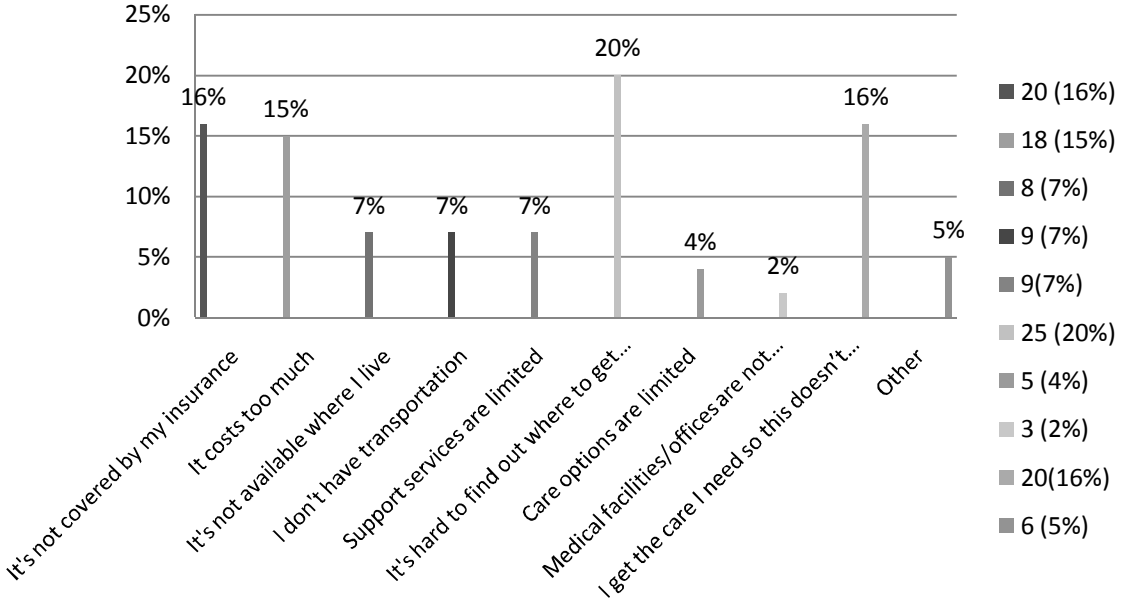

What medical services do you use on a regular basis?
(230 total cases)



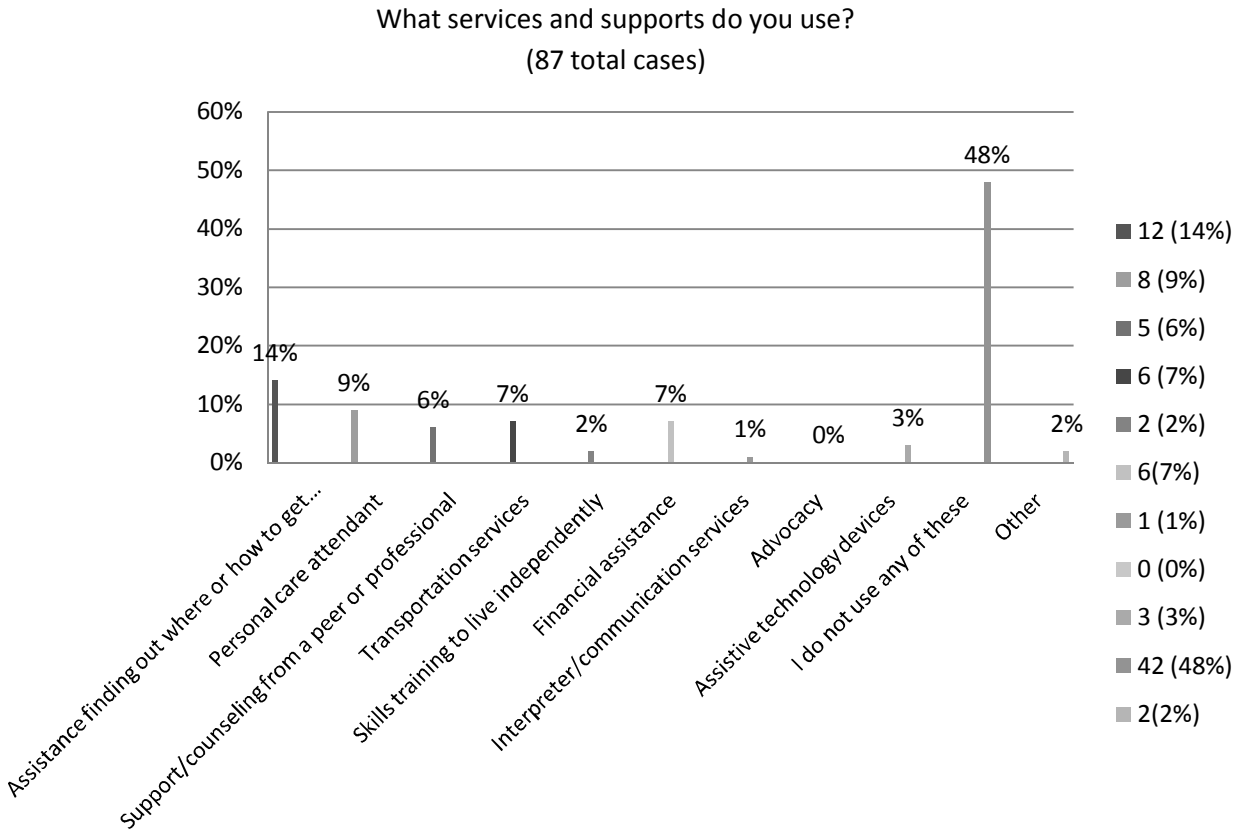
What medical services do you need but do not get?
(172 total cases)

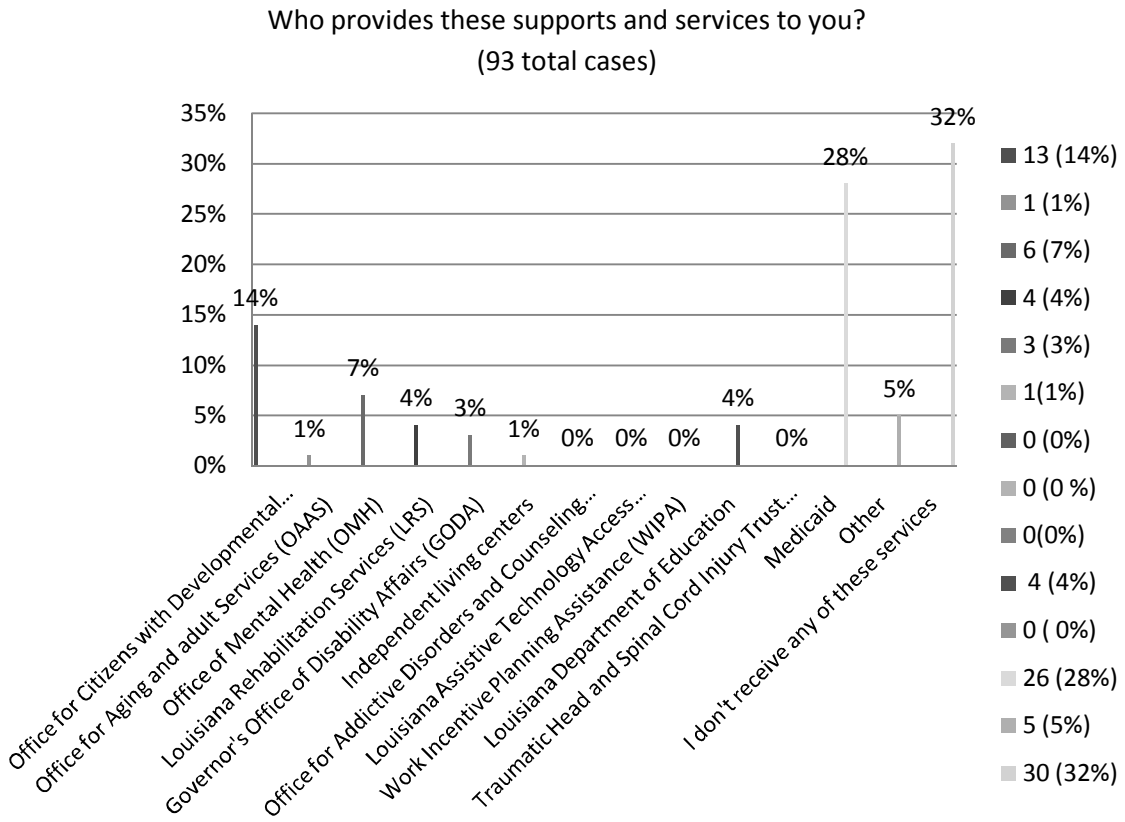


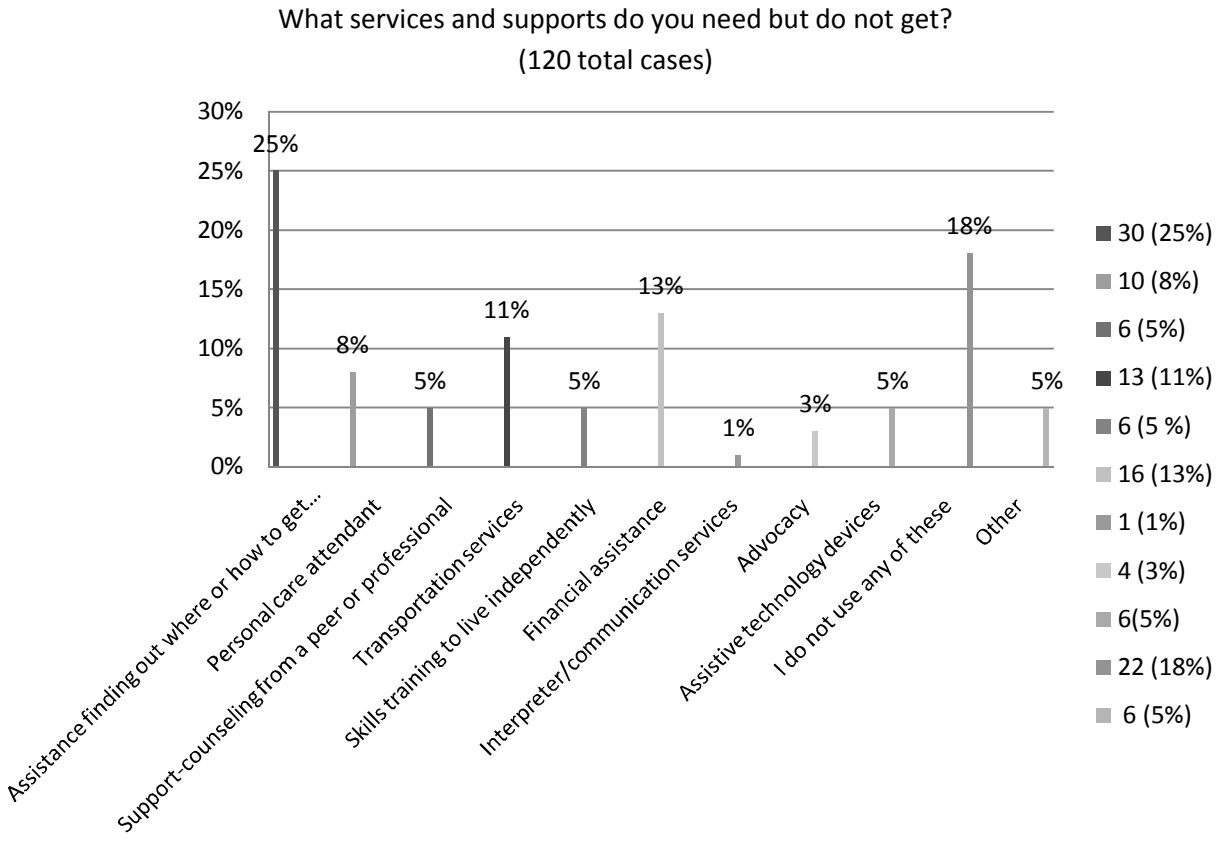

Why don't you get the medical care you need?
(123 total cases)



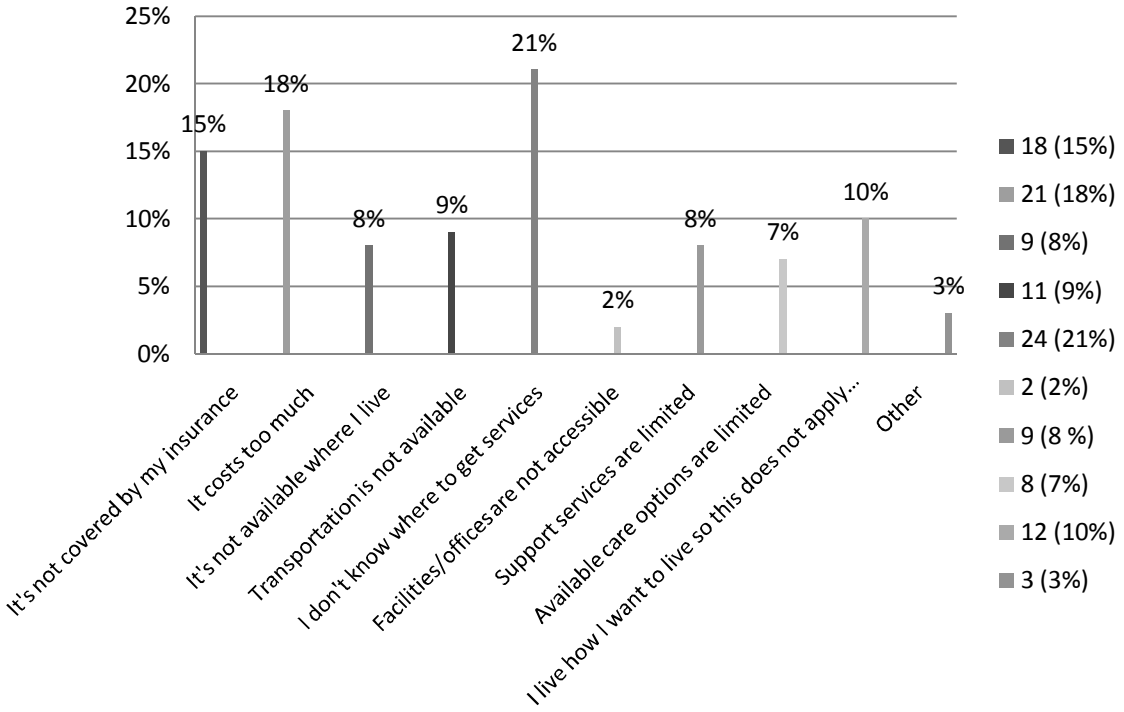
**INDEPENDENT LIVING**



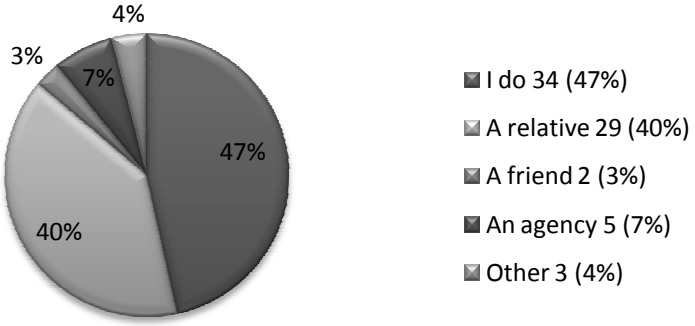

Who provides these supports and services to you?
(93 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
14%
1%
7%
4%
3%
1%
0%
0%
0%
4%
0%
28%
5%
32%
Office for Citizens with Developmental...
Office for Aging and adult Services (OAAS)
Office of Mental Health (OMH)
Louisiana Rehabilitation Services (LRS)
Governor's Office of Disability Affairs (GODA)
Independent living centers
Office for Addictive Disorders and Counseling...
Louisiana Assistive Technology Access...
Work Incentive Planning Assistance (WIPA)
Louisiana Department of Education
Traumatic Head and Spinal Cord Injury Trust...
Medicaid
Other
I don't receive any of these services
13 (14%)
1 (1%)
6 (7%)
4 (4%)
3 (3%)
1(1%)
0 (0%)
0 (0 %)
0(0%)
4 (4%)
0 ( 0%)
26 (28%)
5 (5%)
30 (32%)


What services and supports do you need but do not get?
(120 total cases)
30%
25%
20%
15%
10%
5%
0%
25%
8%
5%
11%
5%
13%
1%
3%
5%
18%
5%
Assistance finding out where or how to get...
Personal care attendant
Support-counseling from a peer or professional
Transportation services
Skills training to live independently
Financial assistance
Interpreter/communication services
Advocacy
Assistive technology devices
I do not use any of these
Other
30 (25%)
10 (8%)
6 (5%)
13 (11%)
6 (5 %)
16 (13%)
1 (1%)
4 (3%)
6(5%)
22 (18%)
6 (5%)

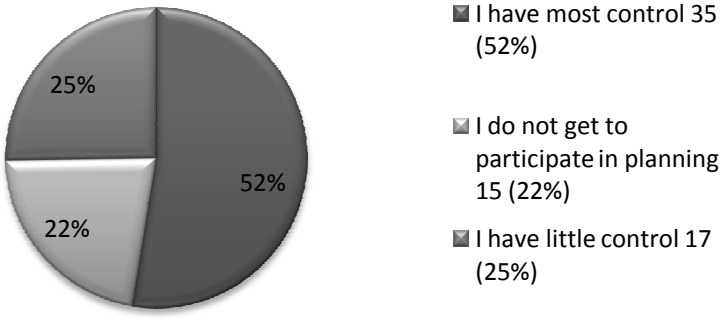
Why don't you get the services and supports you need?
(117 total cases)



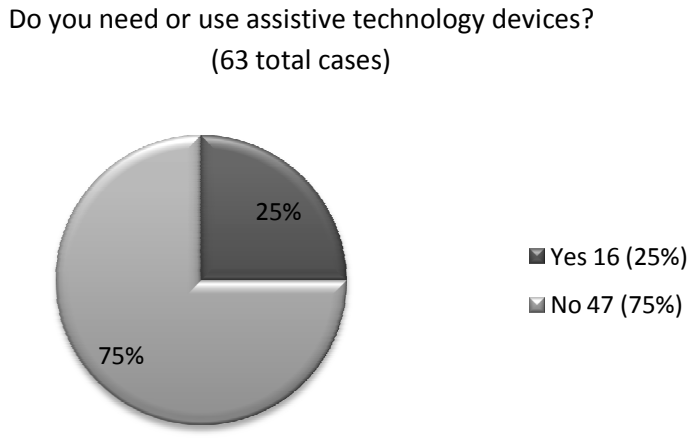

Who plans most of the care you get?
(73 total cases)

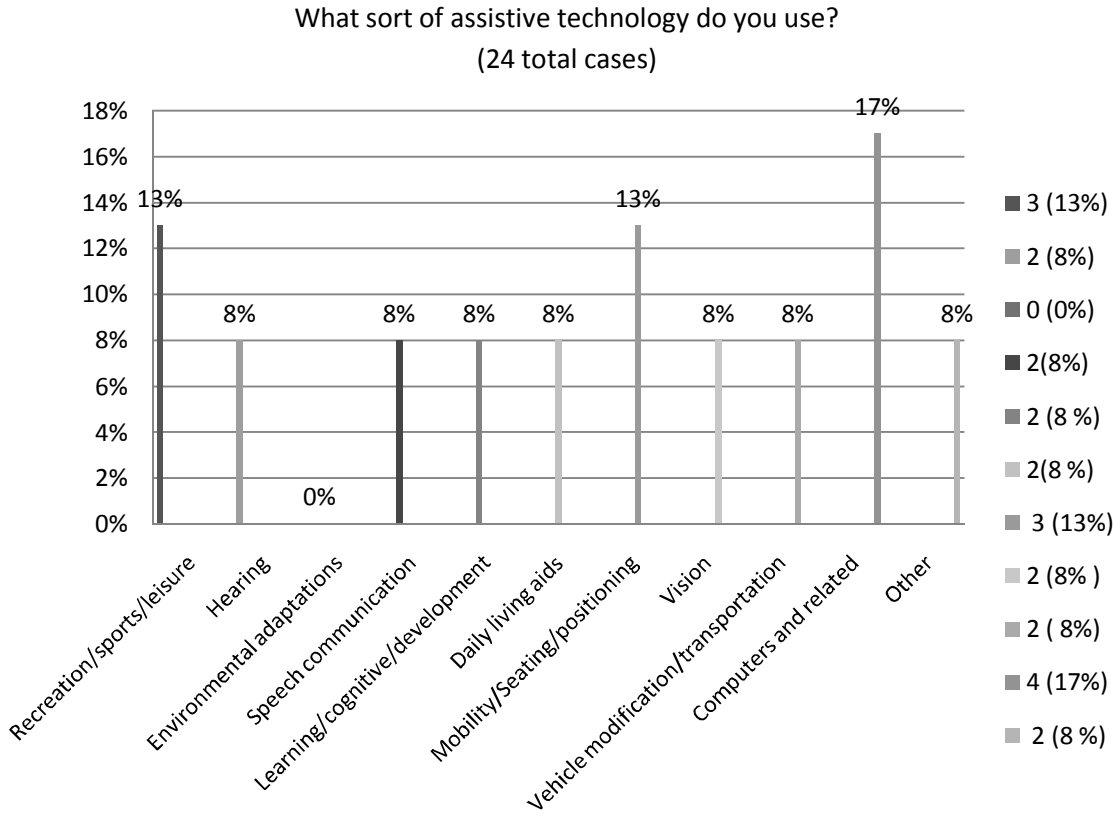


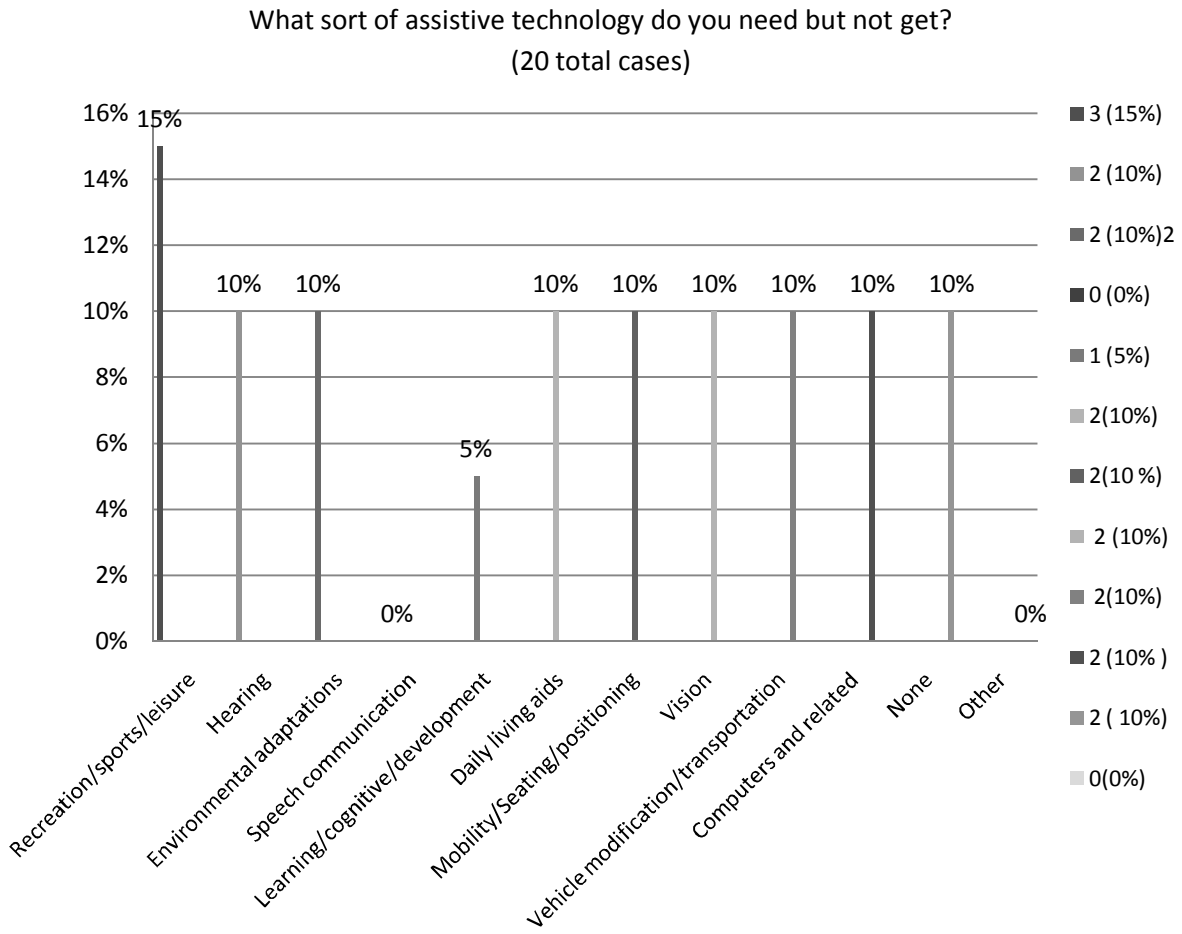

How much choice do you have when planning for the services or care that you get?
(67 total cases)

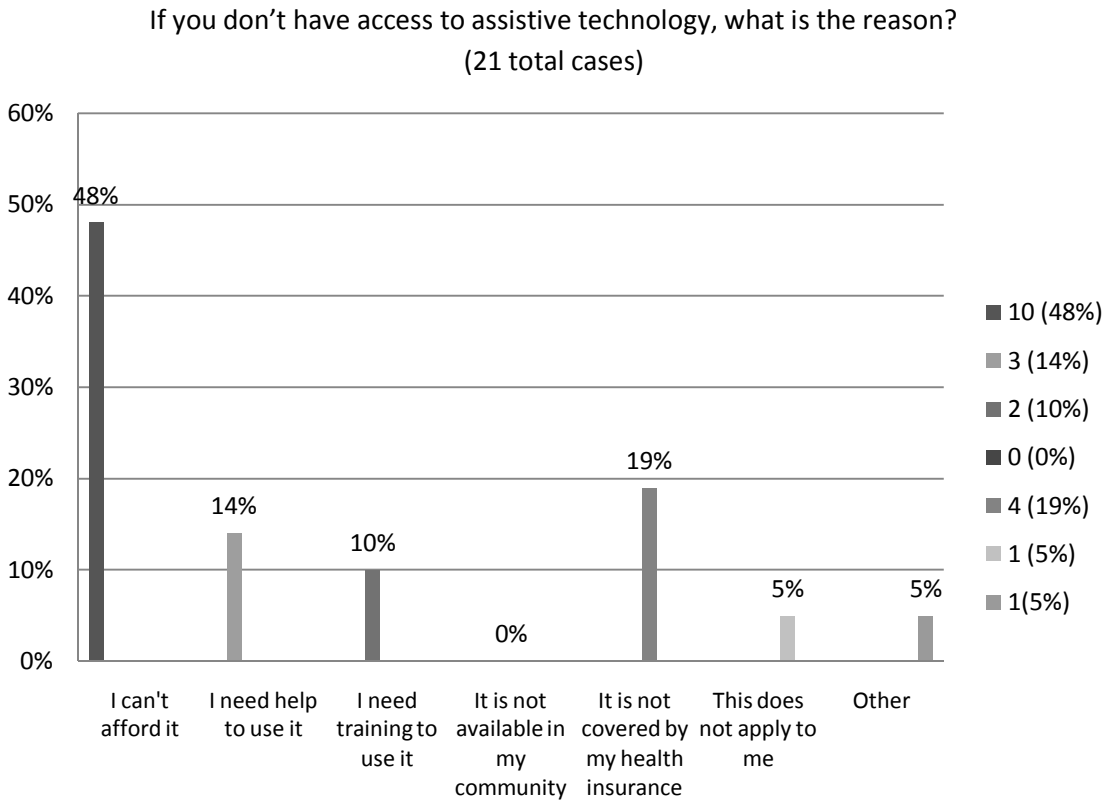


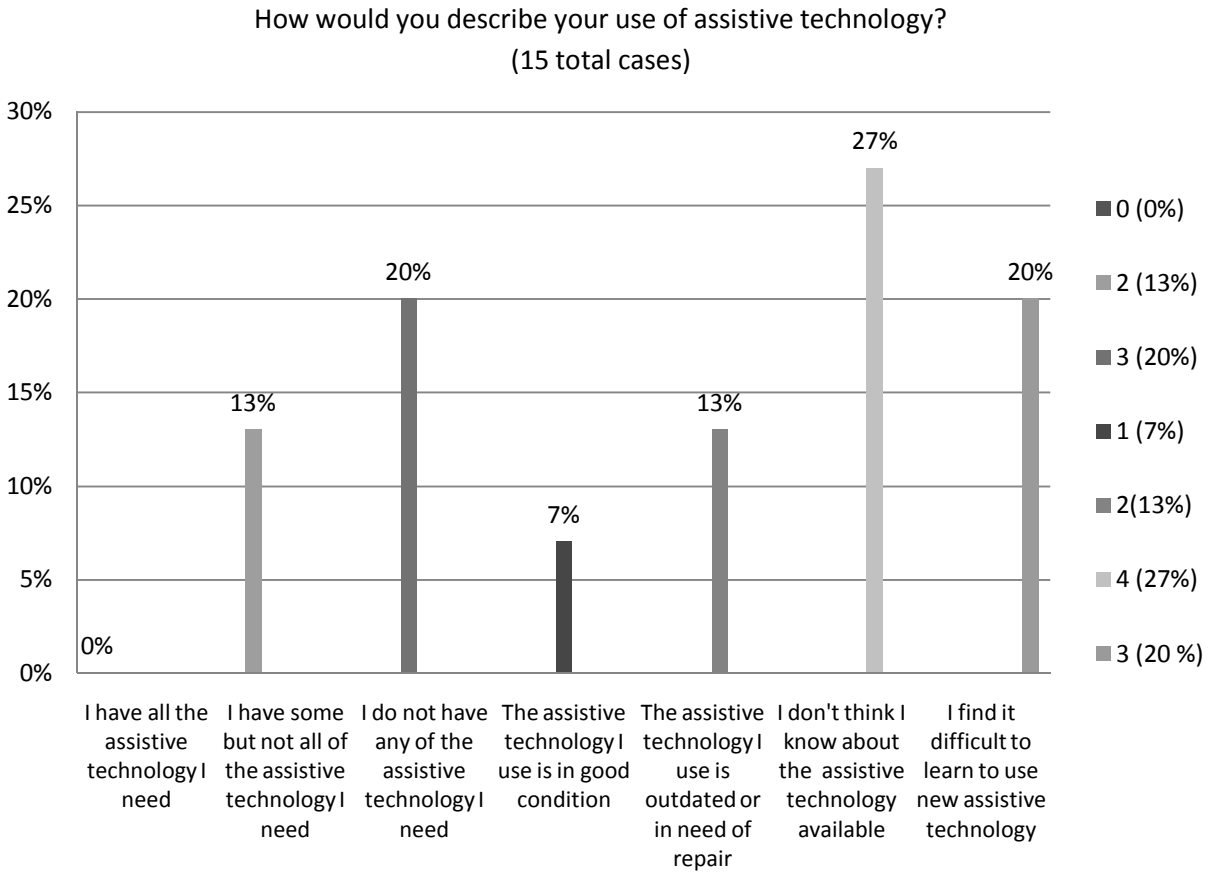
## ASSISTIVE TECHNOLOGY



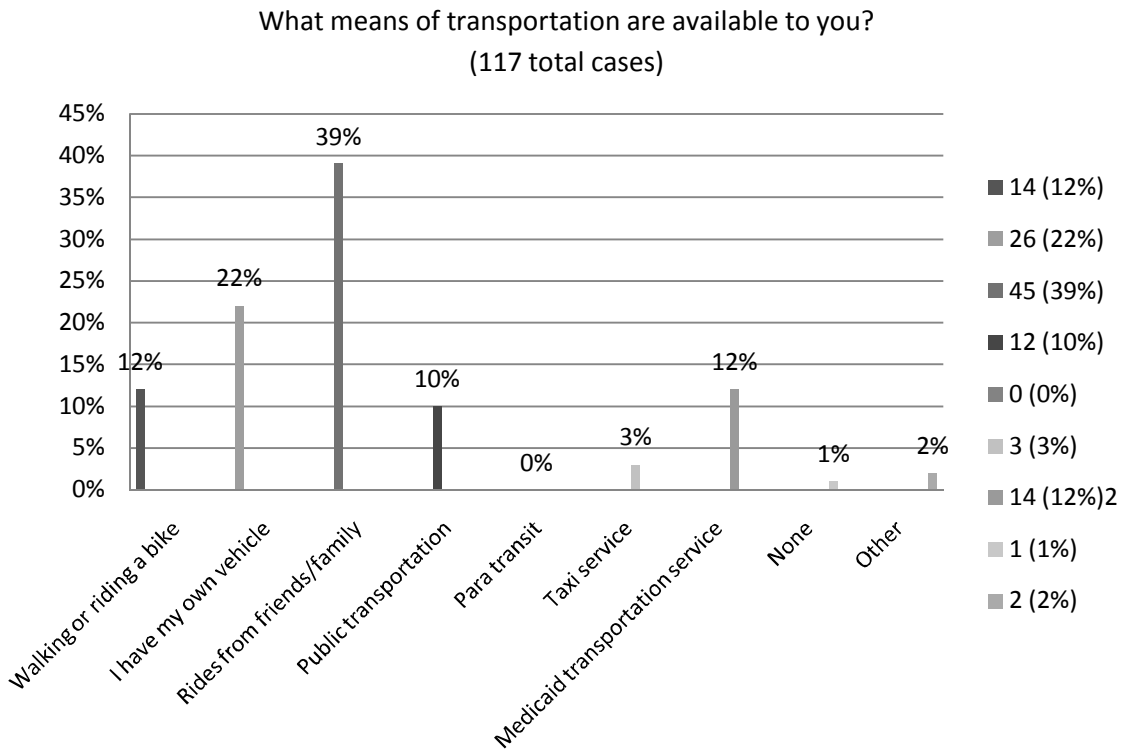



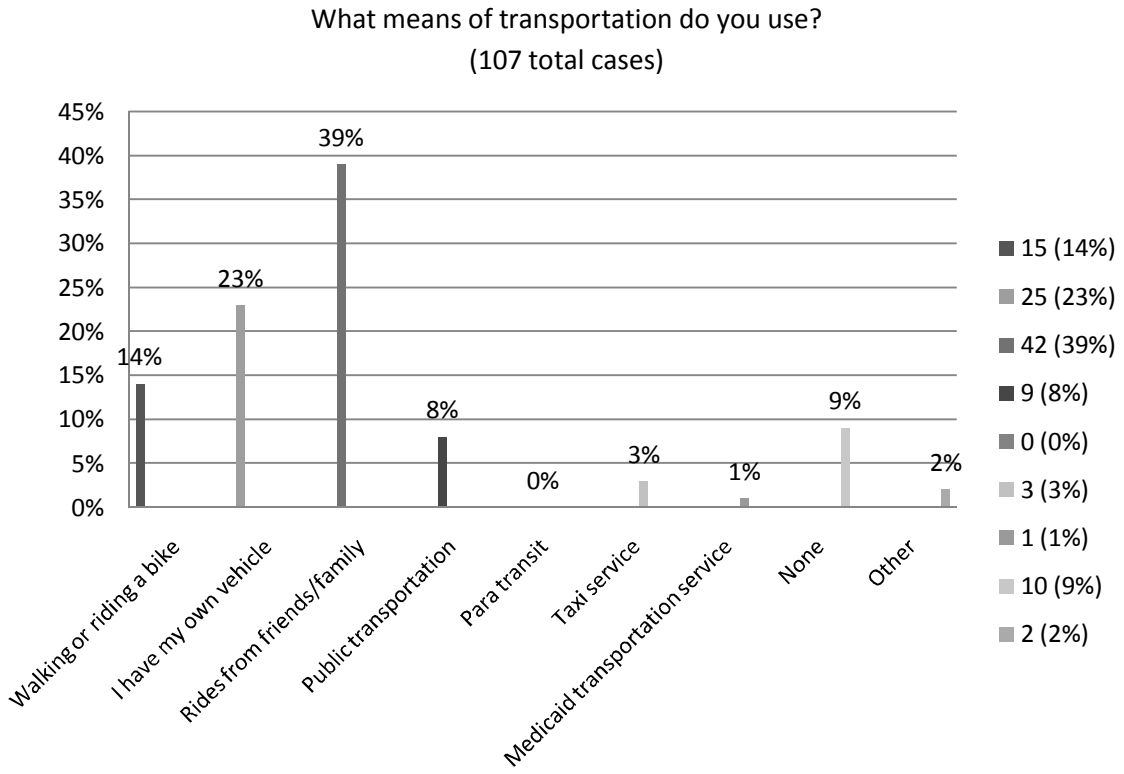

What sort of assistive technology do you need but not get?
(20 total cases)
16%
14%
12%
10%
8%
6%
4%
2%
0%
15%
10%
10%
0%
5%
10%
10%
10%
10%
10%
10%
0%
Recreation/sports/leisure
Hearing
Environmental adaptations
Speech communication
Learning/cognitive/development
Daily living aids
Mobility/Seating/positioning
Vision
Vehicle modification/transportation
Computers and related
None
Other
3 (15%)
2 (10%)
2 (10%)2
0 (0%)
1 (5%)
2(10%)
2(10 %)
2 (10%)
2(10%)
2 (10% )
2 ( 10%)
0(0%)

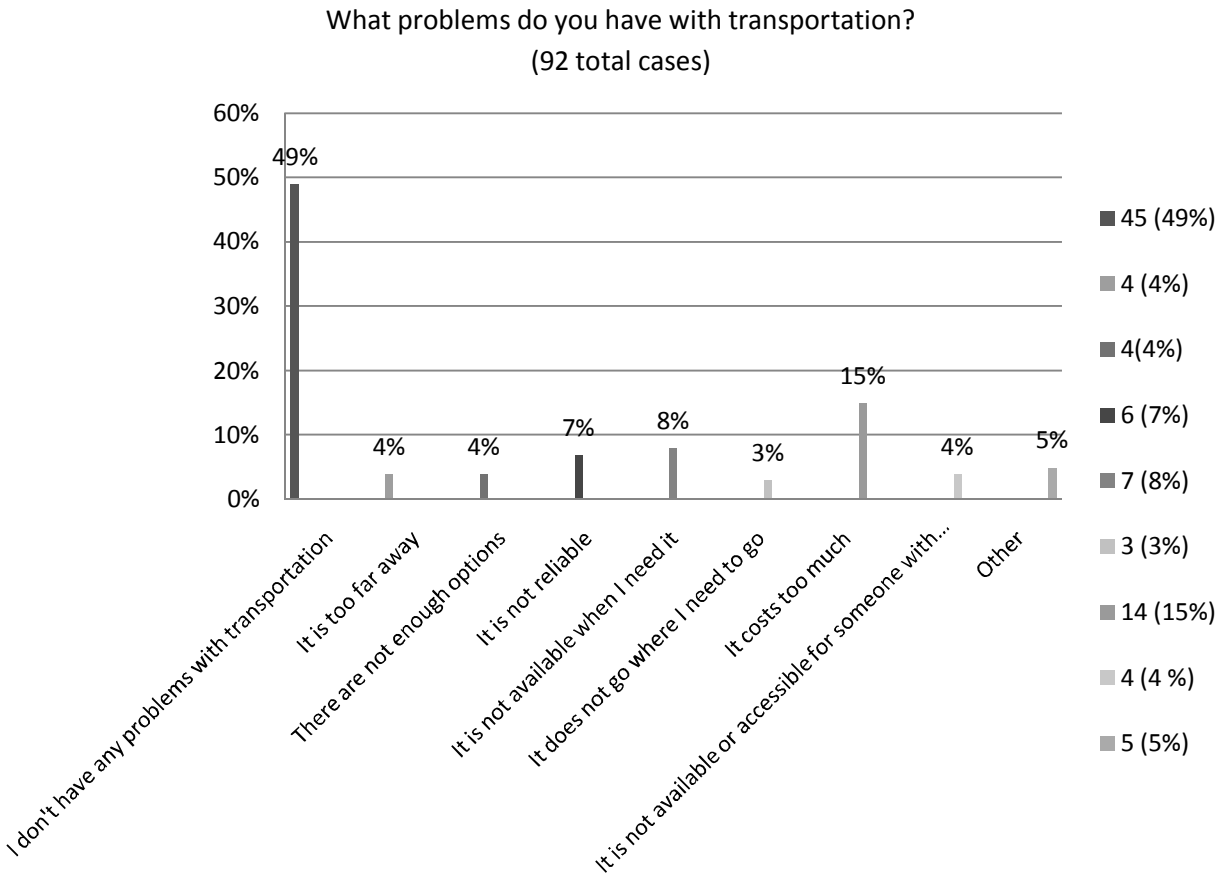

If you don't have access to assistive technology, what is the reason?
(21 total cases)
60%
50%
40%
30%
20%
10%
0%
48%
14%
10%
0%
19%
5%
5%
I can't afford it
I need help to use it
I need training to use it
It is not available in my community
It is not covered by my health insurance
This does not apply to me
Other
10 (48%)
3 (14%)
2 (10%)
0 (0%)
4 (19%)
1 (5%)
1(5%)

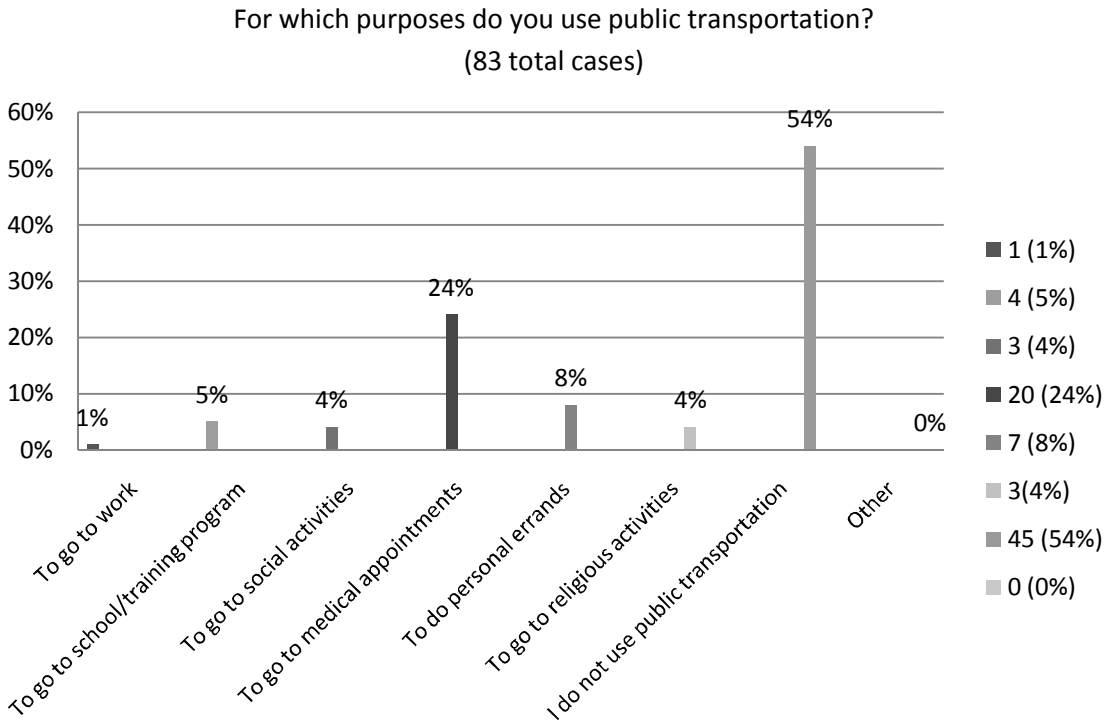

How would you describe your use of assistive technology?
(15 total cases)
30%
25%
20%
15%
10%
5%
0%
0%
13%
20%
7%
13%
27%
20%
I have all the assistive technology I need
I have some but not all of the assistive technology I need
I do not have any of the assistive technology I need
The assistive technology I use is in good condition
The assistive technology I use is outdated or in need of repair
I don't think I know about the assistive technology available
I find it difficult to learn to use new assistive technology
0 (0%)
2 (13%)
3 (20%)
1 (7%)
2(13%)
4 (27%)
3 (20 %)

**TRANSPORTATION**

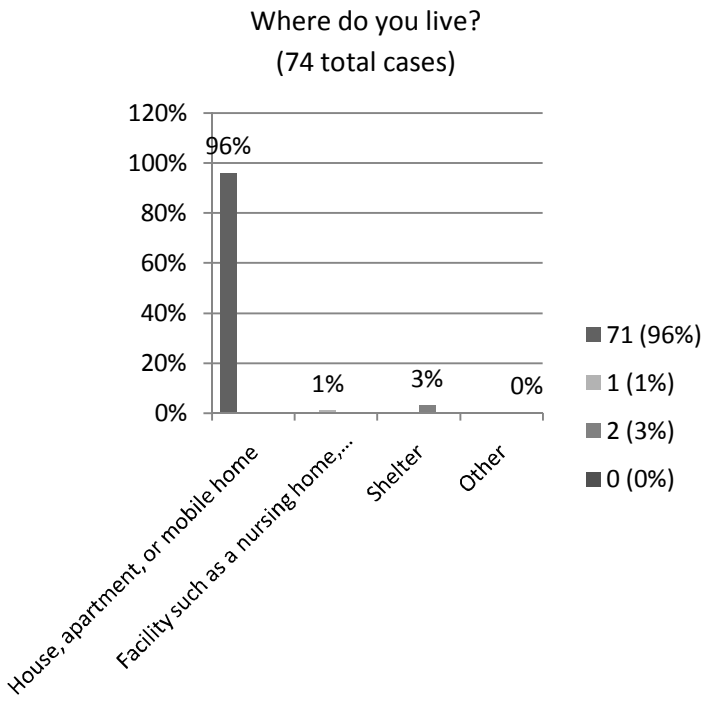


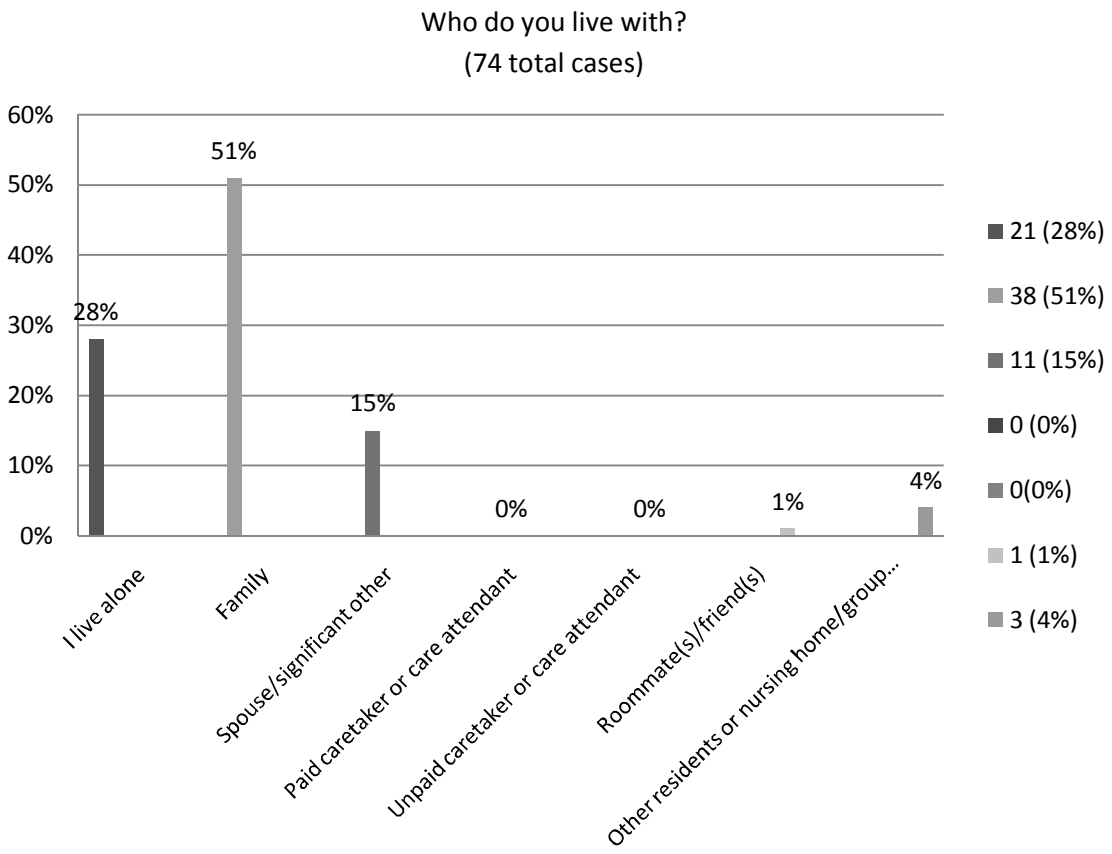




What problems do you have with transportation?
(92 total cases)
60%
50%
40%
30%
20%
10%
0%
49%
4%
4%
7%
8%
3%
15%
4%
5%
I don't have any problems with transportation
It is too far away
There are not enough options
It is not reliable
It is not available when I need it
It does not go where I need to go
It costs too much
It is not available or accessible for someone with...
Other
45 (49%)
4 (4%)
4(4%)
6 (7%)
7 (8%)
3 (3%)
14 (15%)
4 (4 %)
5 (5%)

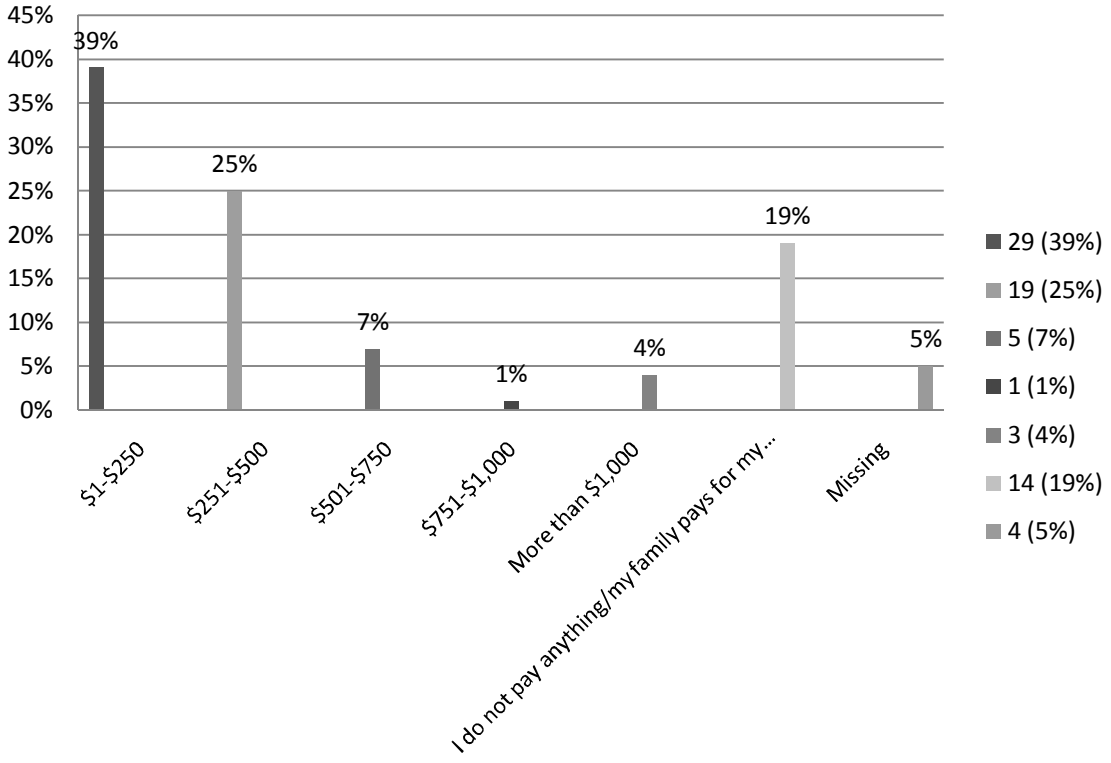

For which purposes do you use public transportation?
(83 total cases)
60%
50%
40%
30%
20%
10%
0%
1%
5%
4%
24%
8%
4%
54%
0%
To go to work
To go to school/training program
To go to social activities
To go to medical appointments
To do personal errands
To go to religious activities
I do not use public transportation
Other
1 (1%)
4 (5%)
3 (4%)
20 (24%)
7 (8%)
3(4%)
45 (54%)
0 (0%)

**HOUSING**

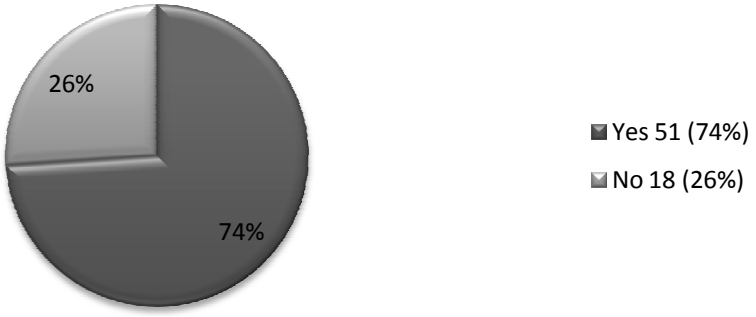

Where do you live?
(74 total cases)
120%
100%
80%
60%
40%
20%
0%
96%
1%
3%
0%
House, apartment, or mobile home
Facility such as a nursing home,...
Shelter
Other
71 (96%)
1 (1%)
2 (3%)
0 (0%)


Who do you live with?
(74 total cases)
60%
50%
40%
30%
20%
10%
0%
28%
51%
15%
0%
0%
1%
4%
I live alone
Family
Spouse/significant other
Paid caretaker or care attendant
Unpaid caretaker or care attendant
Roommate(s)/friend(s)
Other residents or nursing home/group...
21 (28%)
38 (51%)
11 (15%)
0 (0%)
0(0%)
1 (1%)
3 (4%)

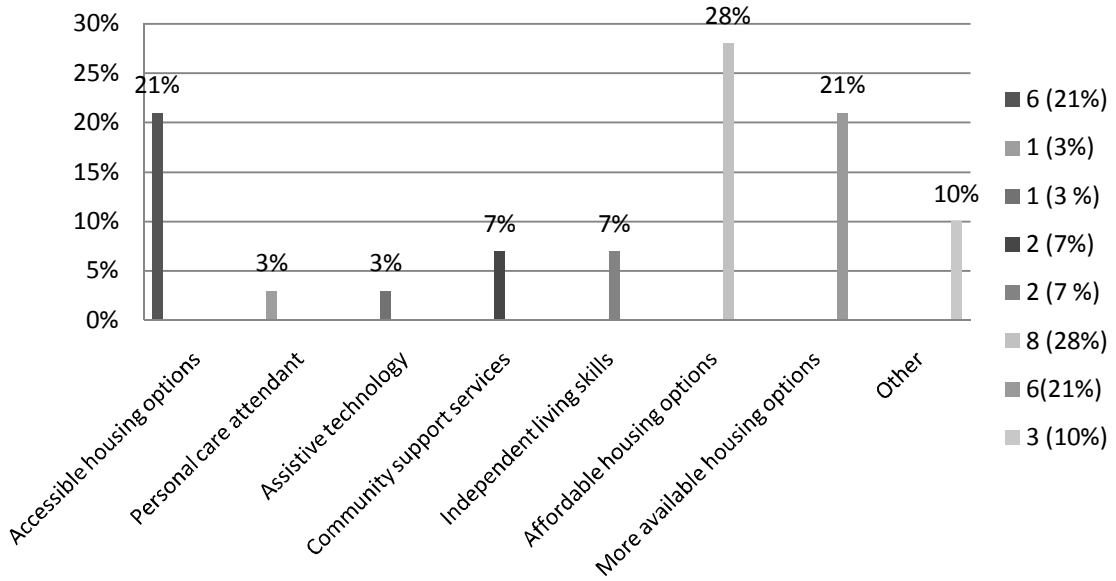
How much do you pay for housing each month, not including utilities?
(71 total cases)




Are you currently living in your preferred living arrangement?
(69 total cases)

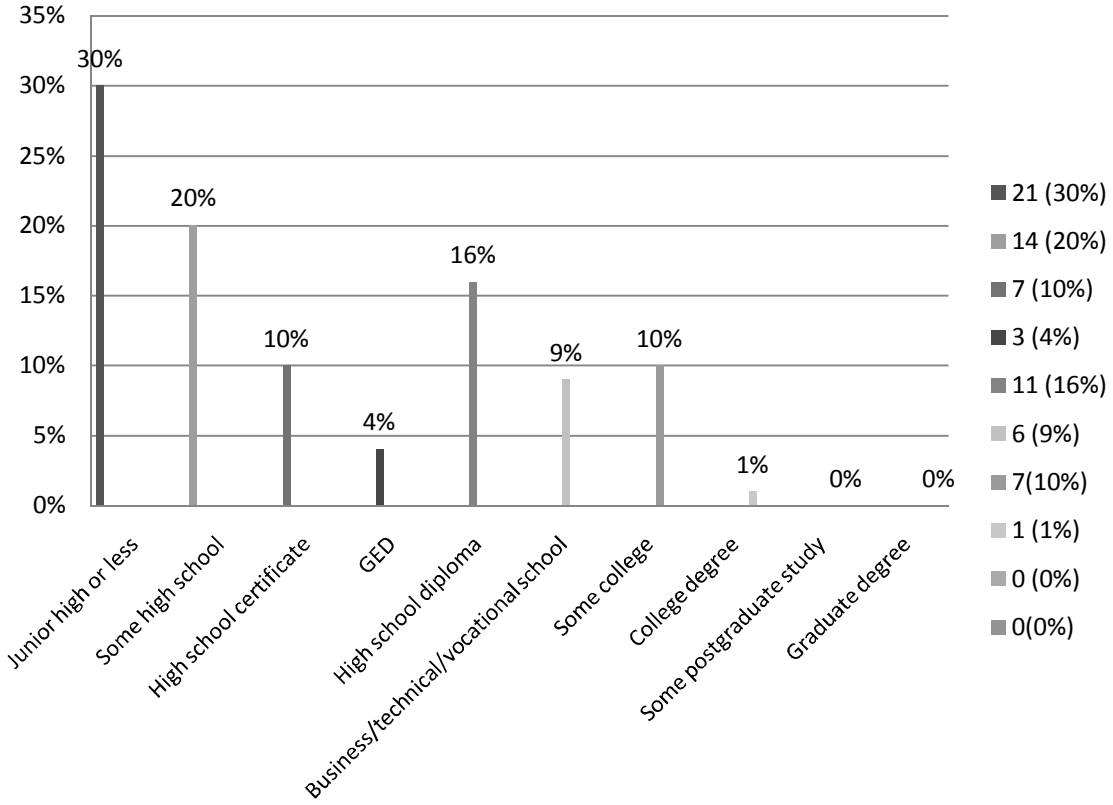


What would you need to live where you want to live?
(29 total cases)

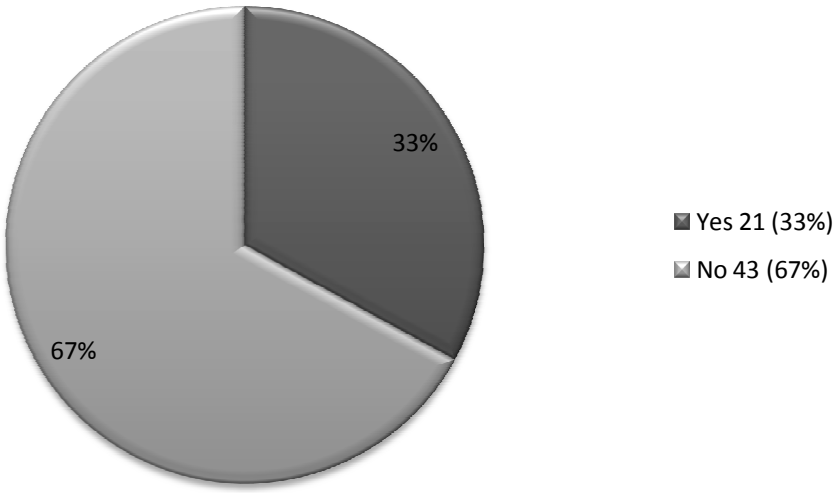


**EDUCATION**

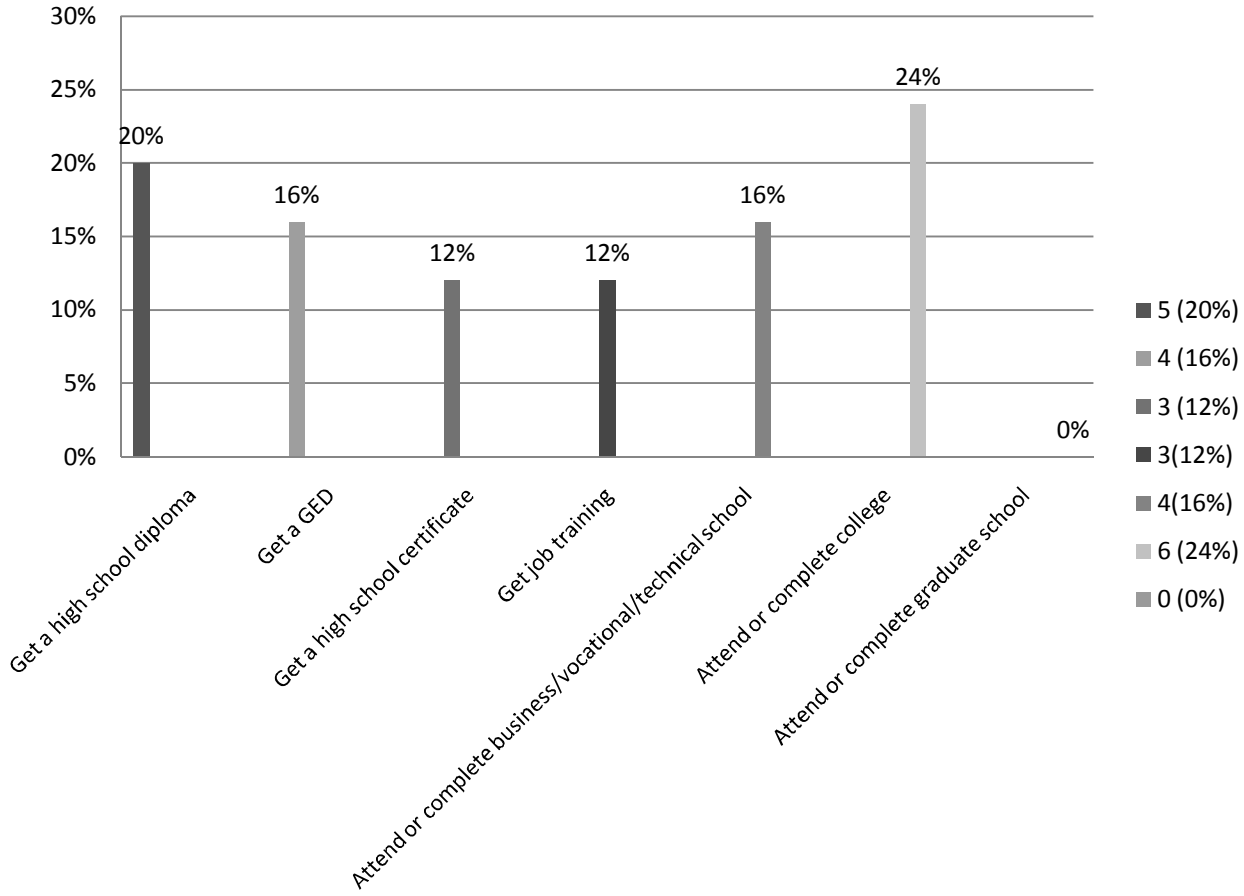
What is the highest level of education or grade level that you have completed?
(70 total cases)



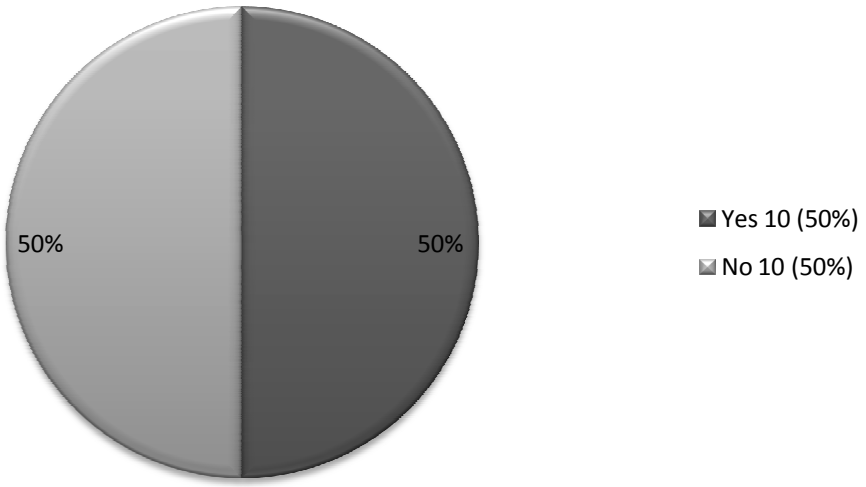

Do you want to or are you currently continuing your education?
(64 total cases)



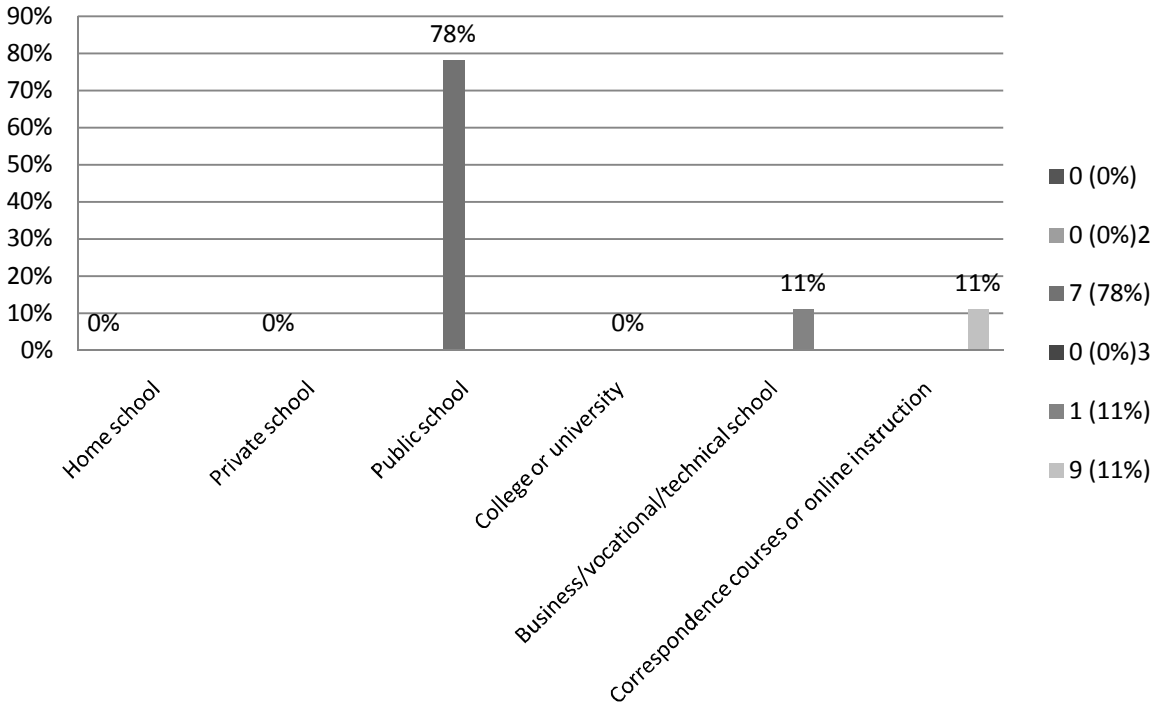
What are your current educational goals?
(25 total cases)



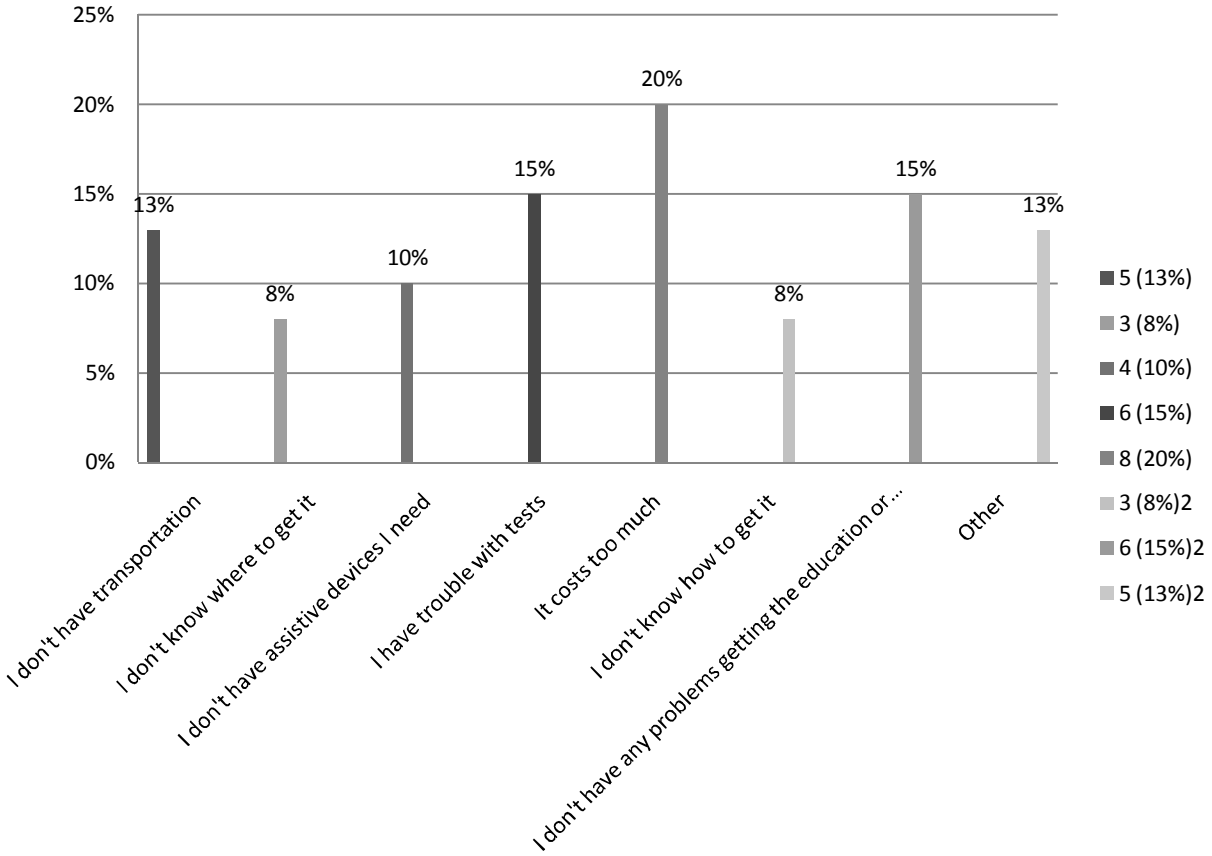

Are you currently enrolled in school or in a training program?
(20 total cases)



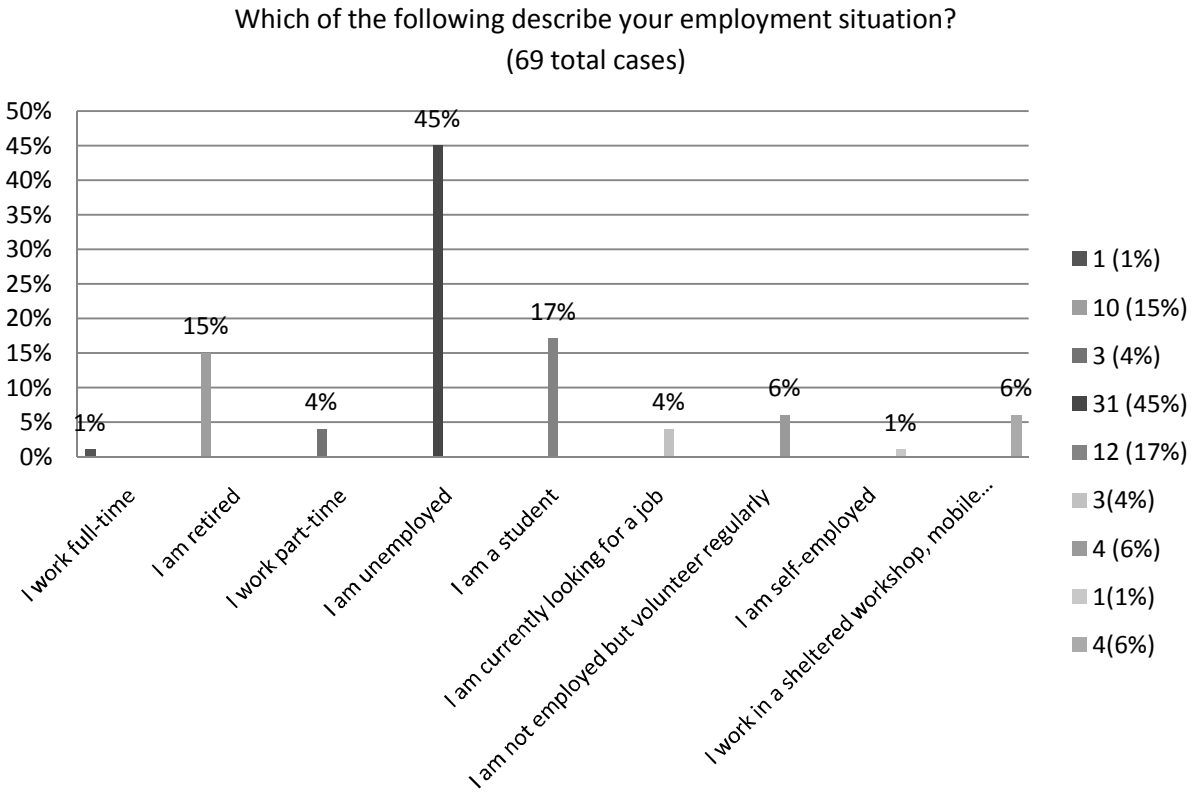
What type of school or program are you enrolled in?
(9 total cases)

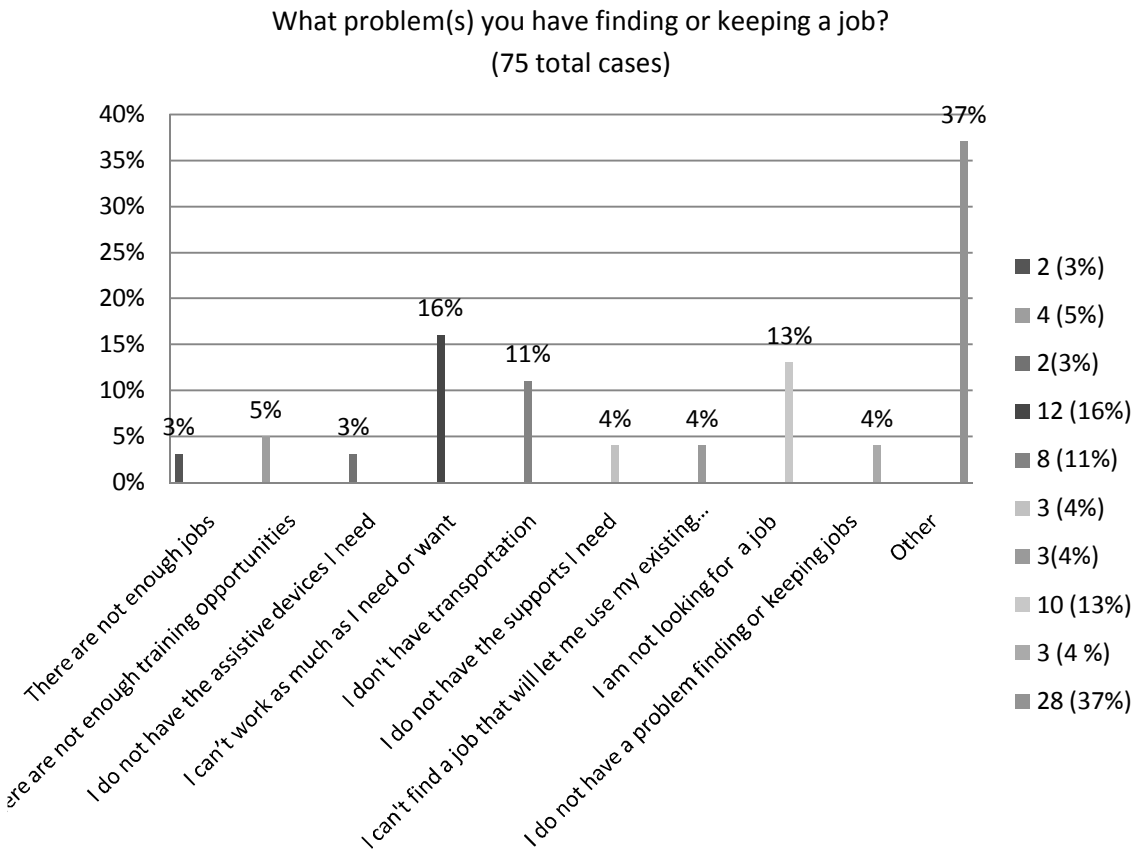



What keeps you from getting the education or training you need?
(40 total cases)

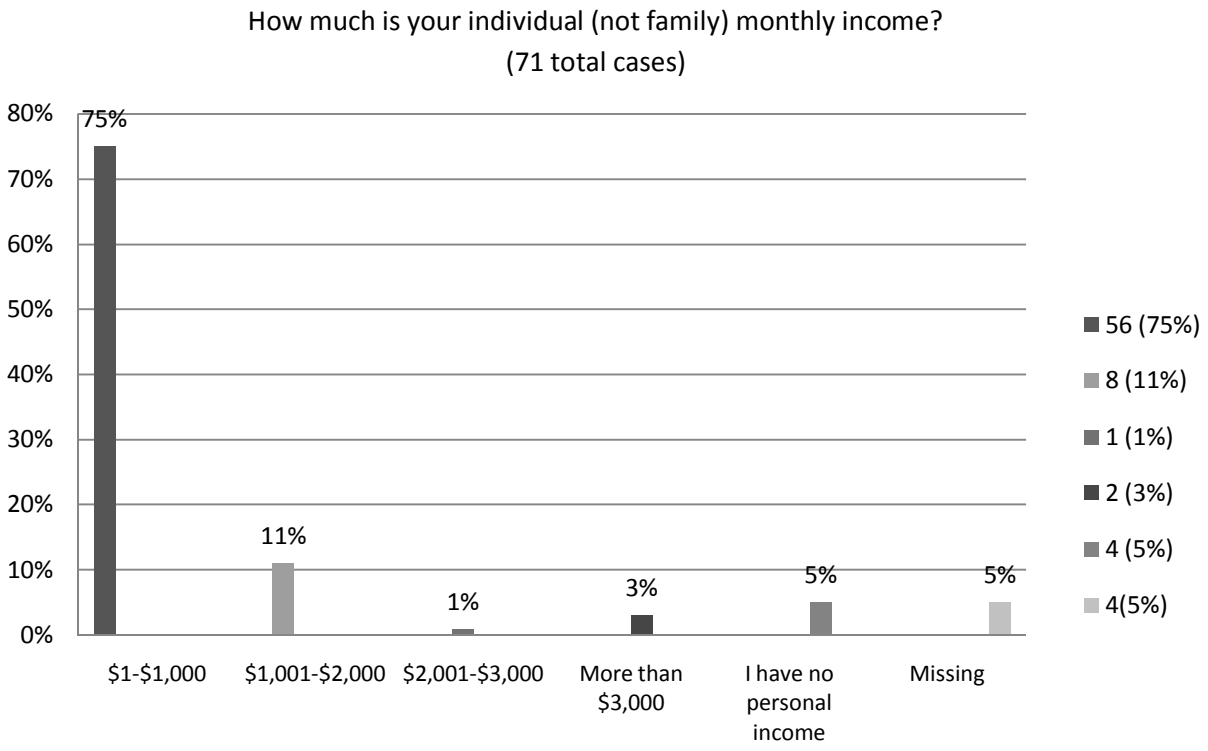


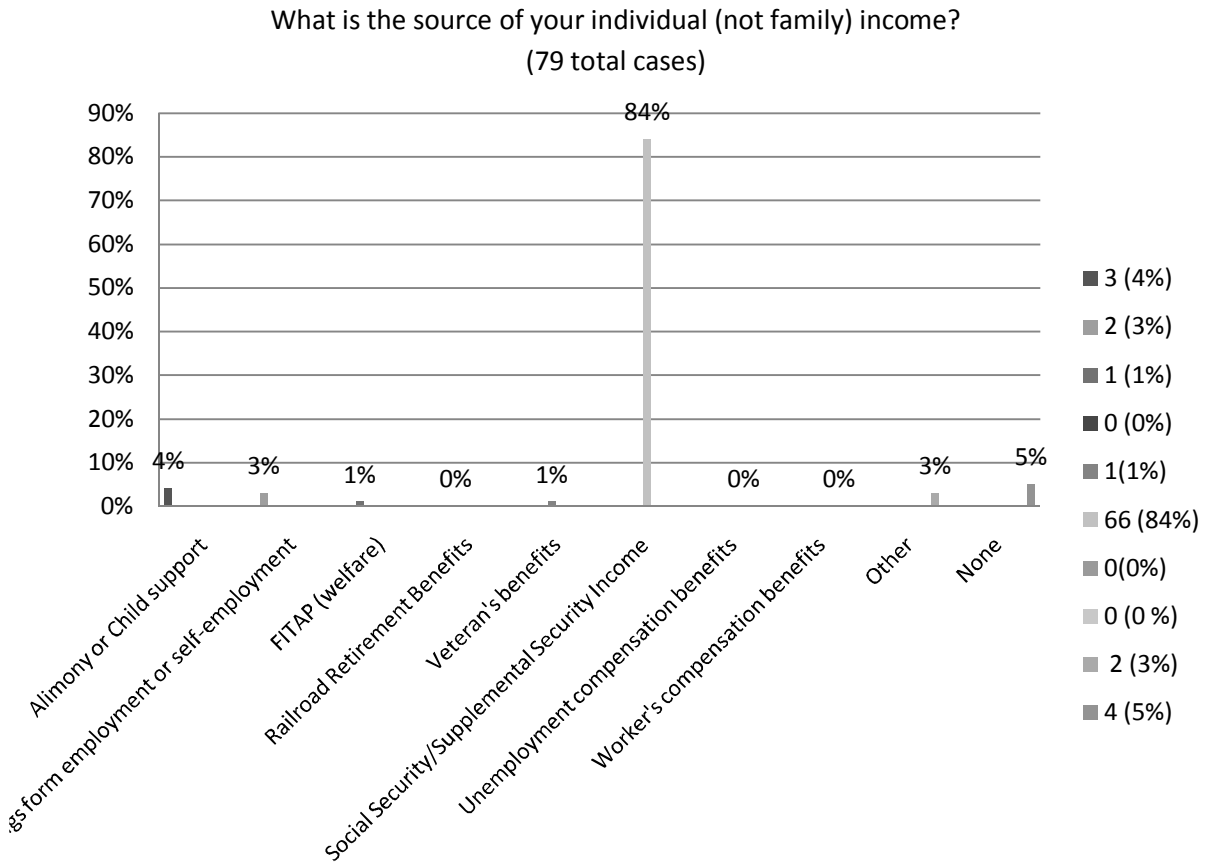
**EMPLOYMENT**

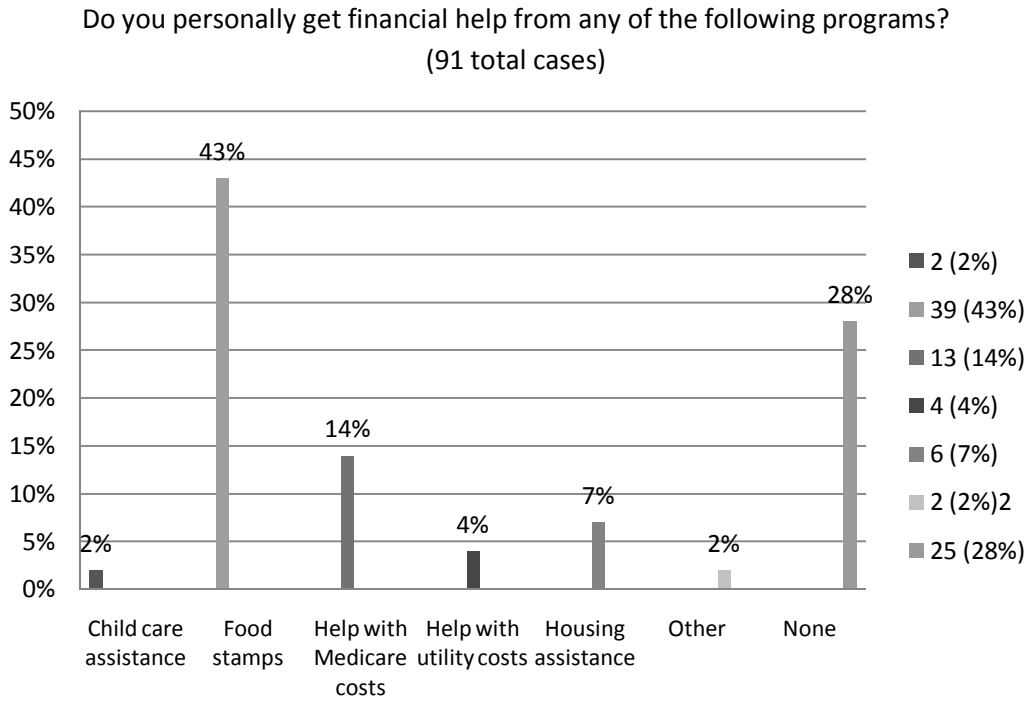

Which of the following describe your employment situation?
(69 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1%
15%
4%
45%
17%
4%
6%
1%
6%
I work full-time
I am retired
I work part-time
I am unemployed
I am a student
I am currently looking for a job
I am not employed but volunteer regularly
I am self-employed
I work in a sheltered workshop, mobile...
1 (1%)
10 (15%)
3 (4%)
31 (45%)
12 (17%)
3(4%)
4 (6%)
1(1%)
4(6%)


What problem(s) you have finding or keeping a job?
(75 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
3%
5%
3%
16%
11%
4%
4%
13%
4%
37%
There are not enough jobs
ere are not enough training opportunities
I do not have the assistive devices I need
I can't work as much as I need or want
I don't have transportation
I do not have the supports I need
I can't find a job that will let me use my existing...
I am not looking for a job
I do not have a problem finding or keeping jobs
Other
2 (3%)
4 (5%)
2(3%)
12 (16%)
8 (11%)
3 (4%)
3(4%)
10 (13%)
3 (4 %)
28 (37%)

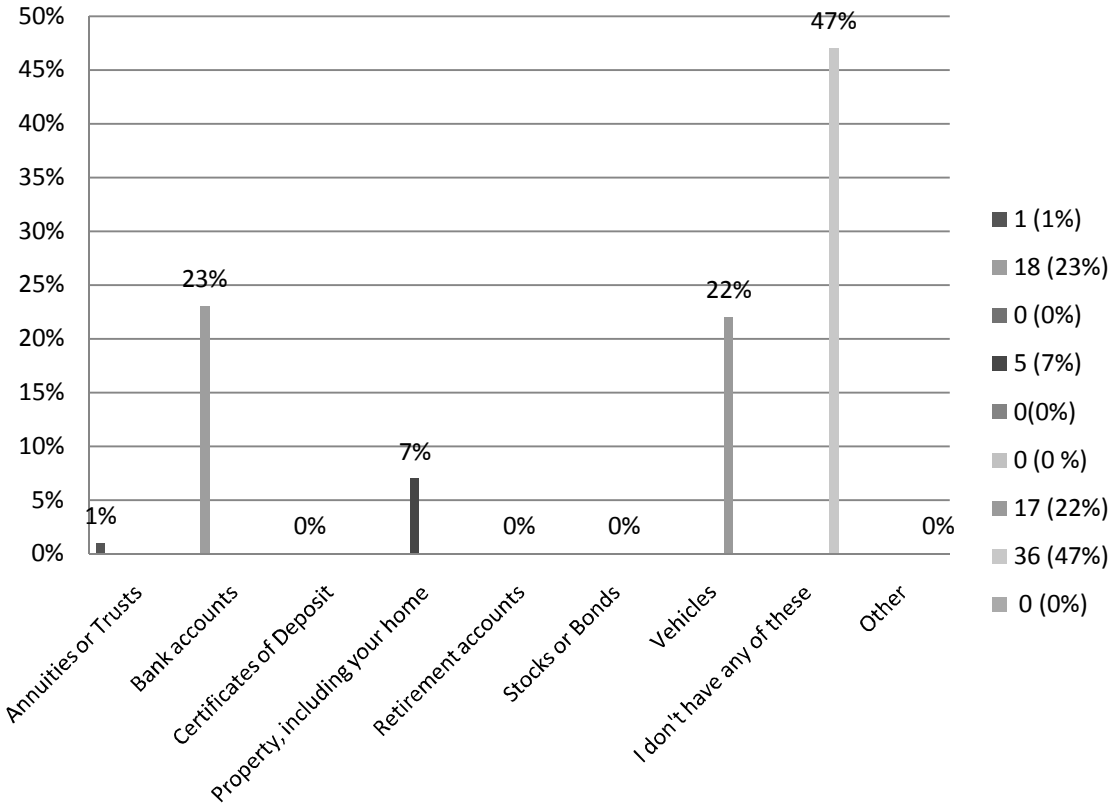
**FINANCES**


How much is your individual (not family) monthly income?
(71 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
75%
11%
1%
3%
5%
5%
$1-$1,000
$1,001-$2,000
$2,001-$3,000
More than $3,000
I have no personal income
Missing
56 (75%)
8 (11%)
1 (1%)
2 (3%)
4 (5%)
4(5%)

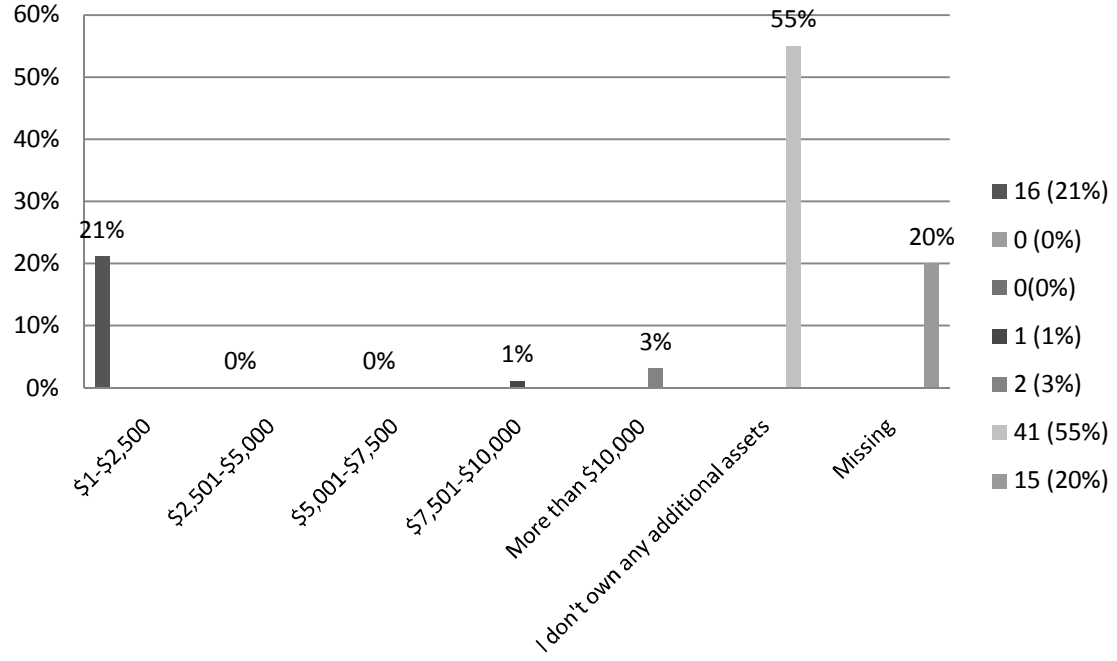

What is the source of your individual (not family) income?
(79 total cases)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
4%
3%
1%
0%
1%
84%
0%
0%
3%
5%
Alimony or Child support
gs form employment or self-employment
FITAP (welfare)
Railroad Retirement Benefits
Veteran's benefits
Social Security/Supplemental Security Income
Unemployment compensation benefits
Worker's compensation benefits
Other
None
3 (4%)
2 (3%)
1 (1%)
0 (0%)
1(1%)
66 (84%)
0(0%)
0 (0 %)
2 (3%)
4 (5%)


Do you personally get financial help from any of the following programs?
(91 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
2%
43%
14%
4%
7%
2%
28%
Child care assistance
Food stamps
Help with Medicare costs
Help with utility costs
Housing assistance
Other
None
2 (2%)
39 (43%)
13 (14%)
4 (4%)
6 (7%)
2 (2%)2
25 (28%)

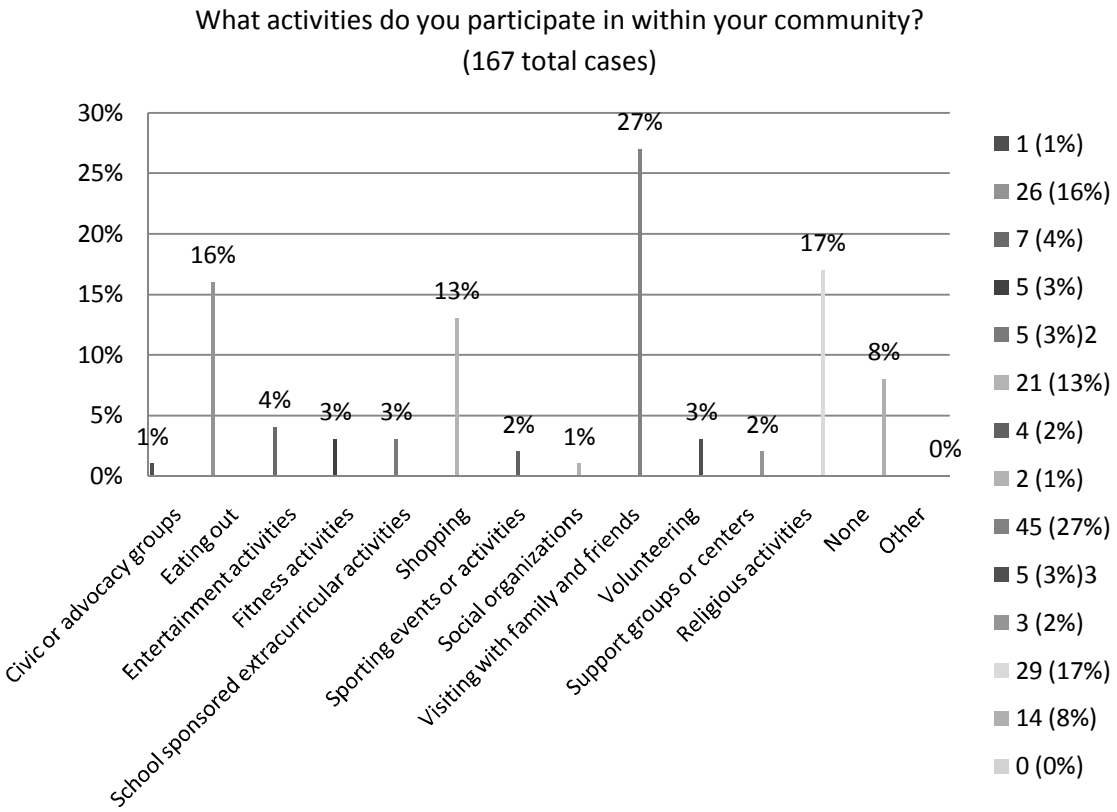
Which of the following kinds of assets or resources do you personally own?
(77 total cases)



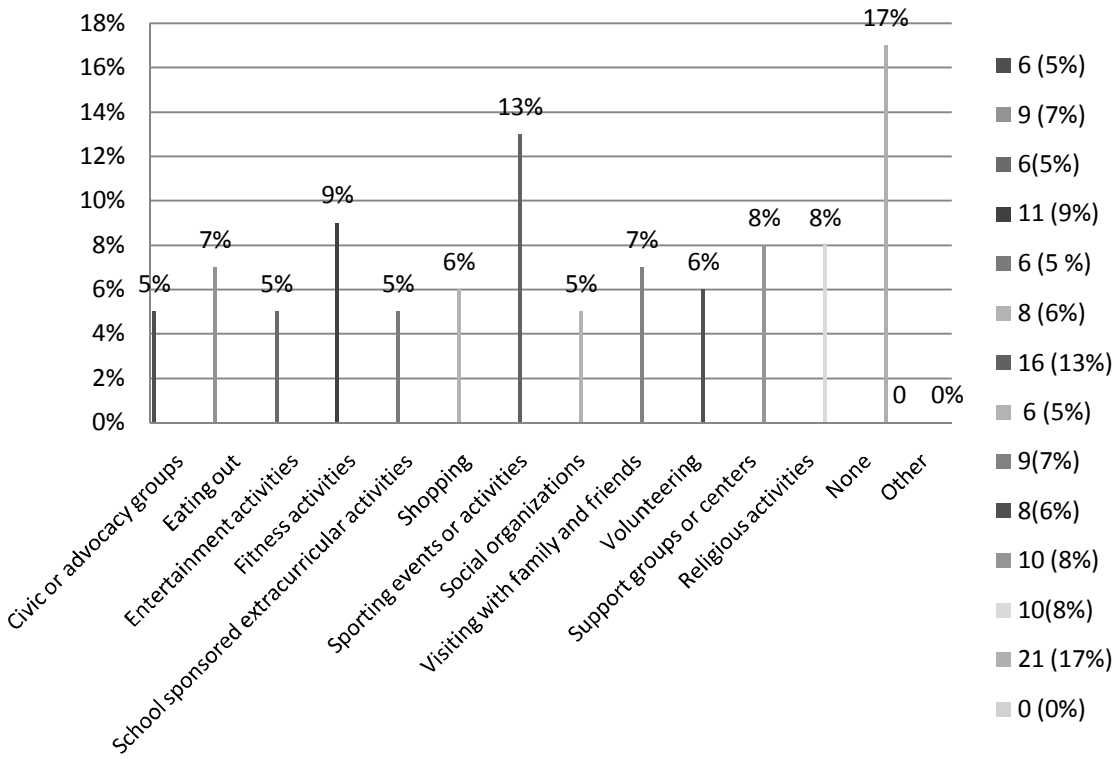

How much are your personal resources worth, other than your home or vehicle?
(60 total cases)



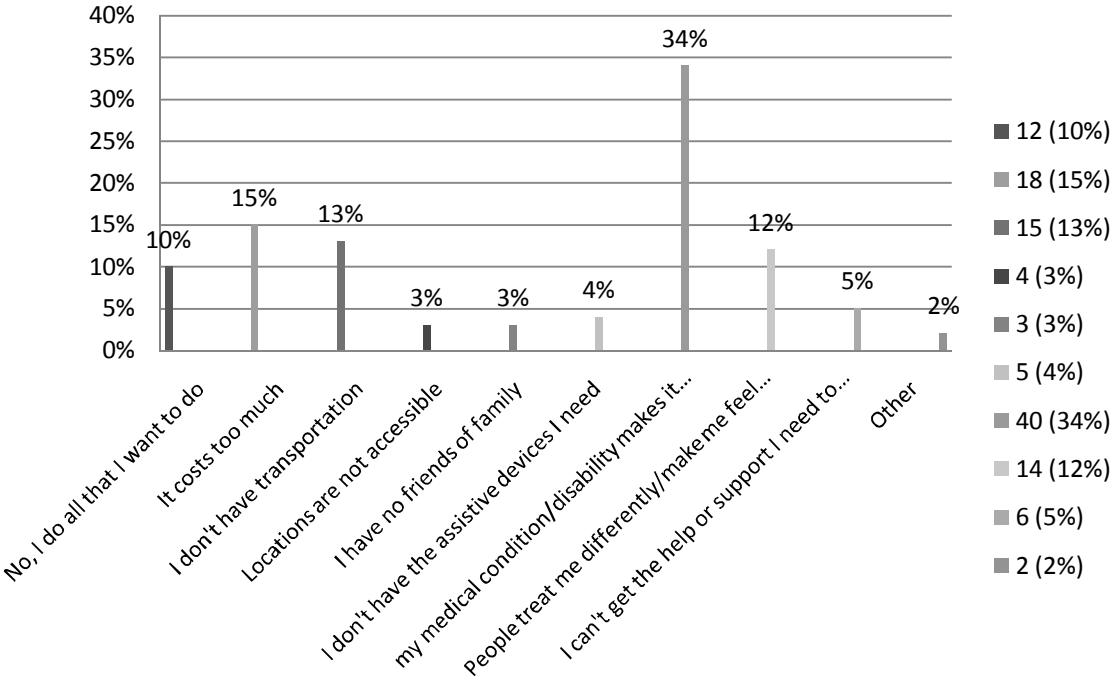
## COMMUNITY INVOLVEMENT



What activities would you like to participate in, but cannot?
(126 total cases)

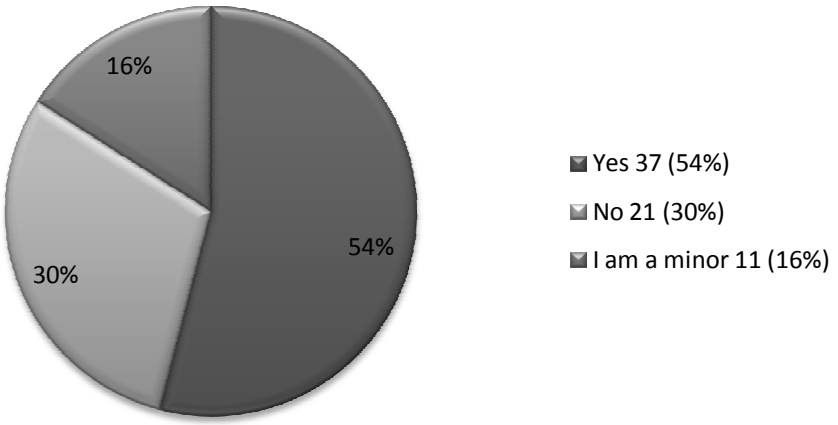



Is there anything that makes it hard for you to do the things you want?
(119 total cases)

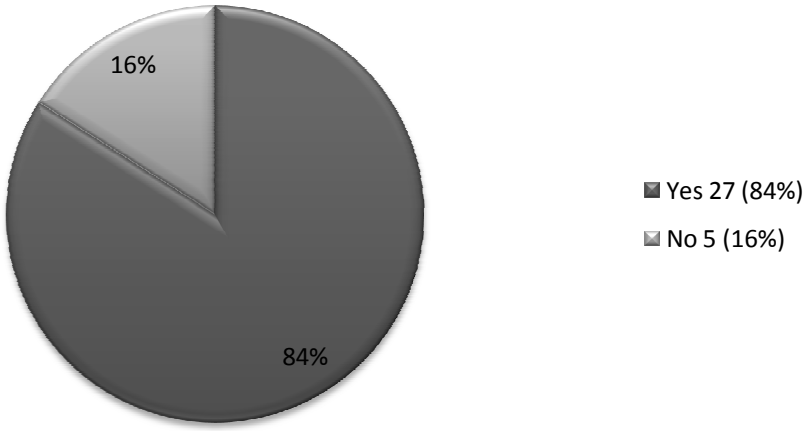


**CIVIC INVOLVEMENT**

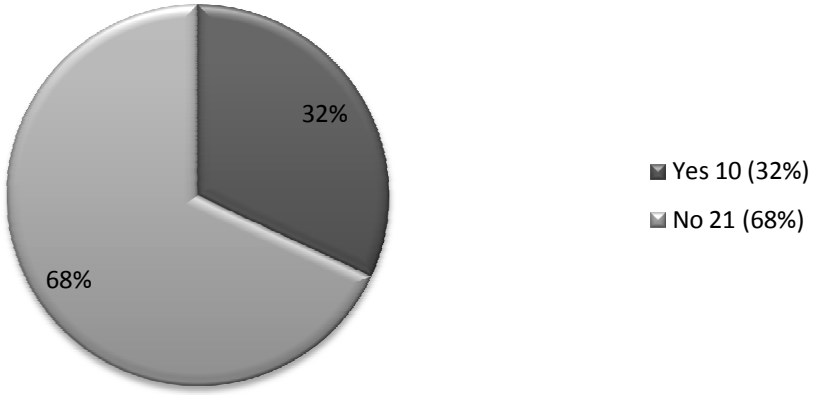
Are you registered to vote?
(69 total cases)



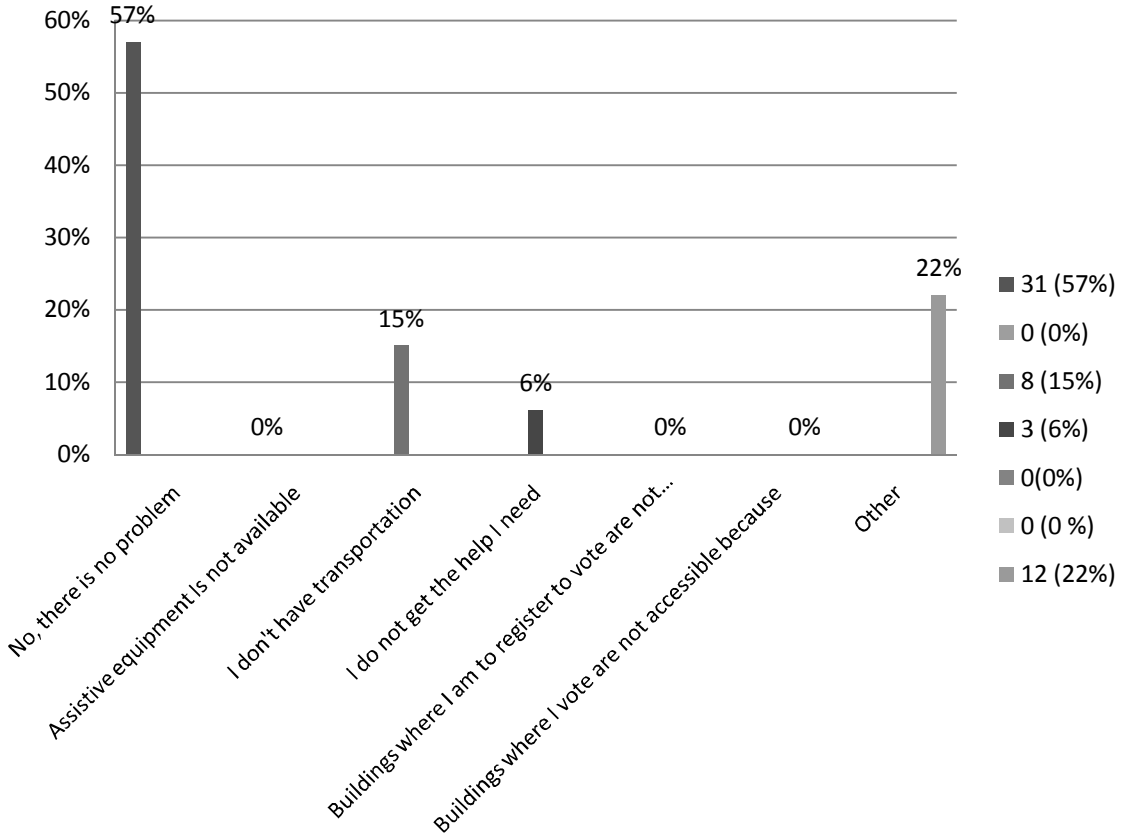

Have you voted in any election in the last four years?
(32 total cases)



Have you used special voting services such as vote by mail or early voting?
(31 total cases)

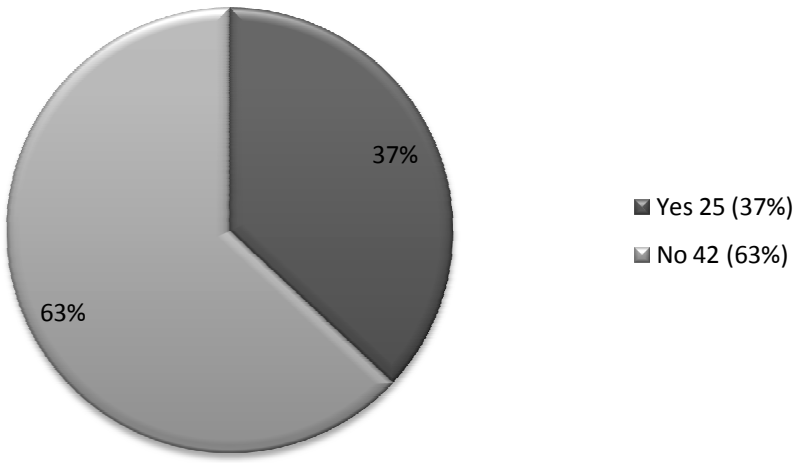



Is there anything that makes it hard for you to vote?
(54 total cases)

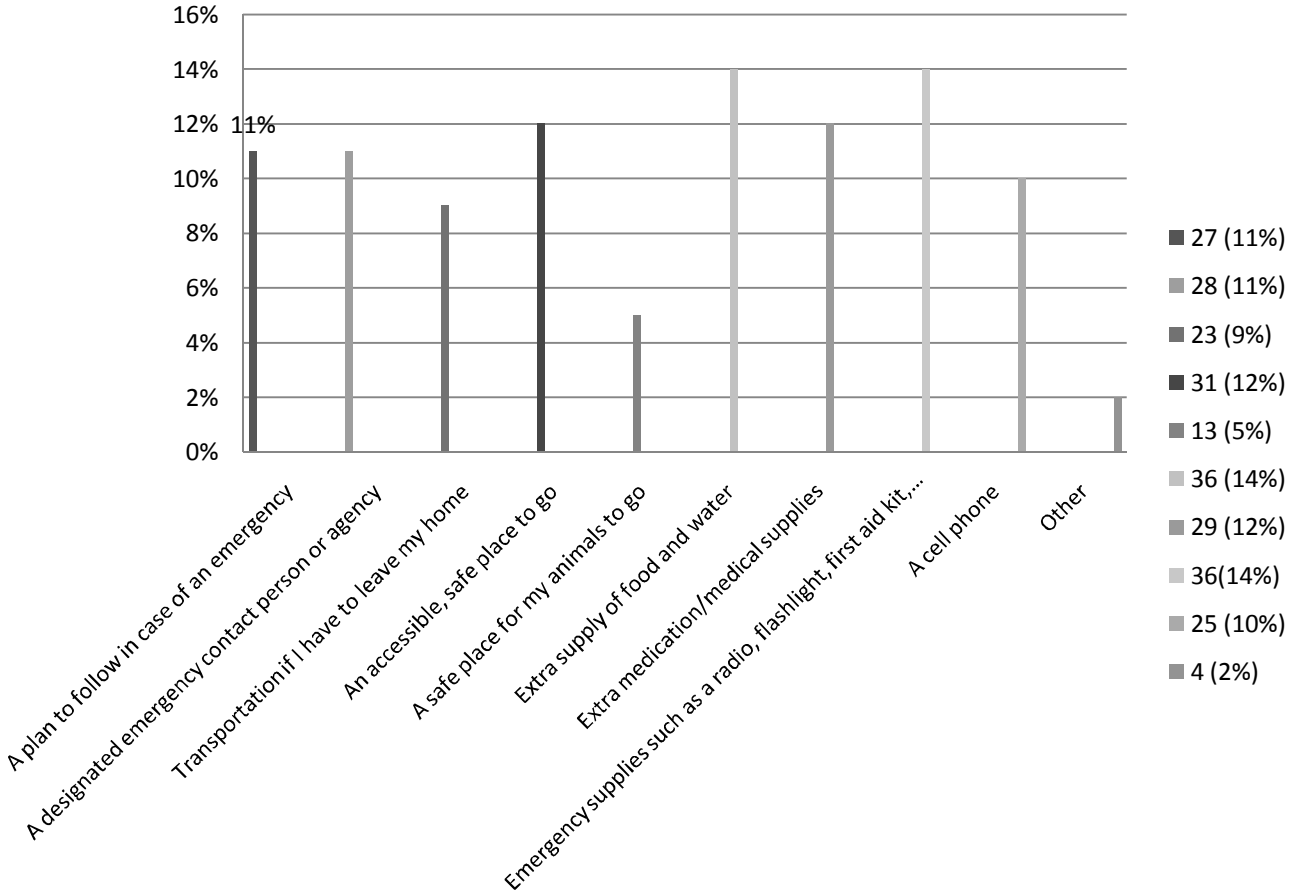


## EMERGENCY PREPAREDNESS

Do you have a plan in place to deal with an emergency situation?
(67 total cases)




What would you need to be prepared for a future emergency situation?
(252 total cases)



# Region VI – Tables

## GENERAL INFORMATION

### Format of Survey

| | Number | Percent |
|---|---|---|
| Paper | 65 | 89% |
| Internet | 6 | 8% |
| Telephone | 2 | 3% |
| *Total Cases* | 75 | |

### Who is filling out this survey?

| | Number | Percent |
|---|---|---|
| A person with a disability | 41 | 55% |
| A helper or friend of a person with a disability | 9 | 12% |
| The parent or guardian of a minor child with a disability | 13 | 17% |
| The parent or guardian of an adult with a disability | 11 | 15% |
| A court appointed guardian, curator, tutor or agent | 1 | 1% |
| A professional or advocate | 0 | 0% |
| *Total Cases* | 75 | |

### Why is someone helping you fill out this survey?

| | Number | Percent |
|---|---|---|
| This doesn't apply to me- I am answering this survey by myself | 38 | 51% |
| I am providing the answers and this person is recording them | 3 | 4% |
| I am unable to answer this survey | 18 | 24% |
| I do not want to participate in this survey | 0 | 0% |
| I am under 18 and this person is my parent or guardian | 12 | 16% |
| Other | 3 | 4% |
| *Total Cases* | 74 | |

**What is the type of your disability?**

| | Number | Percent |
|---|---|---|
| Mental health/ Emotional disorder | 34 | 30% |
| Physical | 33 | 29% |
| Learning/ Cognitive | 14 | 12% |
| Speech Communication | 12 | 10% |
| Sensory | 2 | 2% |
| Chronic health condition | 20 | 17% |
| *Total Cases* | 115 | |

**How long have you lived with your disability?**

| | Number | Percent |
|---|---|---|
| 1-10 years | 30 | 42% |
| 11-20 years | 19 | 26% |
| 21-30 years | 11 | 15% |
| 31-40 years | 7 | 10% |
| 41-50 years | 3 | 4% |
| 51-60 years | 1 | 1% |
| 61-70 years | 1 | 1% |
| *Total Cases* | 72 | |

**How would you judge your condition?**

| | Number | Percent |
|---|---|---|
| It is getting better | 1 | 1% |
| It comes and goes | 6 | 9% |
| It only gets worse | 13 | 19% |
| It is ongoing with little or no change | 32 | 46% |
| It is ongoing with constant change | 17 | 25% |
| *Total Cases* | 69 | |

**How long is your disability expected to last?**

| | Number | Percent |
|---|---|---|
| It is permanent | 57 | 80% |
| It is temporary | 0 | 0% |
| I'm not sure | 14 | 20% |
| *Total Cases* | 71 | |

**What is your race or ethnicity?**

| | Number | Percent |
|---|---|---|
| African American/ Black | 38 | 48% |
| Asian/ Pacific Islander | 1 | 1% |
| Caucasian/ White | 35 | 44% |
| Hispanic/ Latino | 0 | 0% |
| Native American | 4 | 5% |
| Multi-racial | 1 | 1% |
| Other | 0 | 0% |
| *Total Cases* | 79 | |

**What is your gender?**

| | Number | Percent |
|---|---|---|
| Male | 39 | 53% |
| Female | 35 | 47% |
| *Total Cases* | 74 | |

**How old are you?**

| | Number | Percent |
|---|---|---|
| Under 18 | 13 | 17% |
| 18-21 | 2 | 3% |
| 22-30 | 9 | 12% |
| 31-40 | 12 | 16% |
| 41-50 | 16 | 21% |
| 51-60 | 17 | 23% |
| 61-70 | 6 | 8% |
| 71-79 | 0 | 0% |
| *Total Cases* | 75 | |

**Which of the following helps you find out about available services?**

| | Number | Percent |
|---|---|---|
| Agencies | 18 | 10% |
| Healthcare providers | 39 | 22% |
| Internet | 8 | 5% |
| Library | 2 | 1% |
| Magazines | 2 | 1% |
| Mail | 19 | 11% |
| Newsletters | 9 | 5% |
| Newspaper | 12 | 7% |
| Radio | 8 | 5% |
| Relatives/ friends | 33 | 18% |
| Television | 20 | 11% |
| Other | 9 | 5% |
| *Total Cases* | 179 | |

## HEALTH CARE

### What type of health insurance do you have?

| | Number | Percent |
|---|---|---|
| None | 8 | 8% |
| Insurance through an employer | 2 | 2% |
| Medicaid (blue & white card) | 52 | 50% |
| Medicare (red, white & blue card) | 21 | 20% |
| Medicare prescription drug coverage | 18 | 17% |
| Private insurance | 0 | 0% |
| Other | 4 | 4% |
| *Total Cases* | 105 | |

### About how much do you or your family pay each month for this insurance?

| | Number | Percent |
|---|---|---|
| $0 | 38 | 51% |
| $1-10 | 0 | 0% |
| $11-20 | 2 | 3% |
| $21-30 | 0 | 0% |
| $31-40 | 1 | 1% |
| $41-50 | 0 | 0% |
| $51-60 | 0 | 0% |
| $61-70 | 0 | 0% |
| $71-80 | 0 | 0% |
| $81-90 | 0 | 0% |
| $91-100 | 3 | 4% |
| $101-200 | 2 | 3% |
| $210-300 | 1 | 1% |
| More than $300 | 1 | 1% |
| Missing | 27 | 36% |
| *Total Cases* | 91 | |

**About how much of your own or your family's money is spent each month for medical expenses other than insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 13 | 17% |
| $1-10 | 1 | 1% |
| $11-20 | 6 | 8% |
| $21-30 | 5 | 7% |
| $31-40 | 1 | 1% |
| $41-50 | 4 | 5% |
| $51-60 | 2 | 3% |
| $61-70 | 1 | 1% |
| $71-80 | 4 | 5% |
| $81-90 | 0 | 0% |
| $91-100 | 0 | 0% |
| $101-200 | 7 | 9% |
| $210-300 | 3 | 4% |
| More than $300 | 1 | 1% |
| Missing | 27 | 36% |
| *Total Cases* | 75 | |

**What medical services do you use on a regular basis?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 63 | 27% |
| Specialist doctor | 23 | 10% |
| Medical supplies | 5 | 2% |
| Prescription medications | 66 | 24% |
| Mental health services | 14 | 6% |
| Hospital care | 3 | 1% |
| Home health services | 6 | 3% |
| Emergency care | 7 | 3% |
| Nutrition services | 0 | 0% |
| Substance abuse counseling | 0 | 0% |
| Nursing services | 2 | 1% |
| Dialysis | 2 | 1% |
| Hearing services | 4 | 2% |
| Dental services | 13 | 6% |
| Eye/vision | 12 | 5% |
| Therapy services | 10 | 4% |
| Rehabilitation services | 4 | 2% |
| Orthotics | 3 | 1% |
| None | 2 | 1% |
| Other | 1 | 1% |
| *Total Cases* | 230 | |

**What medical services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 4 | 2% |
| Specialist doctor | 17 | 10% |
| Medical supplies | 6 | 4% |
| Prescription medications | 10 | 6% |
| Mental health services | 10 | 6% |
| Hospital care | 2 | 1% |
| Home health services | 8 | 5% |
| Emergency care | 1 | 1% |
| Nutrition services | 8 | 5% |
| Substance abuse counseling | 1 | 1% |
| Nursing services | 1 | 1% |
| Dialysis | 1 | 1% |
| Hearing services | 8 | 5% |
| Dental services | 27 | 16% |
| Eye/vision | 24 | 14% |
| Therapy services | 15 | 9% |
| Rehabilitation services | 3 | 2% |
| Orthotics | 6 | 4% |
| None | 17 | 10 |
| Other | 3 | 2% |
| *Total Cases* | 172 | |

## INDEPENDENT LIVING

### What services and supports do you use?

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 12 | 14% |
| Personal care attendant | 8 | 9% |
| Support/counseling from a peer or professional | 5 | 6% |
| Transportation services | 6 | 7% |
| Skills training to live independently | 2 | 2% |
| Financial assistance | 6 | 7% |
| Interpreter/communication services | 1 | 1% |
| Advocacy | 0 | 0% |
| Assistive technology devices | 3 | 3% |
| I do not use any of these | 42 | 48% |
| Other | 2 | 2% |
| *Total Cases* | 87 | |

### Who provides these supports and services to you?

| | Number | Percent |
|---|---|---|
| Office for Citizens with Developmental Disabilities (OCDD) | 13 | 14% |
| Office of aging and adult services (OAAS) | 1 | 1% |
| Office of Mental Health (OMH) | 6 | 7% |
| Louisiana Rehabilitation Services (LRS) | 4 | 4% |
| Governor's Office of Disability Affairs (GODA) | 3 | 3% |
| Independent living centers | 1 | 1% |
| Office for Addictive Disorders and Counseling (OADC) | 0 | 0% |
| Louisiana Assistive Technology Access Network (LATAN) | 0 | 0% |
| Work Incentive Planning Assistance (WIPA) | 0 | 0% |
| Louisiana Department of Education | 4 | 4% |
| Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) | 0 | 0% |
| Medicaid | 26 | 28% |
| Other | 5 | 5% |
| I don't receive any of these services | 30 | 32% |
| *Total Cases* | 93 | |

**What services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 30 | 25% |
| Personal care attendant | 10 | 8% |
| Support/counseling from a peer or professional | 6 | 5% |
| Transportation services | 13 | 11% |
| Skills training to live independently | 6 | 5% |
| Financial assistance | 16 | 13% |
| Interpreter/communication services | 1 | 1% |
| Advocacy | 4 | 3% |
| Assistive technology devices | 6 | 5% |
| I do not use any of these | 22 | 18% |
| Other | 6 | 5% |
| *Total Cases* | 120 | |

**Why don't you get the services and supports you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 18 | 15% |
| It costs too much | 21 | 18% |
| It's not available where I live | 9 | 8% |
| Transportation is not available | 11 | 9% |
| I don't know where to get services | 24 | 21% |
| Facilities/ offices are not accessible | 2 | 2% |
| Support services are limited | 9 | 8% |
| Available care options are limited | 8 | 7% |
| I live how I want to live so this does not apply to me | 12 | 10% |
| Other | 3 | 3% |
| *Total Cases* | 117 | |

**Who plans most of the care you get?**

| | Number | Percent |
|---|---|---|
| I do | 34 | 47% |
| A relative | 29 | 40% |
| A friend | 2 | 3% |
| An agency | 5 | 7% |
| Other | 3 | 4% |
| *Total Cases* | 73 | |

**How much choice do you have when planning for the services or care that you get?**

| | Number | Percent |
|---|---|---|
| I have most control | 35 | 52% |
| I do not get to participate in planning | 15 | 22% |
| I have little control | 17 | 25% |
| *Total Cases* | 67 | |

## ASSISTIVE TECHNOLOGY

**Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?**

| | Number | Percent |
|---|---|---|
| Yes | 16 | 25% |
| No | 47 | 75% |
| *Total Cases* | 63 | |

**What sort of assistive technology do you use?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 3 | 13% |
| Hearing | 2 | 8% |
| Environmental adaptations | 0 | 0% |
| Speech communication | 2 | 8% |
| Learning/cognitive/development | 2 | 8% |
| Daily living aids | 2 | 8% |
| Mobility/seating/positioning | 3 | 13% |
| Vision | 2 | 8% |
| Vehicle modification/transportation | 2 | 8% |
| Computers and related | 4 | 17% |
| Other | 2 | 8% |
| *Total Cases* | 24 | |

**What sort of assistive technology do you need but not get?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 3 | 15% |
| Hearing | 2 | 10% |
| Environmental adaptations | 2 | 5% |
| Speech communication | 0 | 0% |
| Learning/cognitive/development | 1 | 5% |
| Daily living aids | 2 | 10% |
| Mobility/seating/positioning | 2 | 10% |
| Vision | 2 | 10% |
| Vehicle modification/transportation | 2 | 10% |
| Computers and related | 2 | 10% |
| None | 2 | 10% |
| Other | 0 | 0% |
| *Total Cases* | 20 | |

**If you don't have access to assistive technology, what is the reason?**

| | Number | Percent |
|---|---|---|
| I can't afford it | 10 | 48% |
| I need help to use it | 3 | 14% |
| I need training to use it | 2 | 10% |
| It is not available in my community | 0 | 0 |
| It is not covered by my health insurance | 4 | 19% |
| This does not apply to me | 1 | 5% |
| Other | 1 | 5% |
| *Total Cases* | 21 | |

**How would you describe your use of assistive technology?**

| | Number | Percent |
|---|---|---|
| I have all the assistive technology I need | 0 | 0% |
| I have some but not all of the assistive technology I need | 2 | 13% |
| I do not have any of the assistive technology I need | 3 | 20% |
| The assistive technology I use is in good condition | 1 | 7% |
| The assistive technology I use is outdated or in need of repair | 2 | 13% |
| I don't think I know about the assistive technology available | 4 | 27% |
| I find it difficult to learn to use new assistive technology | 3 | 20% |
| *Total Cases* | 15 | |

## TRANSPORTATION

### What means of transportation are available to you?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 14 | 12% |
| I have my own vehicle | 26 | 22% |
| Rides from friends/ family | 45 | 39% |
| Public transportation | 12 | 10% |
| Para Transit | 0 | 0% |
| Taxi service | 3 | 3% |
| Medicaid transportation service | 14 | 12% |
| None | 1 | 1% |
| Other | 2 | 2% |
| *Total Cases* | 117 | |

### What means of transportation do you use?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 15 | 14% |
| I have my own vehicle | 23 | 23% |
| Rides from friends/ family | 42 | 39% |
| Public transportation | 9 | 8% |
| Para Transit | 0 | 0% |
| Taxi service | 3 | 3% |
| Medicaid transportation service | 1 | 1% |
| None | 10 | 9% |
| Other | 2 | 2% |
| *Total Cases* | 107 | |

### What problems do you have with transportation?

| | Number | Percent |
|---|---|---|
| I don't have any problems with transportation | 45 | 49% |
| It's too far away | 4 | 4% |
| There are not enough options | 4 | 4% |
| It is not reliable | 6 | 7% |
| It is not available when I need it | 7 | 8% |
| It does not go where I need it to go | 3 | 3% |
| It costs too much | 14 | 15% |
| It is not available or accessible for someone with my disability | 4 | 4% |
| Other | 5 | 5% |
| *Total Cases* | 92 | |

**For which purposes do you use public transportation?**

| | Number | Percent |
|---|---|---|
| To go to work | 1 | 1% |
| To go to school/ training program | 4 | 5% |
| To go to social activities | 3 | 4% |
| To go to medical appointments | 20 | 24% |
| To do personal errands | 7 | 8% |
| To go to religious activities | 3 | 4% |
| I do not use public transportation | 45 | 54% |
| Other | 0 | 0% |
| *Total Cases* | 83 | |

## HOUSING

### Where do you live?

| | Number | Percent |
|---|---|---|
| House, apartment, or mobile home | 71 | 96% |
| Facility such as a nursing home, group home, or other institution | 1 | 1% |
| Shelter | 2 | 3% |
| Other | 0 | 0% |
| *Total Cases* | 74 | |

### Who do you live with?

| | Number | Percent |
|---|---|---|
| I live alone | 21 | 28% |
| Family | 38 | 51% |
| Spouse/significant other | 11 | 15% |
| Paid caretaker or care attendant | 0 | 0% |
| Unpaid caretaker or care attendant | 0 | 0% |
| Roommate(s)/ Friend(s) | 1 | 1% |
| Other residents or nursing home/ group home/ shelter or other institution | 3 | 4% |
| *Total Cases* | 74 | |

### How much do you pay for housing each month, not including utilities?

| | Number | Percent |
|---|---|---|
| $1-$250 | 29 | 39% |
| $251-$500 | 19 | 25% |
| $501-$750 | 5 | 7% |
| $750-$1,000 | 1 | 1% |
| More than $1,000 | 3 | 4% |
| I do not pay anything/ my family pays for my housing | 14 | 19% |
| Missing | 4 | 5% |
| *Total Cases* | 71 | |

### Are you currently living in your preferred living arrangement?

| | Number | Percent |
|---|---|---|
| Yes | 51 | 74% |
| No | 18 | 26% |
| *Total Cases* | 69 | |

**What would you need to live where you want to live?**

| | Number | Percent |
|---|---|---|
| Accessible housing options | 6 | 21% |
| Personal care attendant | 1 | 3% |
| Assistive technology | 1 | 3% |
| Community support services | 2 | 7% |
| Independent living skills | 2 | 7% |
| Affordable housing options | 8 | 28% |
| More available housing options | 6 | 21% |
| Other | 3 | 10% |
| *Total Cases* | 29 | |

## EDUCATION

**What is the highest level of education or grade level that you have completed?**

| | Number | Percent |
|---|---|---|
| Junior high or less | 21 | 30% |
| Some high school | 14 | 20% |
| High school certificate | 7 | 10% |
| GED | 3 | 4% |
| High school diploma | 11 | 16% |
| Business/ technical/ vocational school | 6 | 9% |
| Some college | 7 | 10% |
| College degree | 1 | 1% |
| Some postgraduate study | 0 | 0% |
| Graduate degree | 0 | 0% |
| *Total Cases* | 70 | |

**Do you want to or are you currently continuing your education?**

| | Number | Percent |
|---|---|---|
| Yes | 21 | 33% |
| No | 43 | 67% |
| *Total Cases* | 64 | |

**What are you current educational goals?**

| | Number | Percent |
|---|---|---|
| Get a high school diploma | 5 | 20% |
| Get a GED | 4 | 16% |
| Get a high school certificate | 3 | 12% |
| Get job training | 3 | 12% |
| Attend or complete business/vocational/technical school | 4 | 16% |
| Attend or complete college | 6 | 24% |
| Attend or complete graduate school | 0 | 0% |
| *Total Cases* | 25 | |

**Are you currently enrolled in school or in a training program?**

| | Number | Percent |
|---|---|---|
| Yes | 10 | 50% |
| No | 10 | 50% |
| *Total Cases* | 20 | |

**What type of school or program are you enrolled in?**

| | Number | Percent |
|---|---|---|
| Home school | 0 | 0% |
| Private school | 0 | 0% |
| Public school | 7 | 78% |
| College or university | 0 | 0% |
| Business/ vocational/ technical school | 1 | 11% |
| Correspondence courses or online instruction | 9 | 11% |
| *Total Cases* | 18 | |

**What keeps you from getting the education or training you need?**

| | Number | Percent |
|---|---|---|
| I don't have transportation | 5 | 13% |
| I don't know where I get it | 3 | 8% |
| I don't have assistive devices I need | 4 | 10% |
| I have trouble with tests | 6 | 15% |
| It costs too much | 8 | 20% |
| I don't know how to get it | 3 | 8% |
| I don't have any problems getting the education or training I need | 6 | 15% |
| Other | 5 | 13% |
| *Total Cases* | 40 | |

## EMPLOYMENT

**Which of the following describes your employment situation?**

| | Number | Percent |
|---|---|---|
| I work full time | 1 | 1% |
| I am retired | 10 | 15% |
| I work part-time | 3 | 4% |
| I am unemployed | 31 | 45% |
| I am a student | 12 | 17% |
| I am currently looking for a job | 3 | 4% |
| I am not employed by volunteer regularly | 4 | 6% |
| I am self-employed | 1 | 1% |
| I work in a sheltered workshop, mobile crew, or enclave | 4 | 6% |
| *Total Cases* | 69 | |

**What problem(s) do you have finding or keeping a job?**

| | Number | Percent |
|---|---|---|
| There are not enough jobs | 2 | 3% |
| There are not enough training opportunities | 4 | 5% |
| I do not have the assistive devices I need | 2 | 3% |
| I can't work as much as I need or want | 12 | 16% |
| I don't have transportation | 8 | 11% |
| I do not have the supports I need | 3 | 4% |
| I can't find a job that will let me use my existing skills | 3 | 4% |
| I am not looking for a job | 10 | 13% |
| I do not have a problem finding or keeping jobs | 3 | 4% |
| Other | 28 | 37% |
| *Total Cases* | 75 | |

**FINANCES**

**How much is your individual (not family) monthly income?**

| | Number | Percent |
|---|---|---|
| $1-$1,000 | 56 | 75% |
| $1,001- $2,000 | 8 | 11% |
| $2,001-$3,000 | 1 | 1% |
| More than $3,000 | 2 | 3% |
| I have no personal income | 4 | 5% |
| Missing | 4 | 5% |
| *Total Cases* | 71 | |

**What is the source of your individual (not family) income?**

| | Number | Percent |
|---|---|---|
| Alimony or Child support | 3 | 4% |
| Earnings from employment or self-employment | 2 | 3% |
| FITAP (welfare) | 1 | 1% |
| Railroad Retirement Benefits | 0 | 0% |
| Veteran's benefits | 1 | 1% |
| Social Security/ Supplemental Security Income | 66 | 84% |
| Unemployment compensation benefits | 0 | 0% |
| Worker's compensation benefits | 0 | 0% |
| Other | 2 | 3% |
| None | 4 | 5% |
| *Total Cases* | 79 | |

**Do you personally get financial help from any of the following programs?**

| | Number | Percent |
|---|---|---|
| Child care assistance | 2 | 2% |
| Food stamps | 39 | 43% |
| Help with Medicare costs | 13 | 14% |
| Help with utility costs | 4 | 4% |
| Housing assistance | 6 | 7% |
| Other | 2 | 2% |
| No, I don't get any of these | 25 | 28% |
| *Total Cases* | 91 | |

**Which of the following kinds of assets or resources do you personally own?**

| | Number | Percent |
|---|---|---|
| Annuities or Trusts | 1 | 1% |
| Bank accounts | 18 | 23% |
| Certificate of deposit | 0 | 0% |
| Property, including your home | 5 | 7% |
| Retirement accounts | 0 | 0% |
| Stocks or Bonds | 0 | 0% |
| Vehicles | 17 | 22% |
| I don't have any of these | 36 | 47% |
| Other | 0 | 0% |
| *Total Cases* | 77 | |

**How much are your personal resources worth, other than your home or vehicle?**

| | Number | Percent |
|---|---|---|
| $1-$2,5000 | 16 | 21% |
| $2,501-$5,000 | 0 | 0% |
| $5,001-$7,500 | 0 | 0% |
| $7,501-$10,000 | 1 | 1% |
| More than $10,000 | 2 | 3% |
| I don't own any additional assets | 41 | 55% |
| Missing | 15 | 20% |
| *Total Cases* | 60 | |

## COMMUNITY INVOLVEMENT

**What activities do you participate in within your community?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 1 | 1% |
| Eating out | 26 | 16% |
| Entertainment activities | 7 | 4% |
| Fitness activities | 5 | 3% |
| School sponsored extracurricular activities | 5 | 3% |
| Shopping | 21 | 13% |
| Sporting events or activities | 4 | 2% |
| Social organizations | 2 | 1% |
| Visiting with family and friends | 45 | 27% |
| Volunteering | 5 | 3% |
| Support groups or centers | 3 | 2% |
| Religious activities | 29 | 17% |
| None | 14 | 8% |
| Other | 0 | 0% |
| *Total Cases* | 167 | |

**What activities would you like to participate in, but cannot?**

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 6 | 5% |
| Eating out | 9 | 7% |
| Entertainment activities | 6 | 5% |
| Fitness activities | 11 | 9% |
| School sponsored extracurricular activities | 6 | 5% |
| Shopping | 8 | 6% |
| Sporting events or activities | 16 | 13% |
| Social organizations | 6 | 5% |
| Visiting with family and friends | 9 | 7% |
| Volunteering | 8 | 6% |
| Support groups or centers | 10 | 8% |
| Religious activities | 10 | 8% |
| None | 21 | 17% |
| Other | 0 | 0% |
| *Total Cases* | 126 | |

**Is there anything that makes it hard for you to do the things you want?**

| | Number | Percent |
|---|---|---|
| No, I do all that I Want to do | 12 | 10% |
| It costs too much | 18 | 15% |
| I don't have transportation | 15 | 13% |
| Locations are not accessible | 4 | 3% |
| I have no friends or family | 3 | 3% |
| I don't have the assistive devices I need | 5 | 4% |
| My medical condition/ disability makes it too hard | 40 | 34% |
| People treat me differently/ make me feel uncomfortable | 14 | 12% |
| I can't get the help or support I need to participate in community activities | 6 | 5% |
| Other | 2 | 2% |
| *Total Cases* | 119 | |

## CIVIC INVOLVEMENT

### Are you registered to vote?

| | Number | Percent |
|---|---|---|
| Yes, I am an adult who is registered to vote | 37 | 54% |
| No, I am an adult who is not registered to vote | 21 | 30% |
| No, I am a minor child and cannot vote | 11 | 16% |
| *Total Cases* | 69 | |

### Have you voted in any election in the last four years?

| | Number | Percent |
|---|---|---|
| Yes | 27 | 84% |
| No | 5 | 16% |
| *Total Cases* | 32 | |

### Have you used special voting services such as vote by mail or early vote?

| | Number | Percent |
|---|---|---|
| Yes | 10 | 32% |
| No | 21 | 68% |
| *Total Cases* | 31 | |

### Is there anything that makes it hard for you to vote?

| | Number | Percent |
|---|---|---|
| No, there is no problem | 31 | 57% |
| Assistive equipment is not available | 0 | 0% |
| I don't have the transportation | 8 | 15% |
| I do not get the help I need | 3 | 6% |
| Buildings where I am to register to vote are not accessible because | 0 | 0% |
| Buildings where I vote are not accessible because | 0 | 0% |
| Other | 12 | 22% |
| *Total Cases* | 54 | |

## EMERGENCY PREPAREDNESS

**Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?**

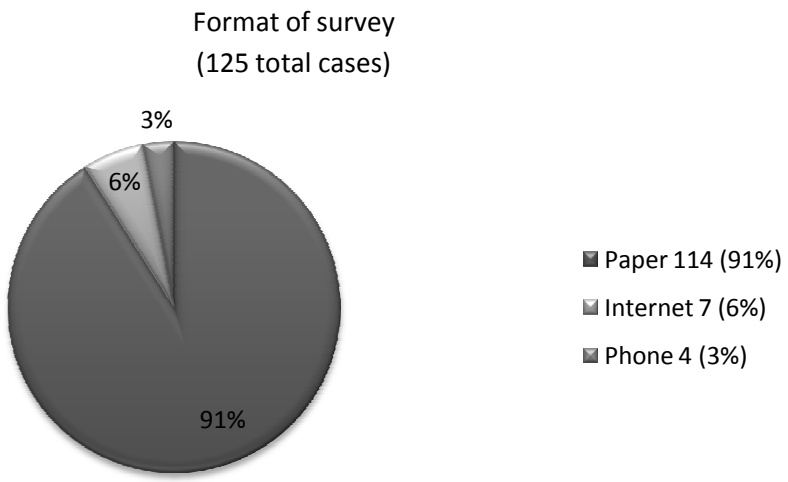
| | Number | Percent |
|---|---|---|
| Yes | 25 | 37% |
| No | 42 | 63% |
| *Total Cases* | 67 | |

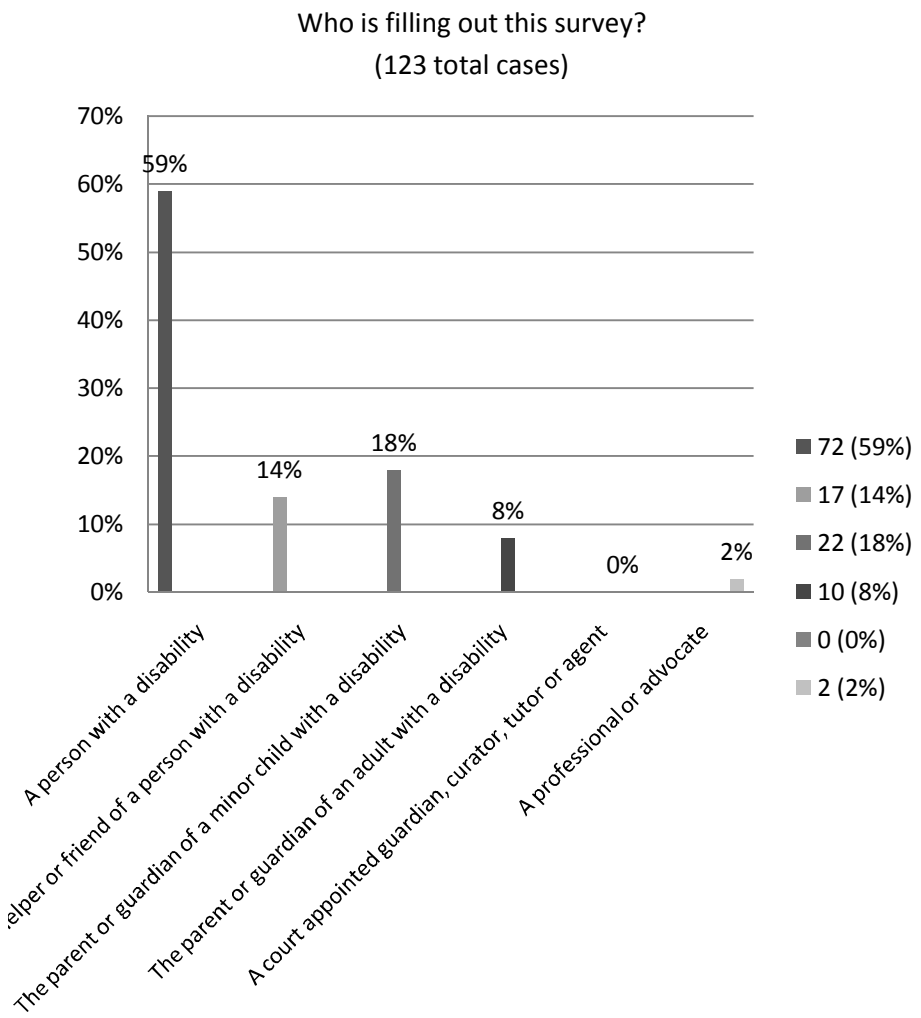
**What would you need to be prepared for a future emergency situation?**

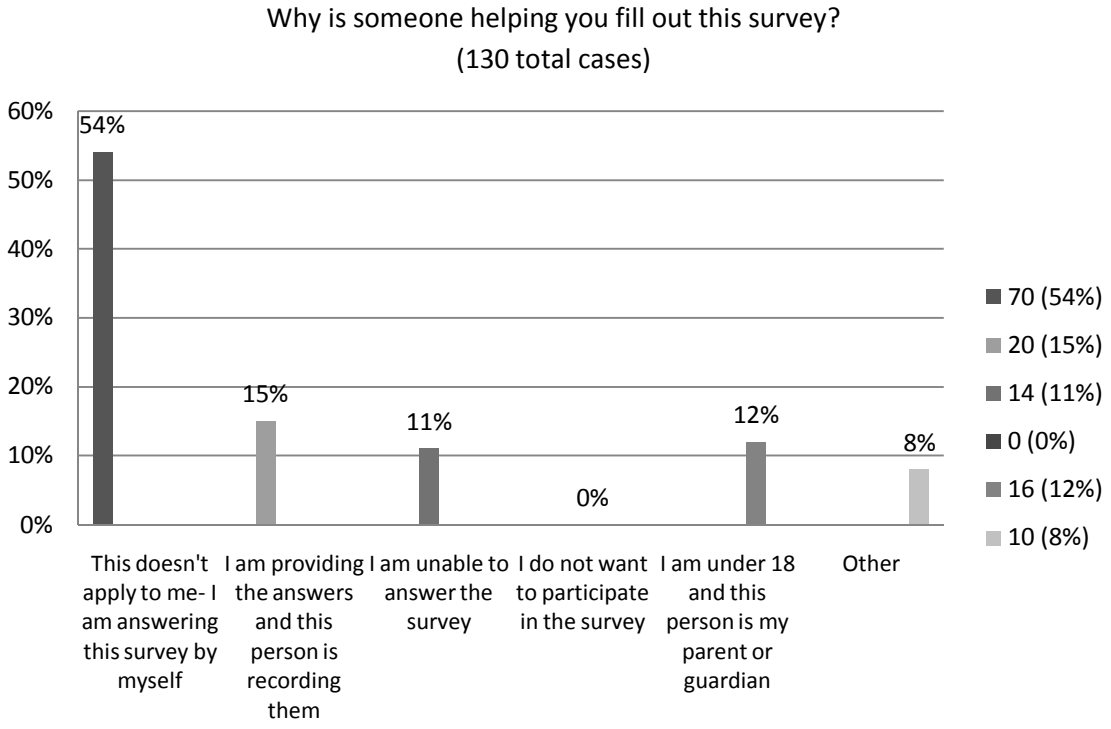
| | Number | Percent |
|---|---|---|
| A plan to follow in case of an emergency | 27 | 11% |
| A designated emergency contact person or agency | 28 | 11% |
| Transportation if I have to leave my home | 23 | 9% |
| An accessible, safe place to go | 31 | 12% |
| A safe place for my animals to go | 13 | 5% |
| Extra supply of food and water | 36 | 14% |
| Extra medication/ medical supplies | 29 | 12% |
| Emergency supplies such as a radio, flashlight, first aid kit, or generator | 36 | 14% |
| A cell phone | 25 | 10% |
| Other | 4 | 2% |
| *Total Cases* | 252 | |

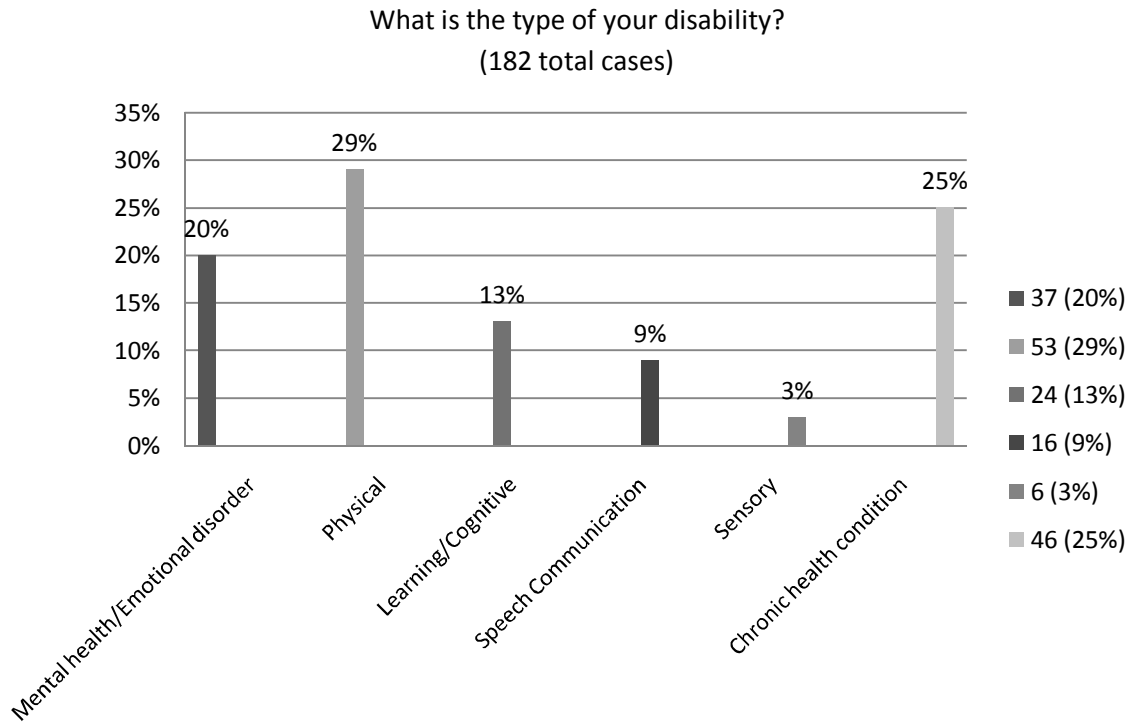
# Region VII - Graphs

## GENERAL INFORMATION



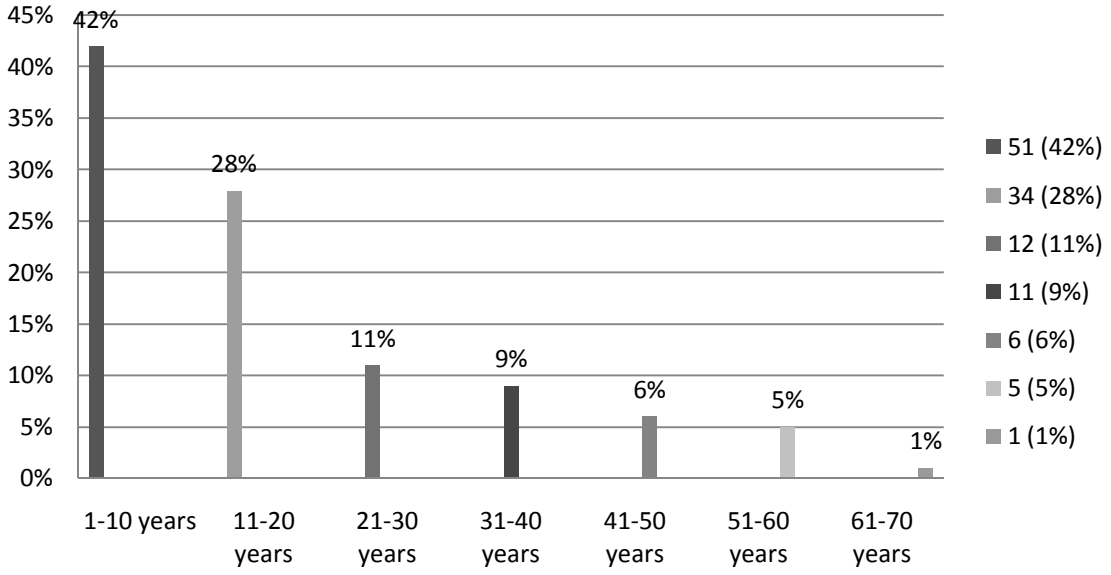




Why is someone helping you fill out this survey?
(130 total cases)
60%
50%
40%
30%
20%
10%
0%
54%
15%
11%
0%
12%
8%
This doesn't apply to me- I am answering this survey by myself
I am providing the answers and this person is recording them
I am unable to answer the survey
I do not want to participate in the survey
I am under 18 and this person is my parent or guardian
Other
70 (54%)
20 (15%)
14 (11%)
0 (0%)
16 (12%)
10 (8%)


What is the type of your disability?
(182 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
20%
29%
13%
9%
3%
25%
Mental health/Emotional disorder
Physical
Learning/Cognitive
Speech Communication
Sensory
Chronic health condition
37 (20%)
53 (29%)
24 (13%)
16 (9%)
6 (3%)
46 (25%)

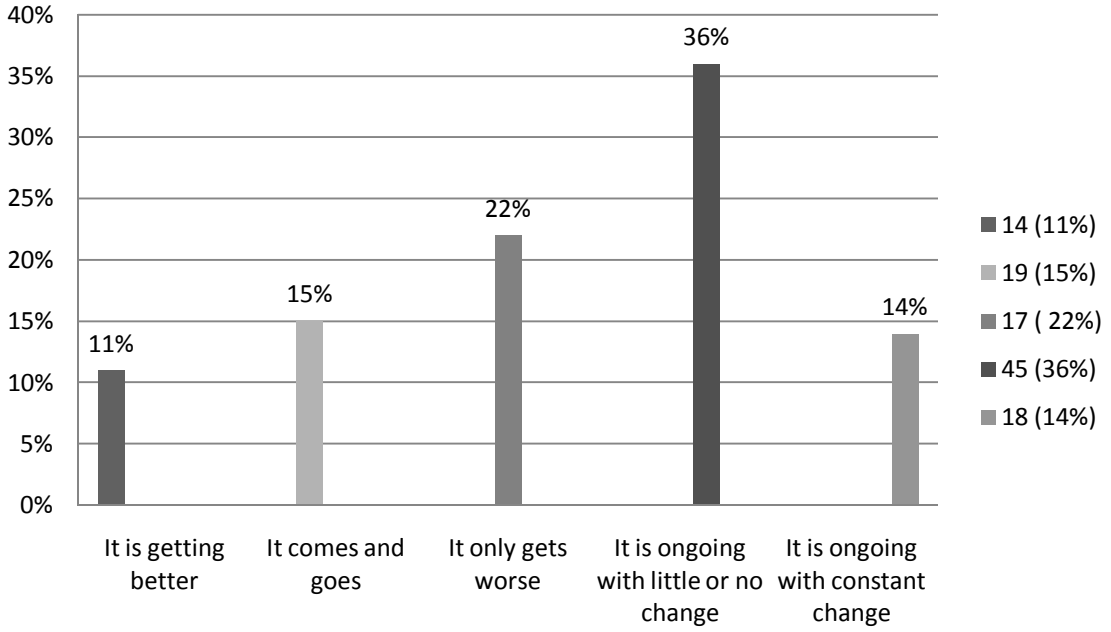
How long have you lived with your disability?

(120 total cases)

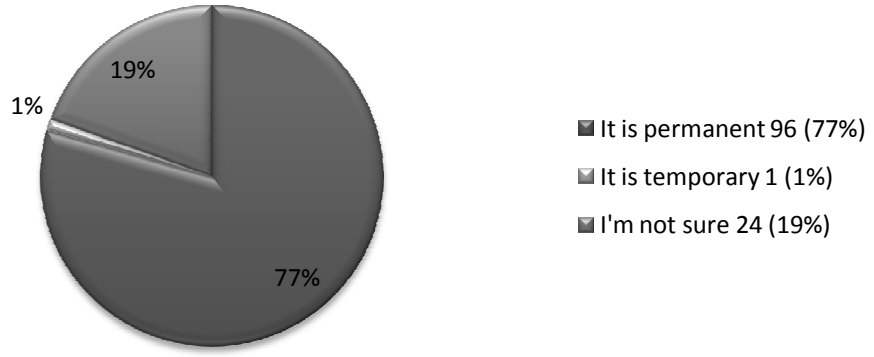



How would you judge your condition?

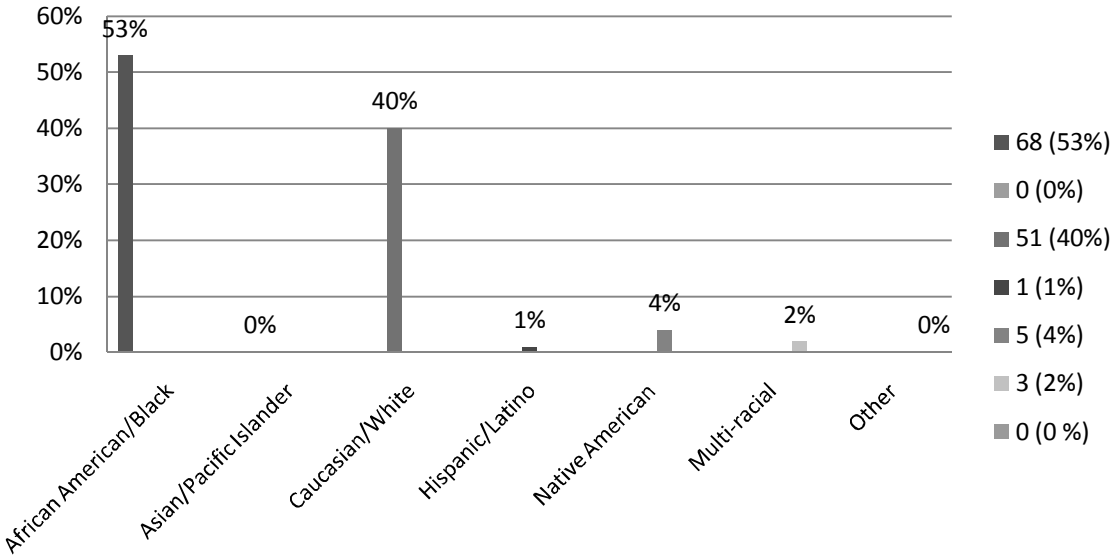
(123 total cases)



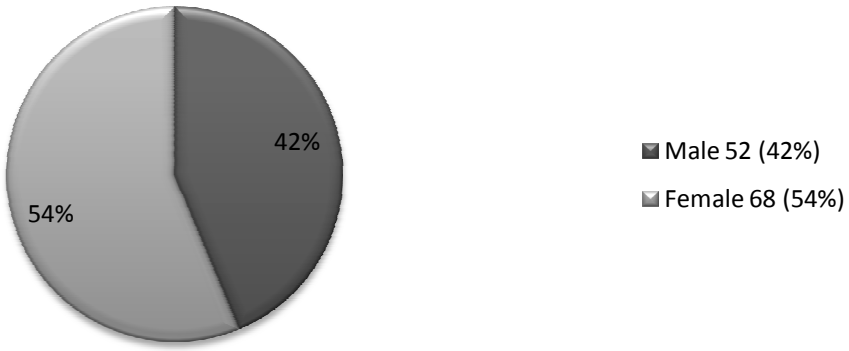
How long is your disability expected to last?
(121 total cases)



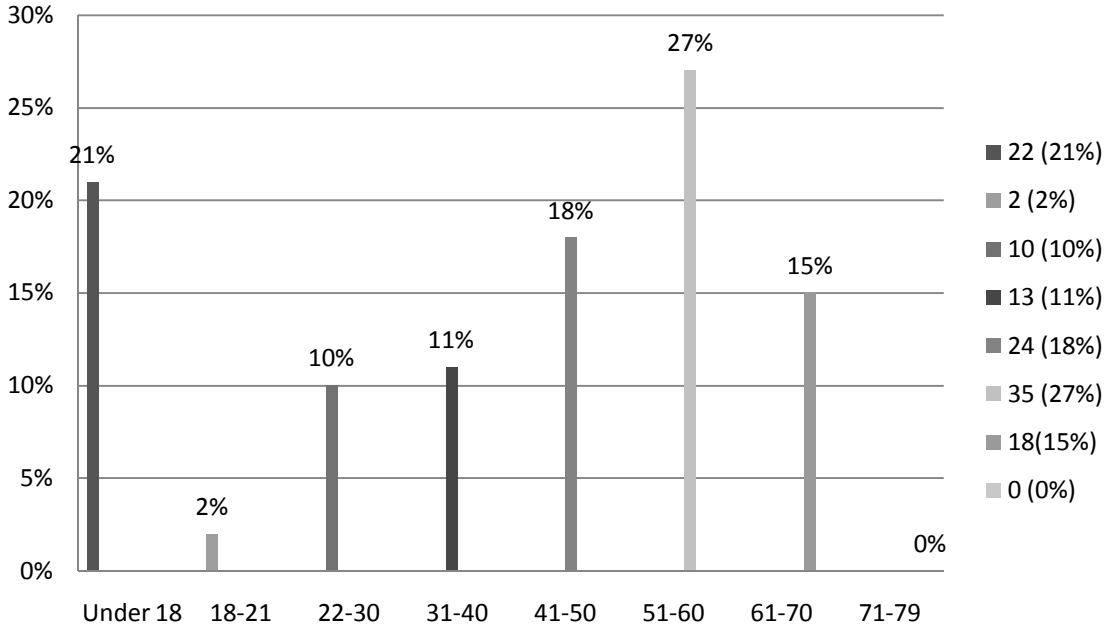

What is your race or ethnicity?
(128 total cases)

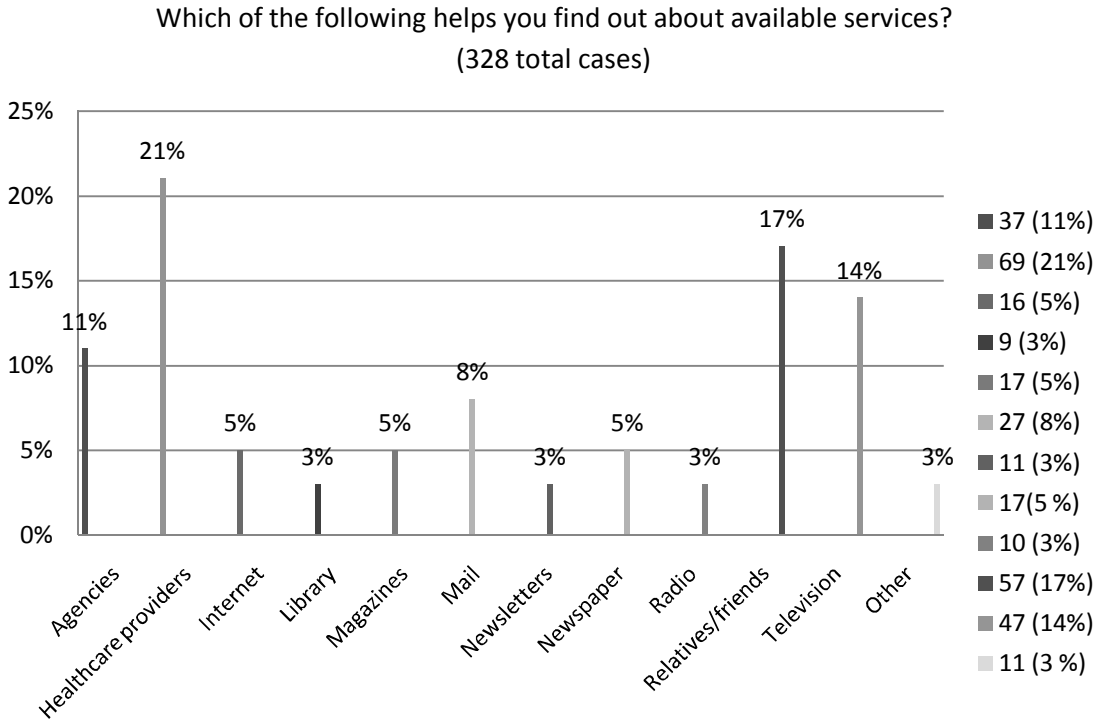


What is your gender?
(120 total cases)

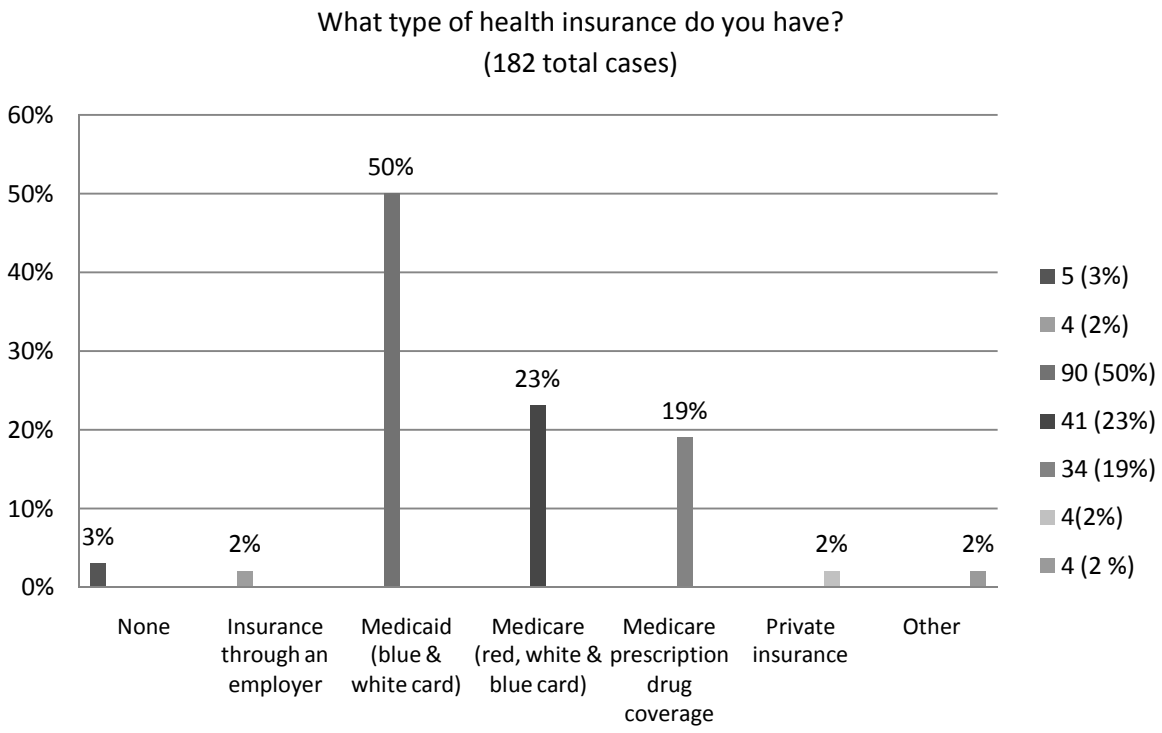


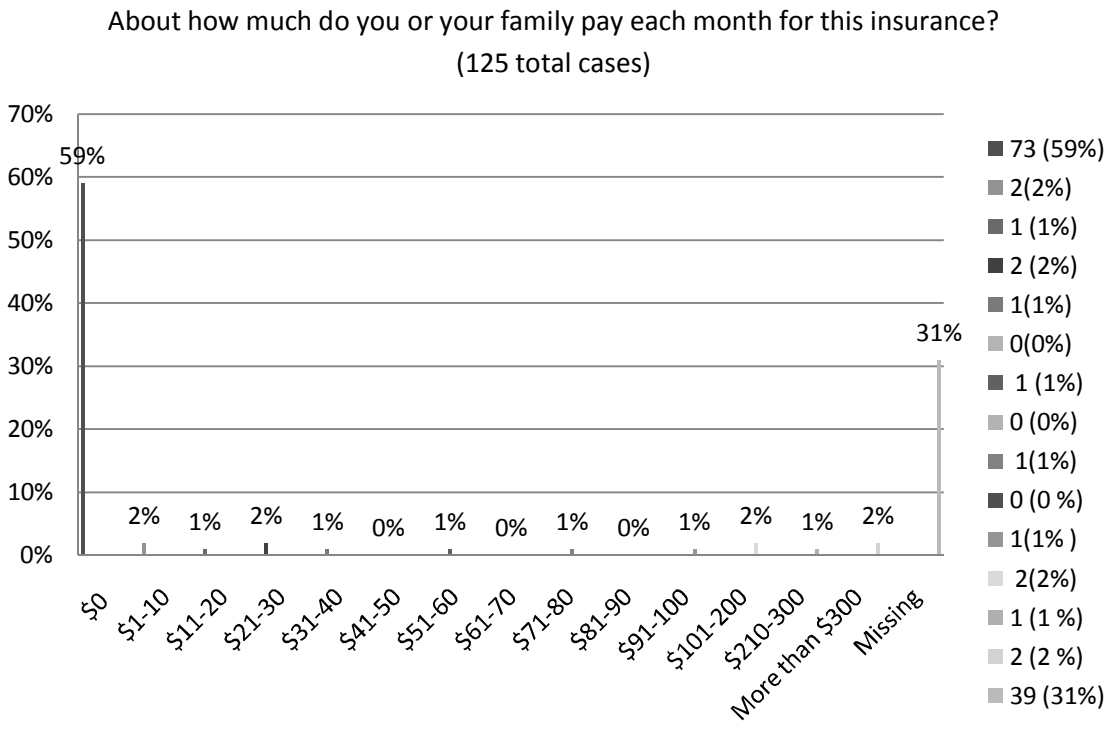

How old are you?
(124 total cases)



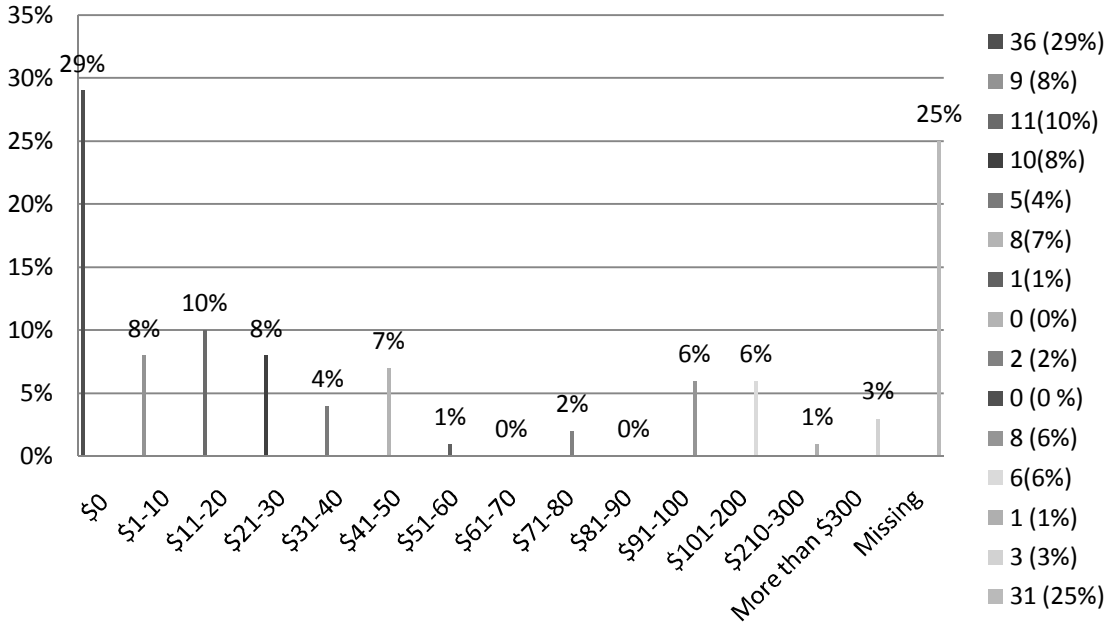

Which of the following helps you find out about available services?
(328 total cases)
25%
20%
15%
10%
5%
0%
11%
21%
5%
3%
5%
8%
3%
5%
3%
17%
14%
3%
Agencies
Healthcare providers
Internet
Library
Magazines
Mail
Newsletters
Newspaper
Radio
Relatives/friends
Television
Other
37 (11%)
69 (21%)
16 (5%)
9 (3%)
17 (5%)
27 (8%)
11 (3%)
17(5 %)
10 (3%)
57 (17%)
47 (14%)
11 (3 %)

## HEALTH CARE

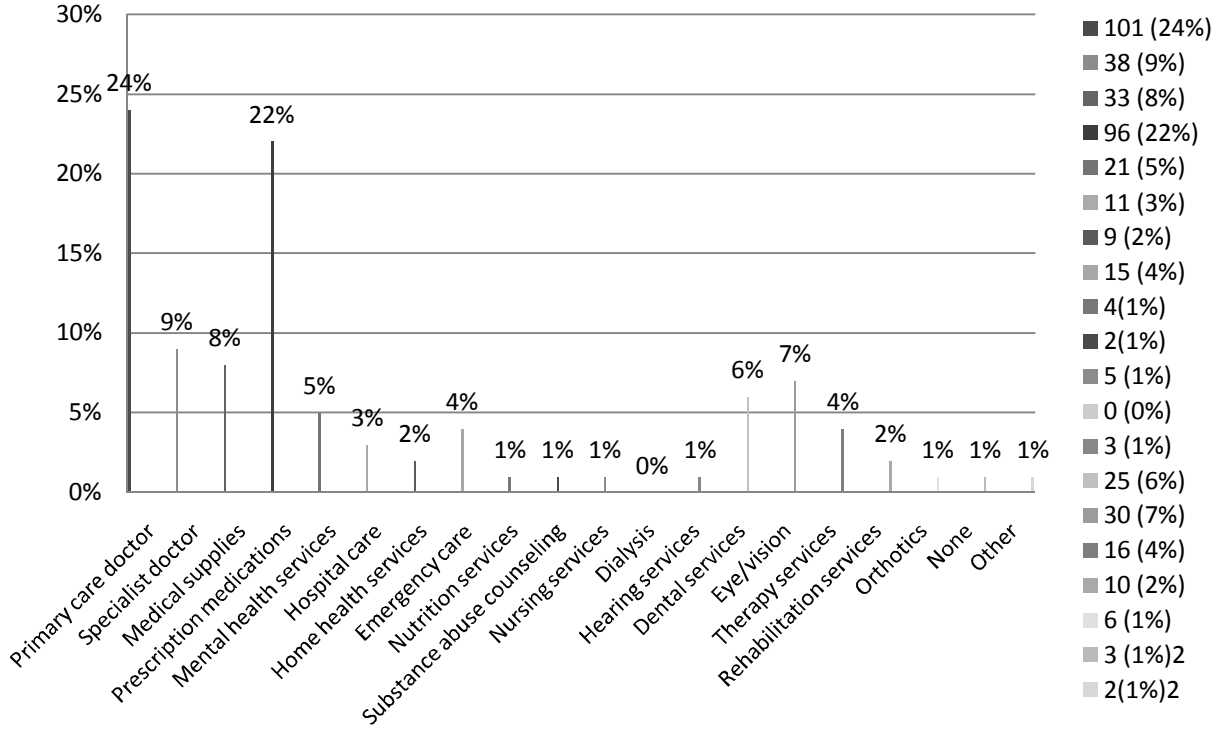

What type of health insurance do you have?
(182 total cases)
60%
50%
40%
30%
20%
10%
0%
3%
2%
50%
23%
19%
2%
2%
None
Insurance through an employer
Medicaid (blue & white card)
Medicare (red, white & blue card)
Medicare prescription drug coverage
Private insurance
Other
5 (3%)
4 (2%)
90 (50%)
41 (23%)
34 (19%)
4(2%)
4 (2 %)

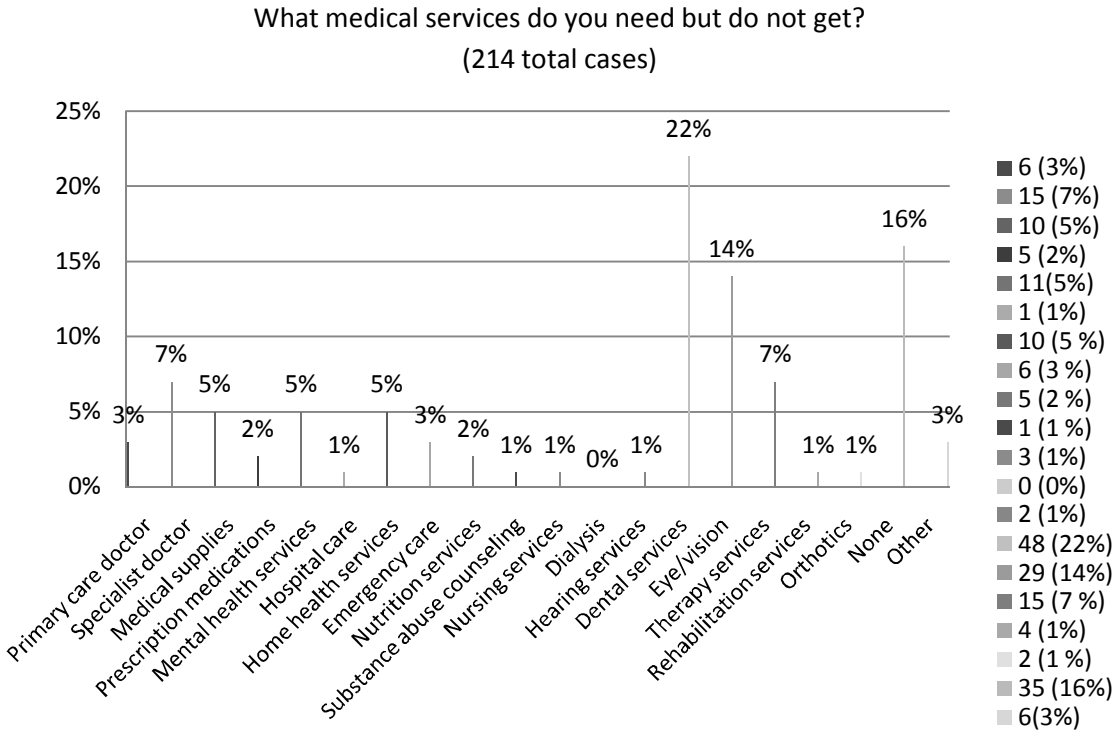

About how much do you or your family pay each month for this insurance?
(125 total cases)
70%
60%
50%
40%
30%
20%
10%
0%
59%
2%
1%
2%
1%
0%
1%
0%
1%
0%
1%
2%
1%
2%
31%
$0
$1-10
$11-20
$21-30
$31-40
$41-50
$51-60
$61-70
$71-80
$81-90
$91-100
$101-200
$210-300
More than $300
Missing
73 (59%)
2(2%)
1 (1%)
2 (2%)
1(1%)
0(0%)
1 (1%)
0 (0%)
1(1%)
0 (0 %)
1(1% )
2(2%)
1 (1 %)
2 (2 %)
39 (31%)

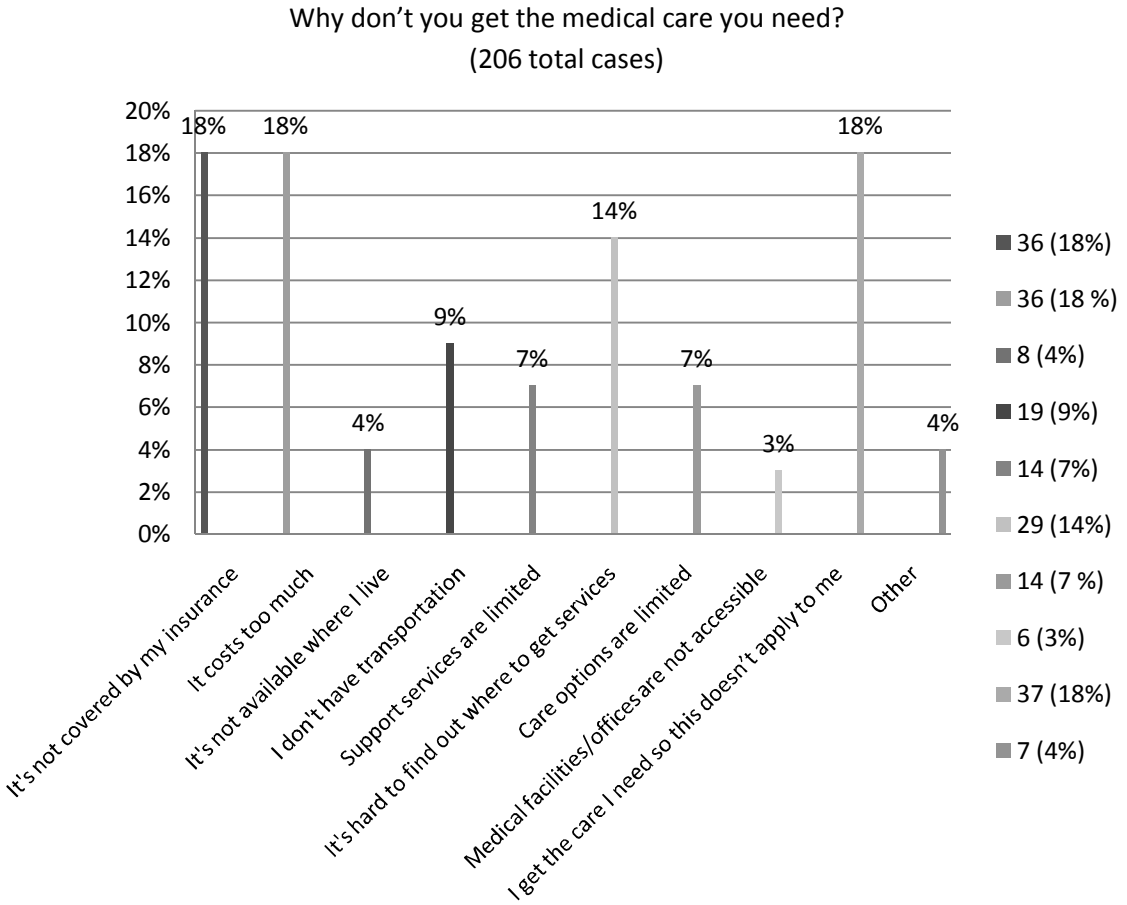
About how much of your own or your family's money is spent each month for medical expenses other than insurance?
(125 total cases)



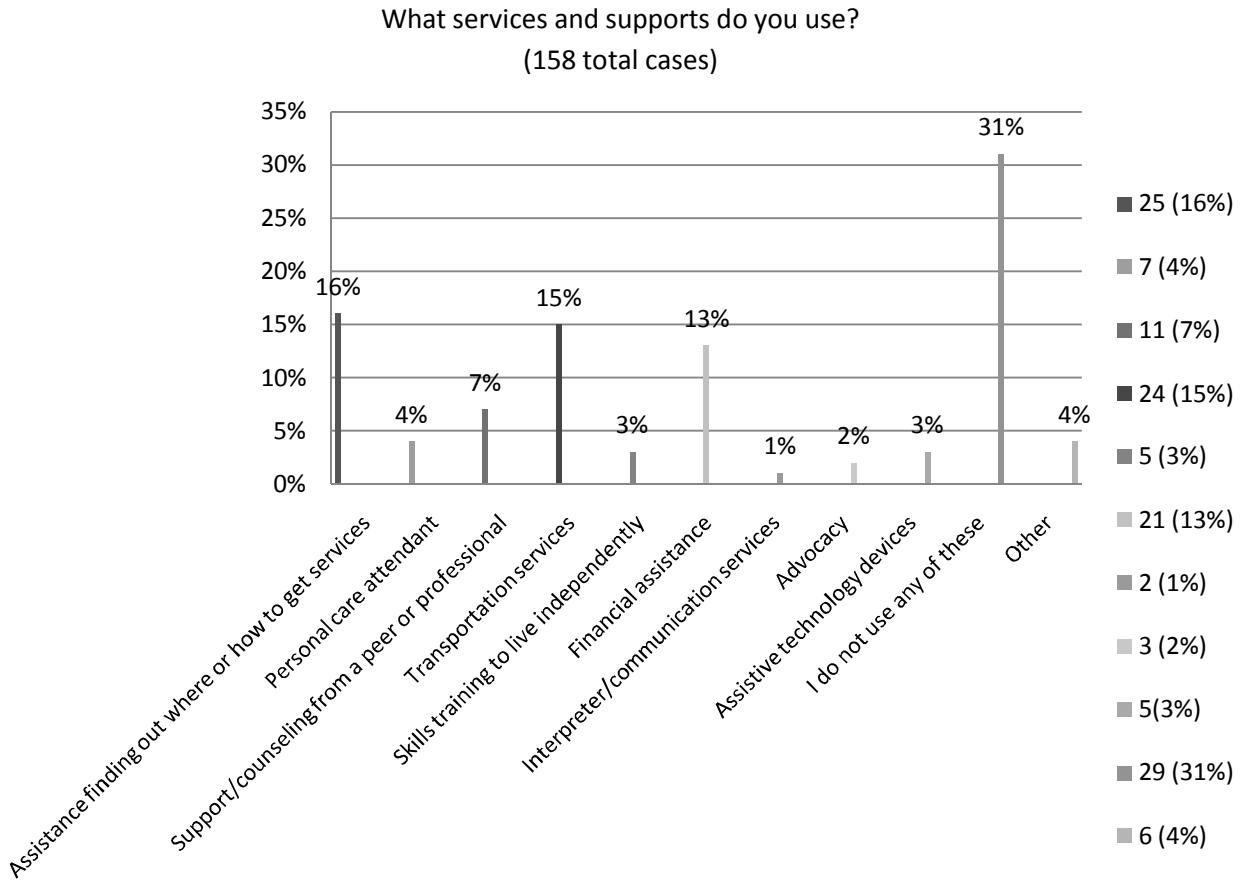

What medical services do you use on a regular basis?
(430 total cases)

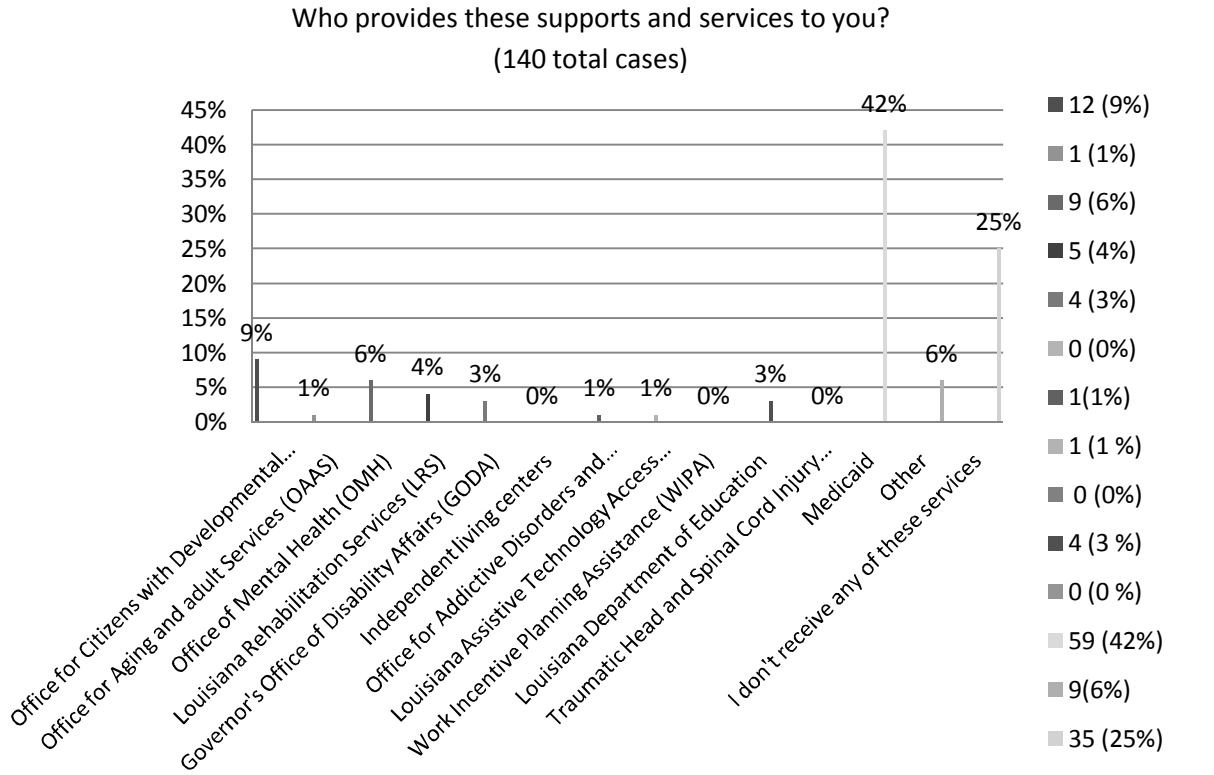


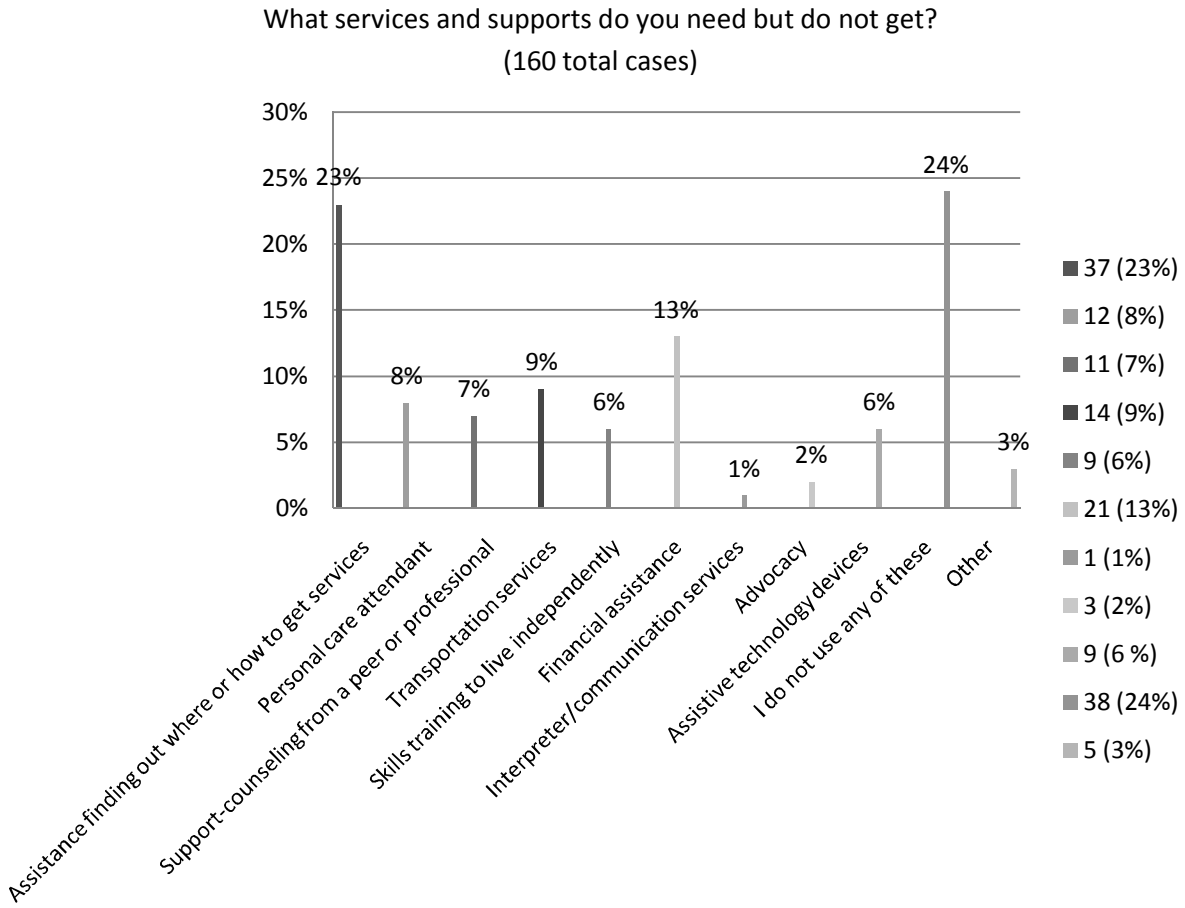

What medical services do you need but do not get?
(214 total cases)
25%
20%
15%
10%
5%
0%
3%
7%
5%
2%
5%
1%
5%
3%
2%
1%
1%
0%
1%
22%
14%
7%
1%
1%
16%
3%
Primary care doctor
Specialist doctor
Medical supplies
Prescription medications
Mental health services
Hospital care
Home health services
Emergency care
Nutrition services
Substance abuse counseling
Nursing services
Dialysis
Hearing services
Dental services
Eye/vision
Therapy services
Rehabilitation services
Orthotics
None
Other
6 (3%)
15 (7%)
10 (5%)
5 (2%)
11(5%)
1 (1%)
10 (5 %)
6 (3 %)
5 (2 %)
1 (1 %)
3 (1%)
0 (0%)
2 (1%)
48 (22%)
29 (14%)
15 (7 %)
4 (1%)
2 (1 %)
35 (16%)
6(3%)

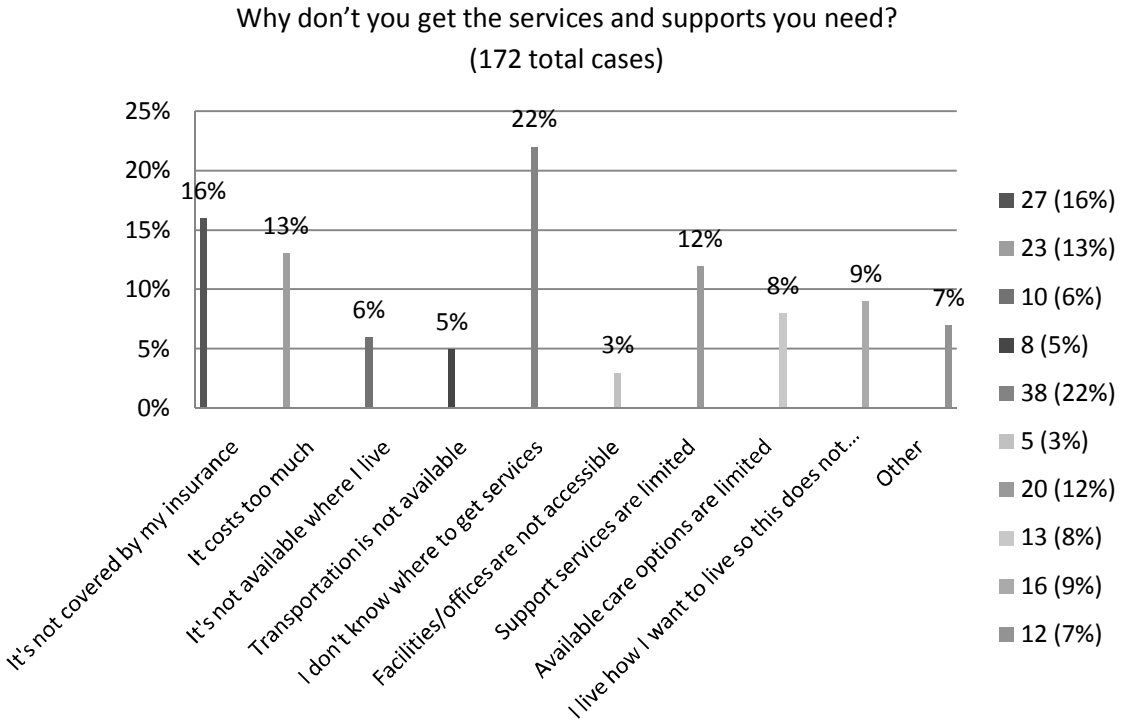

Why don't you get the medical care you need?
(206 total cases)
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
18%
18%
4%
9%
7%
14%
7%
3%
18%
4%
It's not covered by my insurance
It costs too much
It's not available where I live
I don't have transportation
Support services are limited
It's hard to find out where to get services
Care options are limited
Medical facilities/offices are not accessible
I get the care I need so this doesn't apply to me
Other
36 (18%)
36 (18 %)
8 (4%)
19 (9%)
14 (7%)
29 (14%)
14 (7 %)
6 (3%)
37 (18%)
7 (4%)

**INDEPENDENT LIVING**

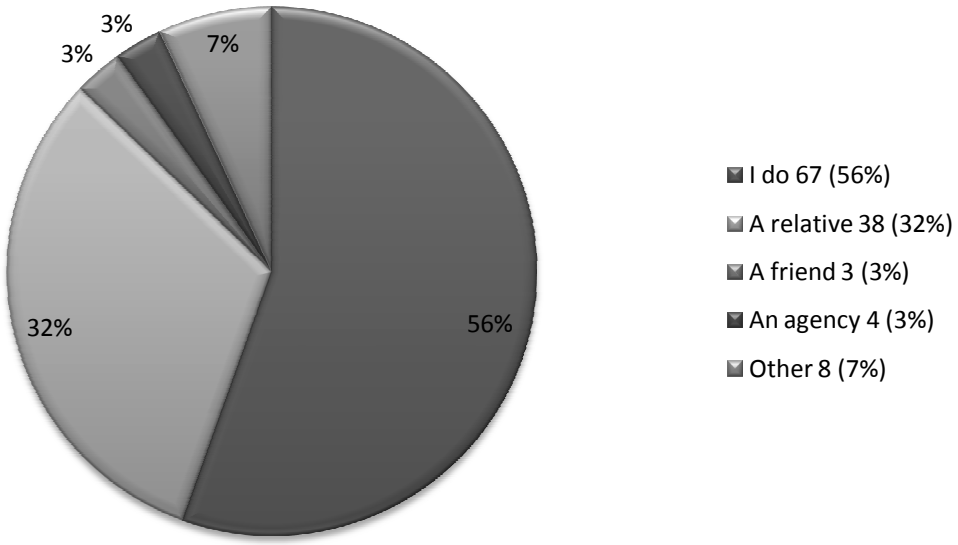


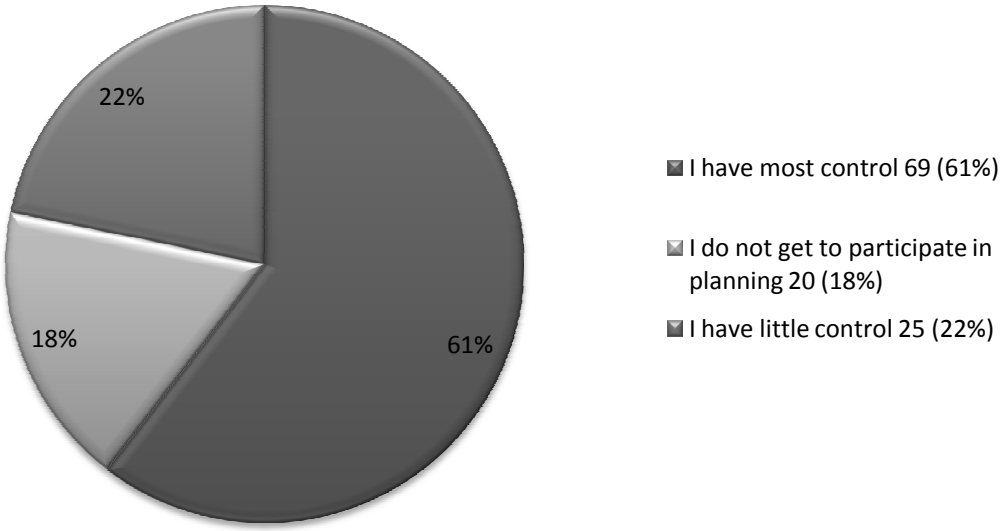

What services and supports do you need but do not get?
(160 total cases)
30%
25%
20%
15%
10%
5%
0%
23%
8%
7%
9%
6%
13%
1%
2%
6%
24%
3%
Assistance finding out where or how to get services
Personal care attendant
Support-counseling from a peer or professional
Transportation services
Skills training to live independently
Financial assistance
Interpreter/communication services
Advocacy
Assistive technology devices
I do not use any of these
Other
37 (23%)
12 (8%)
11 (7%)
14 (9%)
9 (6%)
21 (13%)
1 (1%)
3 (2%)
9 (6 %)
38 (24%)
5 (3%)


Why don't you get the services and supports you need?
(172 total cases)
25%
20%
15%
10%
5%
0%
16%
13%
6%
5%
22%
3%
12%
8%
9%
7%
It's not covered by my insurance
It costs too much
It's not available where I live
Transportation is not available
I don't know where to get services
Facilities/offices are not accessible
Support services are limited
Available care options are limited
I live how I want to live so this does not...
Other
27 (16%)
23 (13%)
10 (6%)
8 (5%)
38 (22%)
5 (3%)
20 (12%)
13 (8%)
16 (9%)
12 (7%)

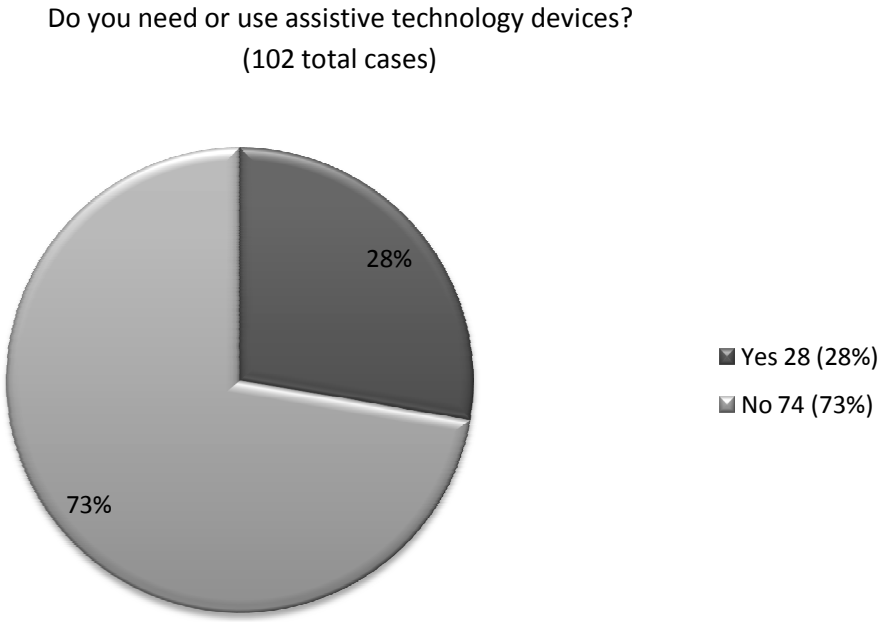
Who plans most of the care you get?
(120 total cases)

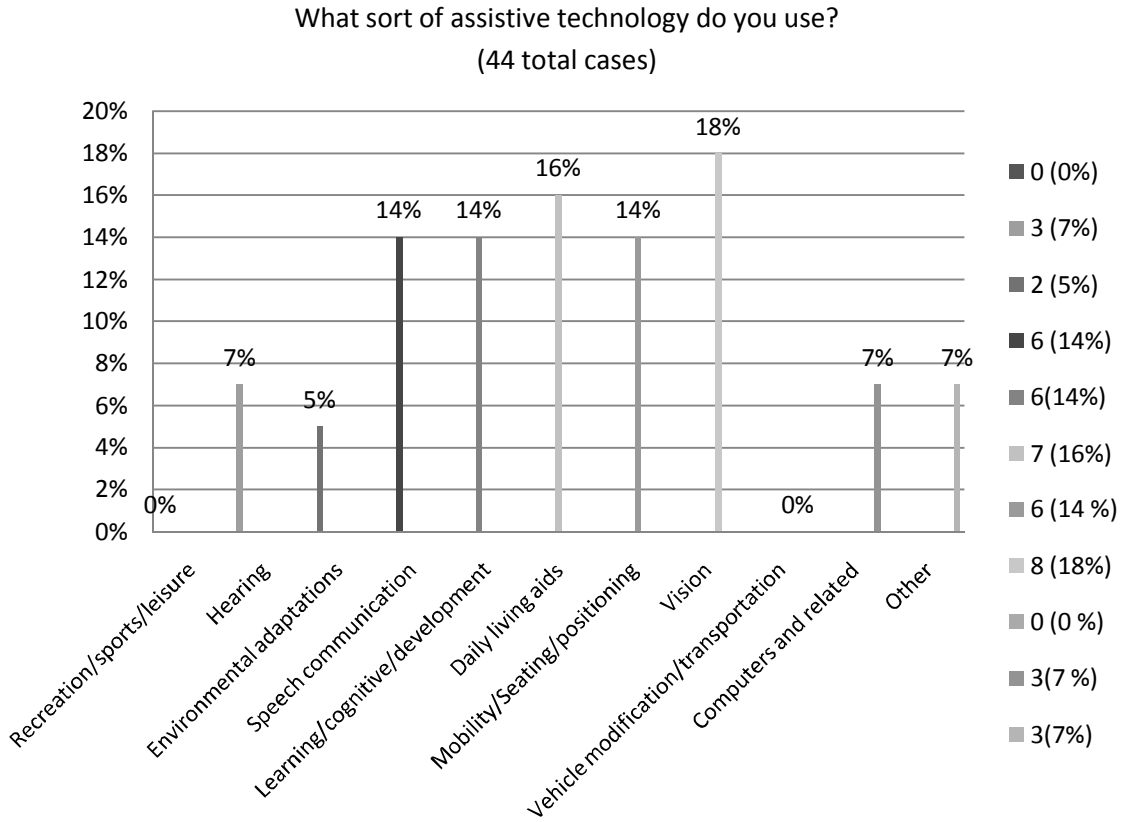


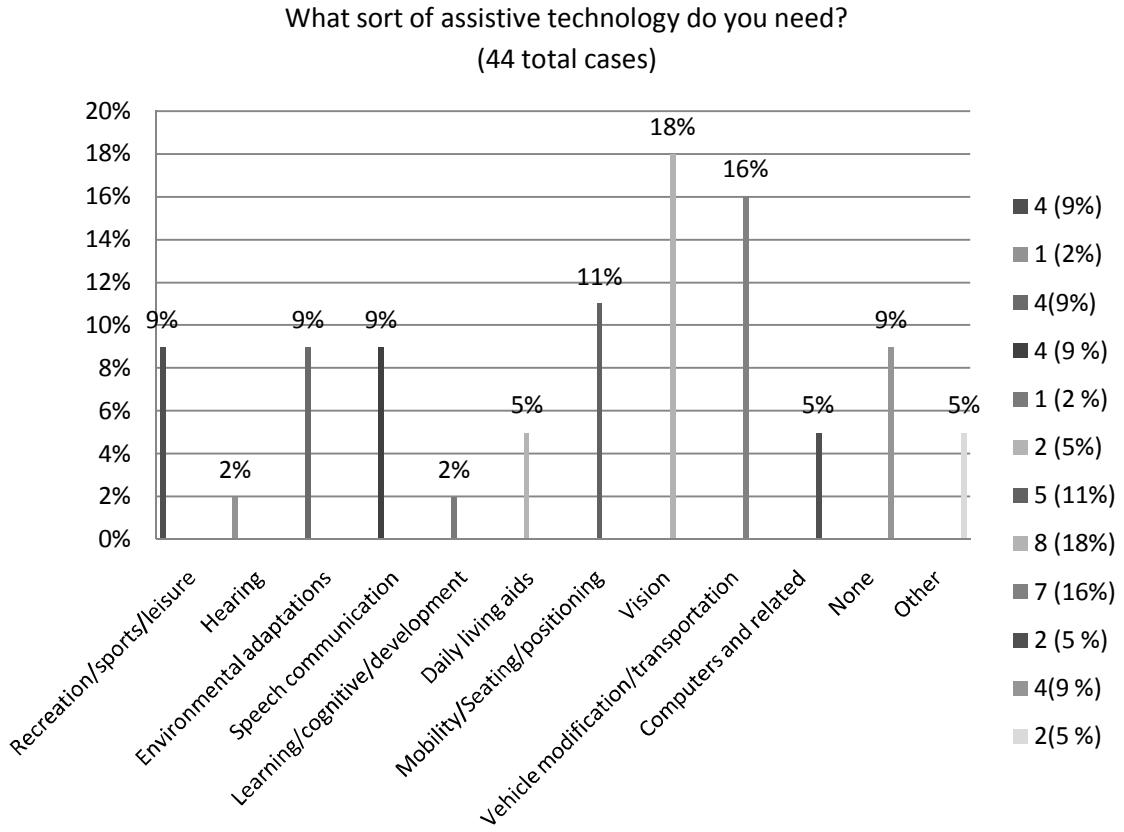

How much choice do you have when planning for the services or care that you get?
(114 total cases)

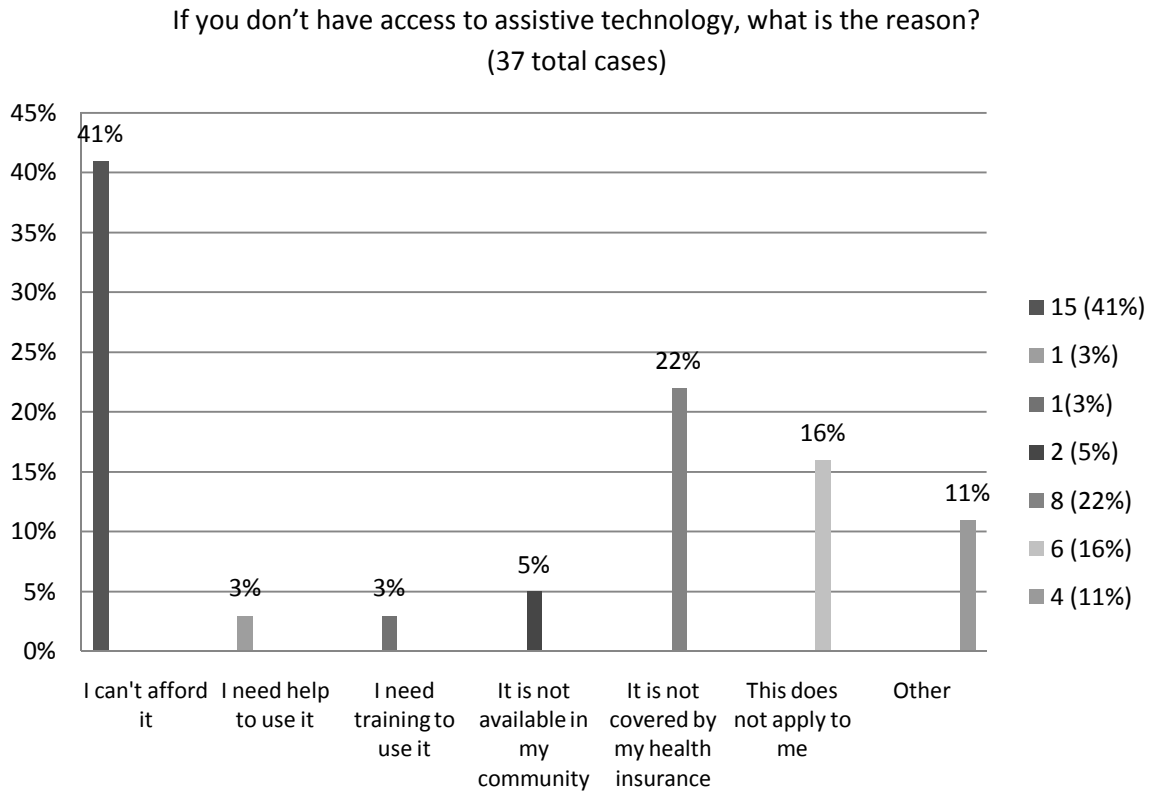


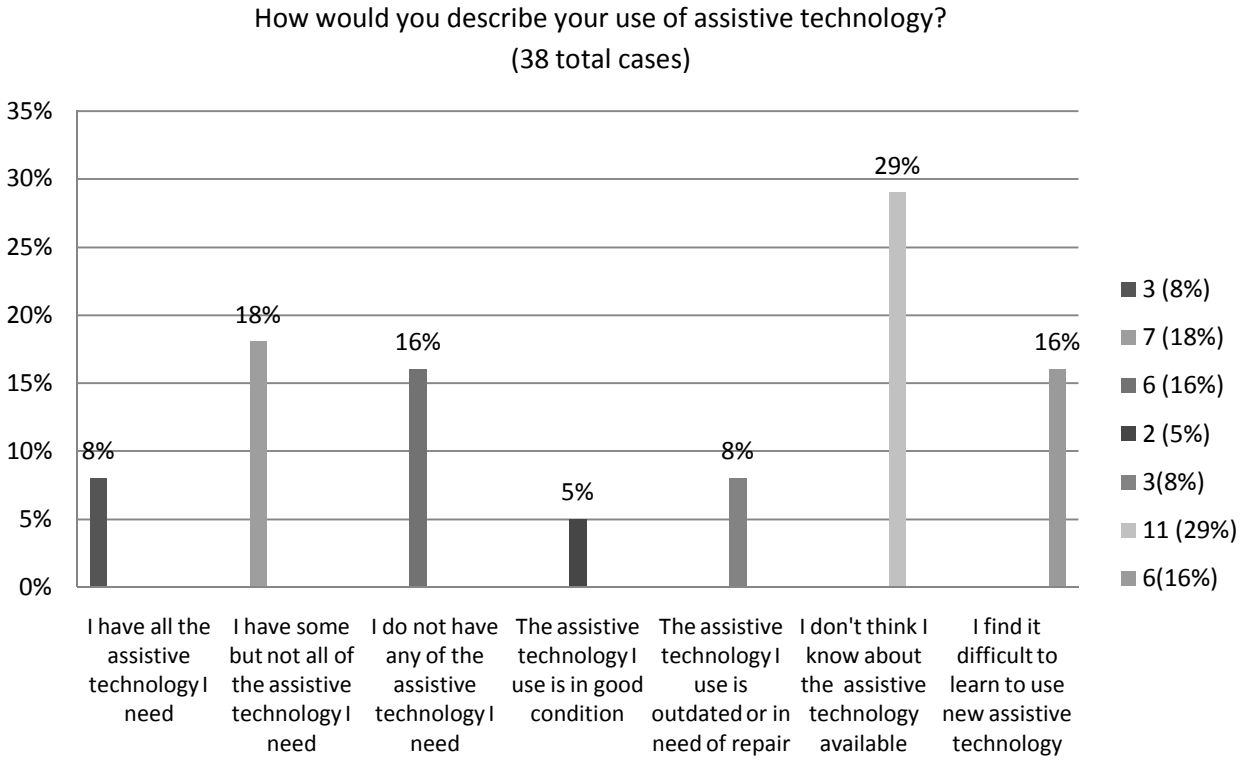
## ASSISTIVE TECHNOLOGY



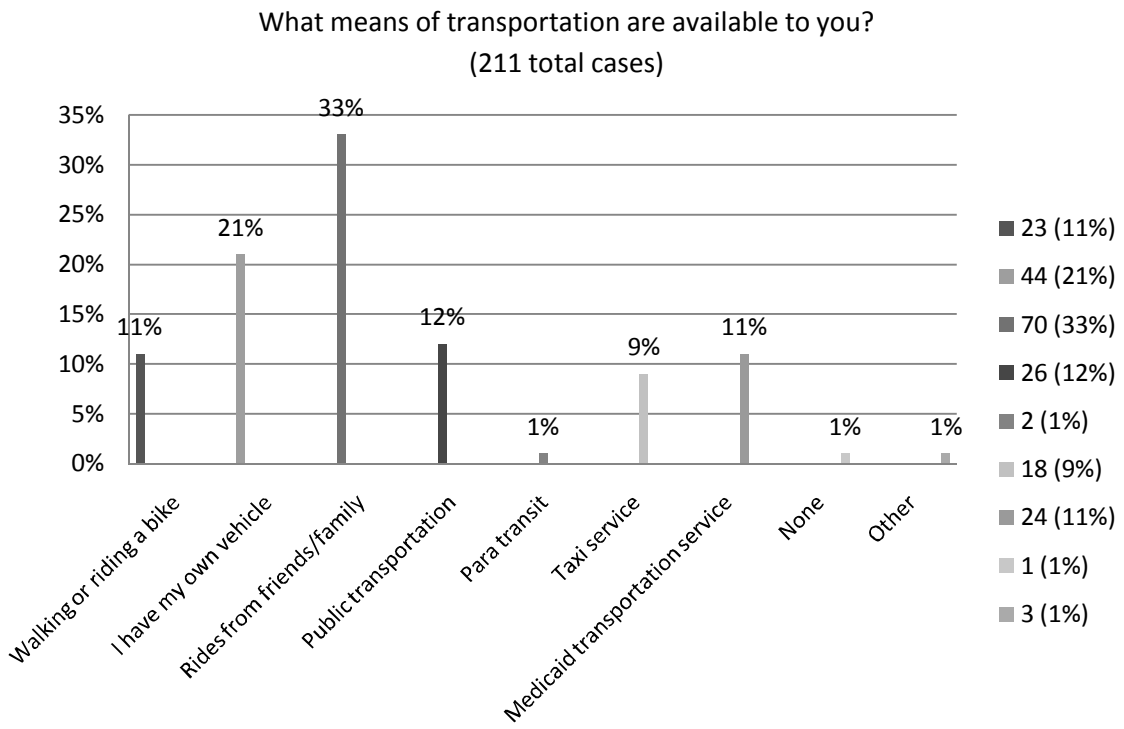



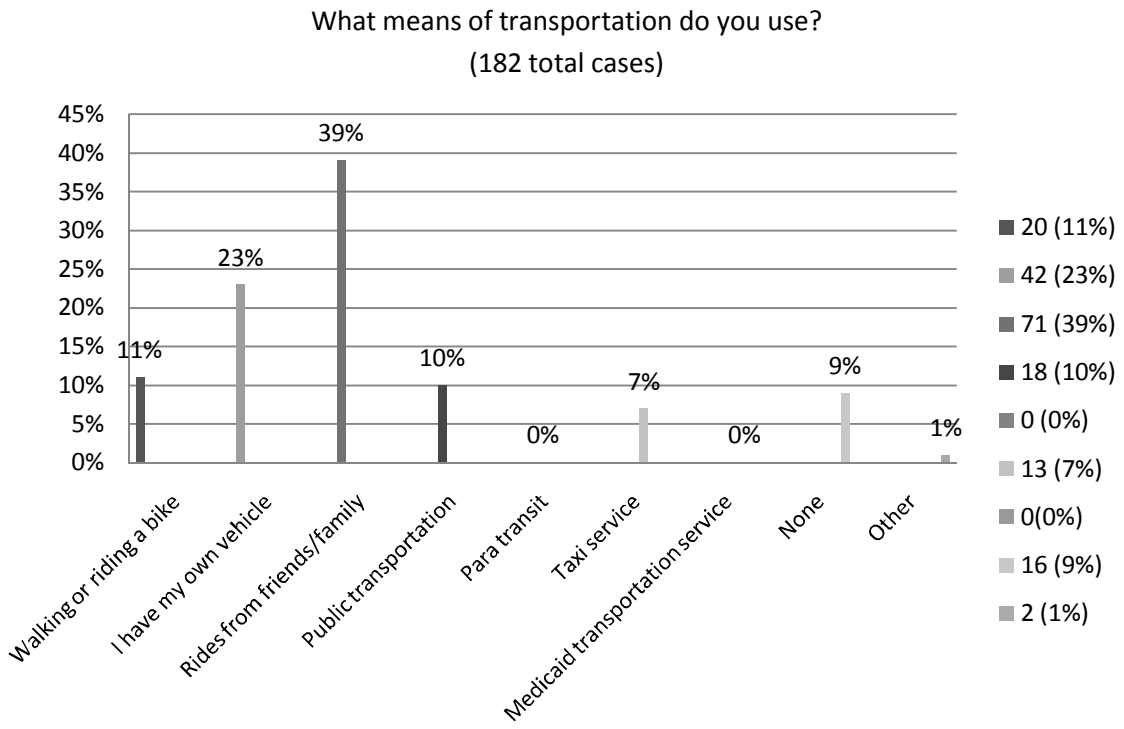

What sort of assistive technology do you need?
(44 total cases)
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
9%
2%
9%
9%
2%
5%
11%
18%
16%
5%
9%
5%
Recreation/sports/leisure
Hearing
Environmental adaptations
Speech communication
Learning/cognitive/development
Daily living aids
Mobility/Seating/positioning
Vision
Vehicle modification/transportation
Computers and related
None
Other
4 (9%)
1 (2%)
4(9%)
4 (9 %)
1 (2 %)
2 (5%)
5 (11%)
8 (18%)
7 (16%)
2 (5 %)
4(9 %)
2(5 %)

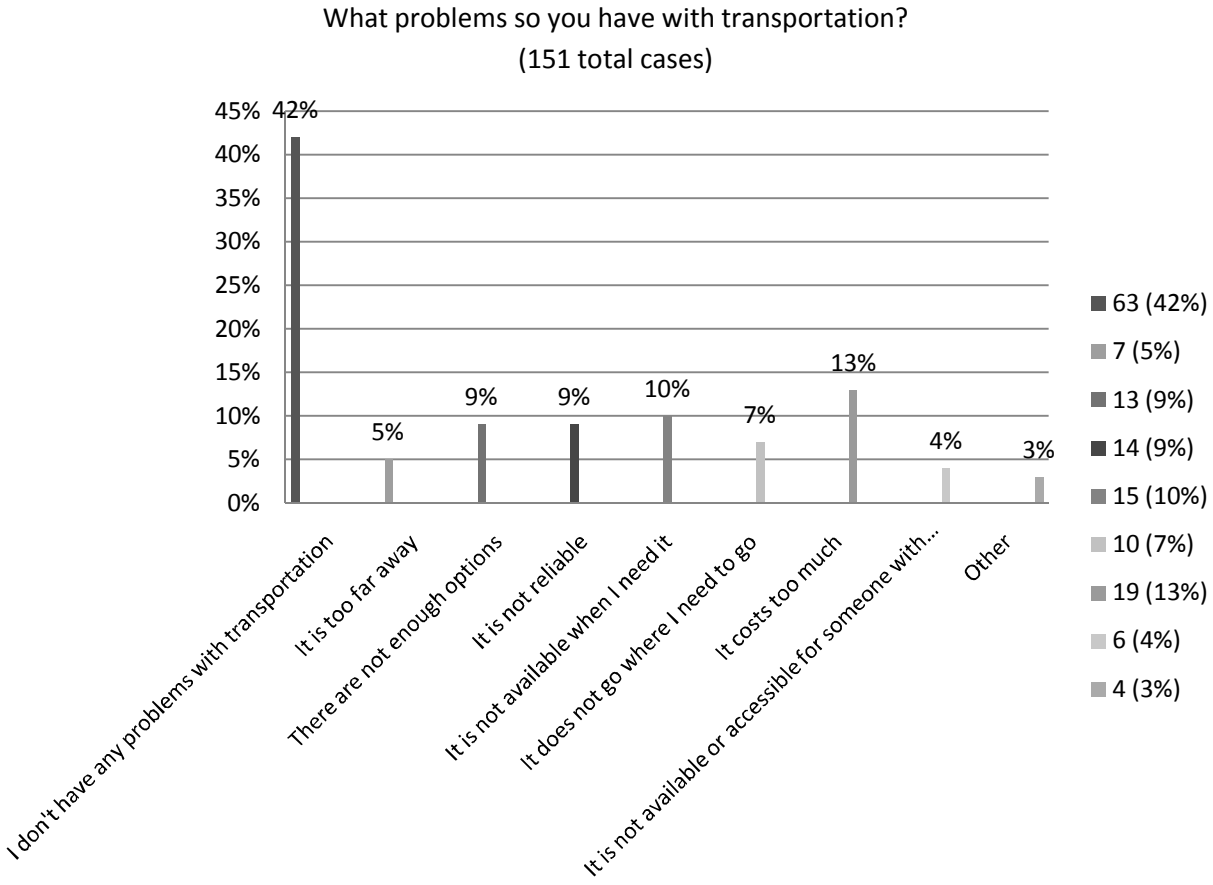

If you don't have access to assistive technology, what is the reason?
(37 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
41%
3%
3%
5%
22%
16%
11%
I can't afford it
I need help to use it
I need training to use it
It is not available in my community
It is not covered by my health insurance
This does not apply to me
Other
15 (41%)
1 (3%)
1(3%)
2 (5%)
8 (22%)
6 (16%)
4 (11%)

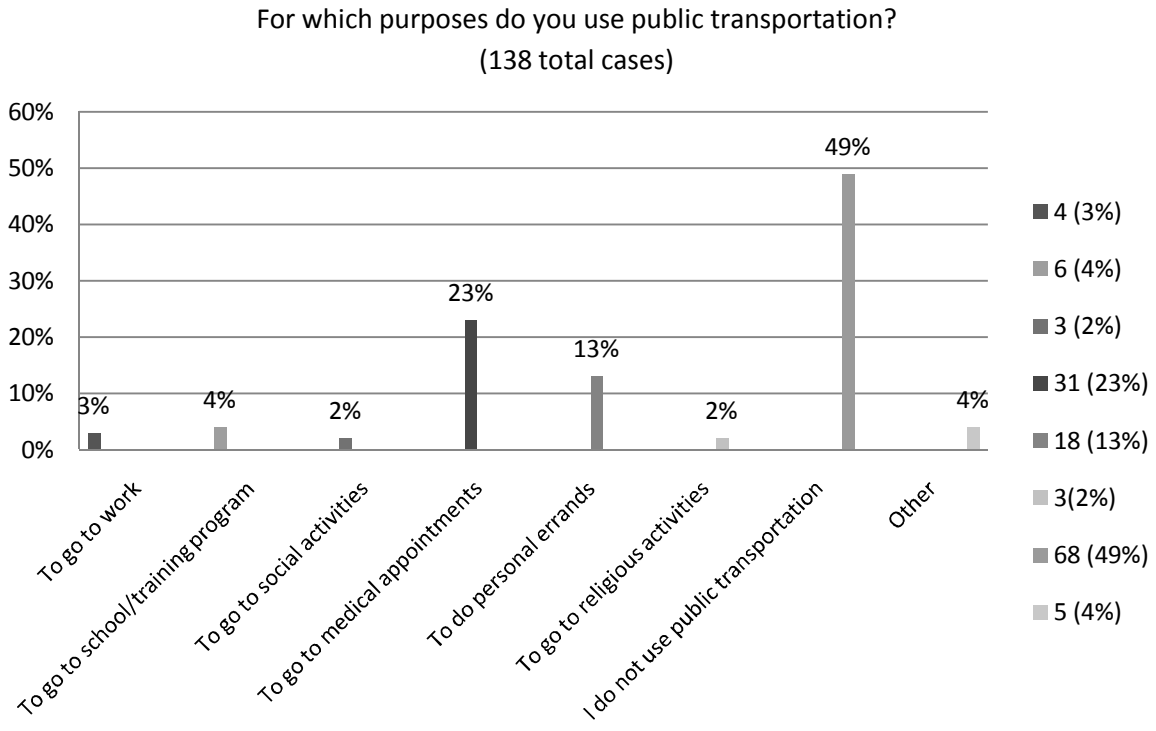

How would you describe your use of assistive technology?
(38 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
8%
18%
16%
5%
8%
29%
16%
I have all the assistive technology I need
I have some but not all of the assistive technology I need
I do not have any of the assistive technology I need
The assistive technology I use is in good condition
The assistive technology I use is outdated or in need of repair
I don't think I know about the assistive technology available
I find it difficult to learn to use new assistive technology
3 (8%)
7 (18%)
6 (16%)
2 (5%)
3(8%)
11 (29%)
6(16%)

**TRANSPORTATION**

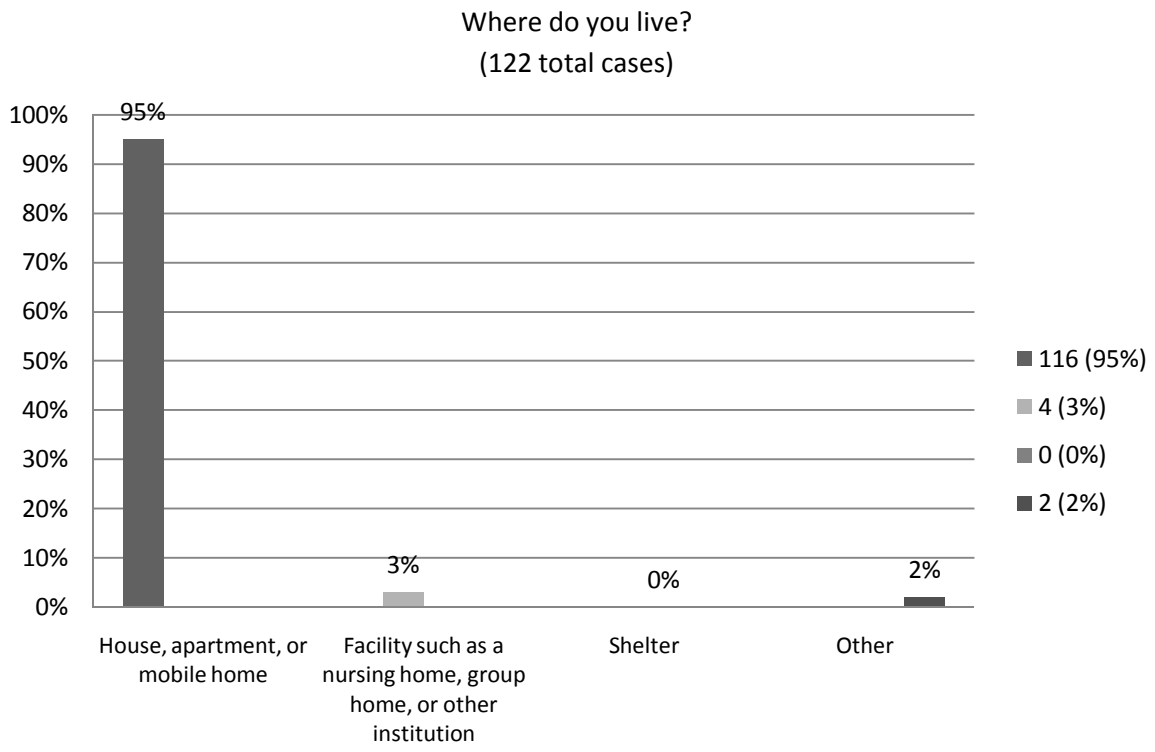


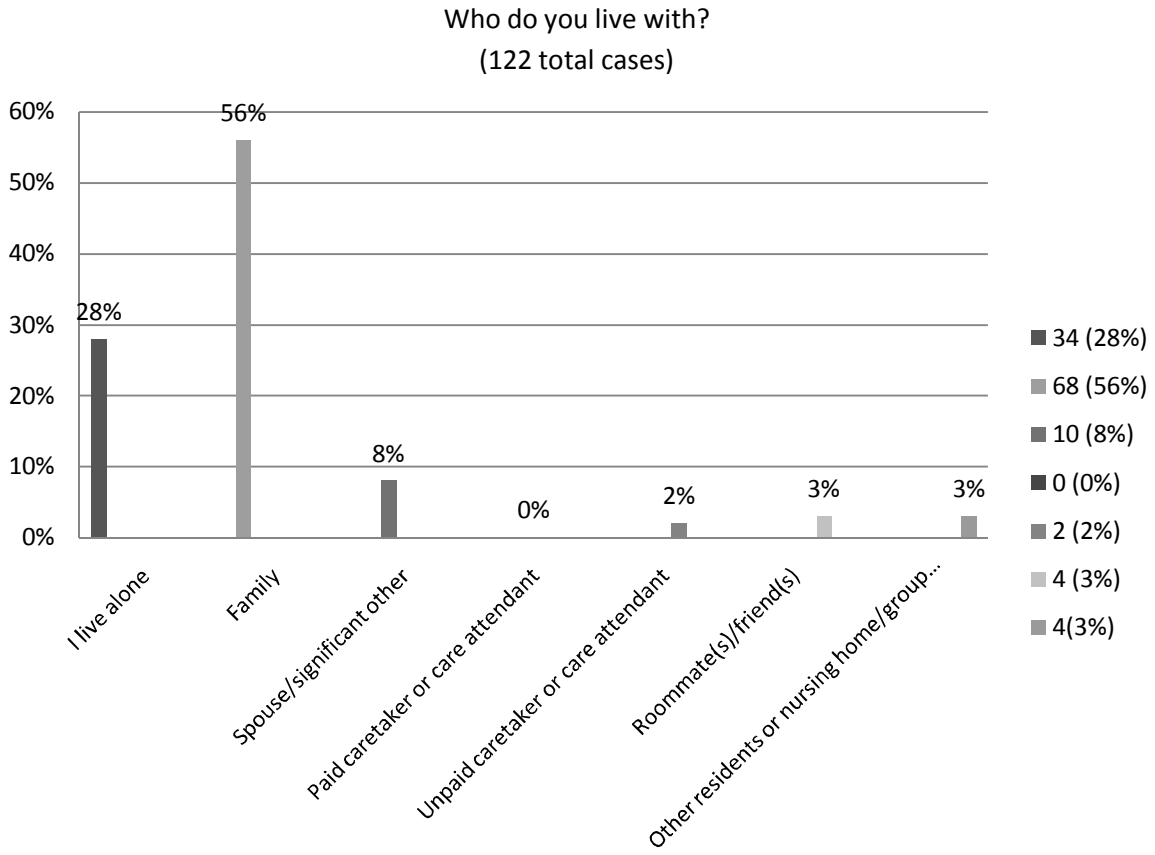




What problems so you have with transportation?
(151 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
42%
5%
9%
9%
10%
7%
13%
4%
3%
I don't have any problems with transportation
It is too far away
There are not enough options
It is not reliable
It is not available when I need it
It does not go where I need to go
It costs too much
It is not available or accessible for someone with...
Other
63 (42%)
7 (5%)
13 (9%)
14 (9%)
15 (10%)
10 (7%)
19 (13%)
6 (4%)
4 (3%)

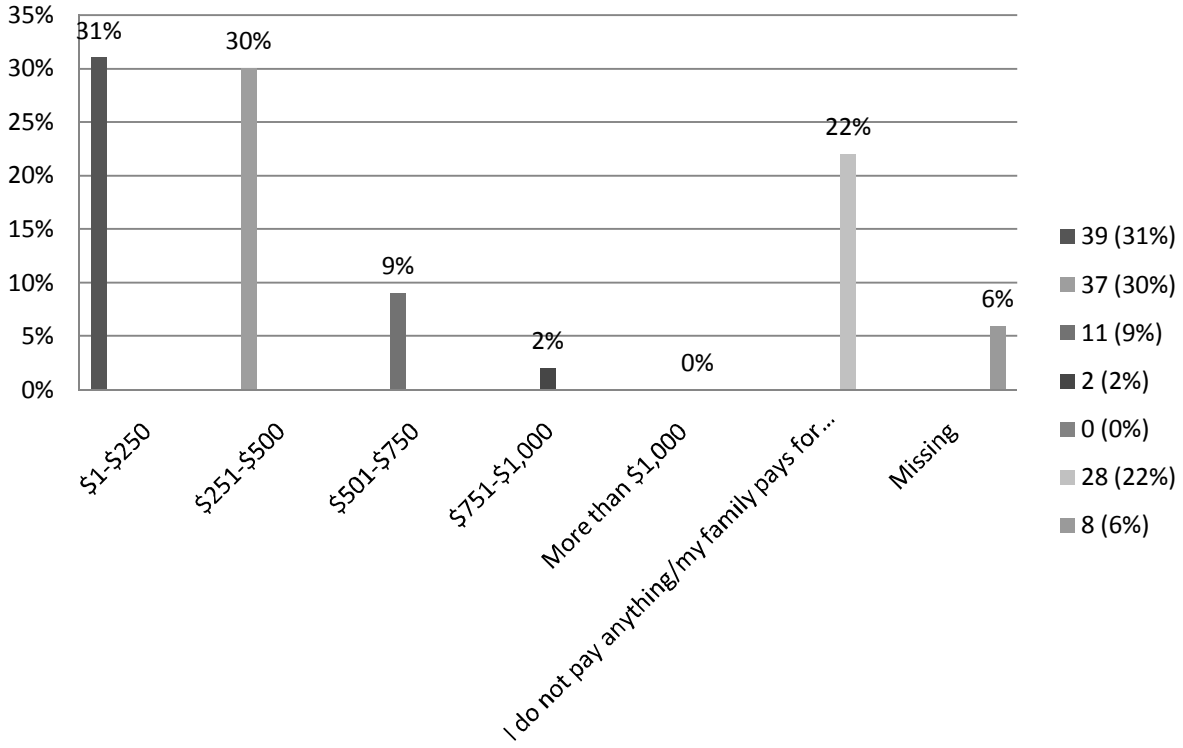

For which purposes do you use public transportation?
(138 total cases)
60%
50%
40%
30%
20%
10%
0%
3%
4%
2%
23%
13%
2%
49%
4%
To go to work
To go to school/training program
To go to social activities
To go to medical appointments
To do personal errands
To go to religious activities
I do not use public transportation
Other
4 (3%)
6 (4%)
3 (2%)
31 (23%)
18 (13%)
3(2%)
68 (49%)
5 (4%)

## HOUSING

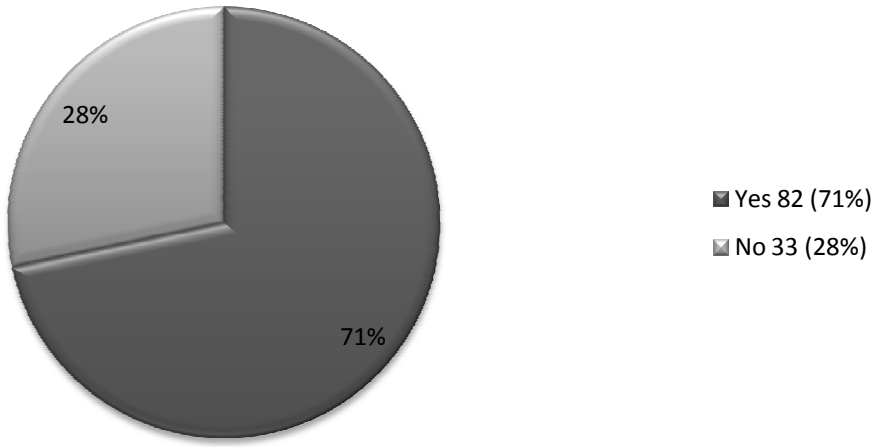

Where do you live?
(122 total cases)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
95%
3%
0%
2%
House, apartment, or mobile home
Facility such as a nursing home, group home, or other institution
Shelter
Other
116 (95%)
4 (3%)
0 (0%)
2 (2%)

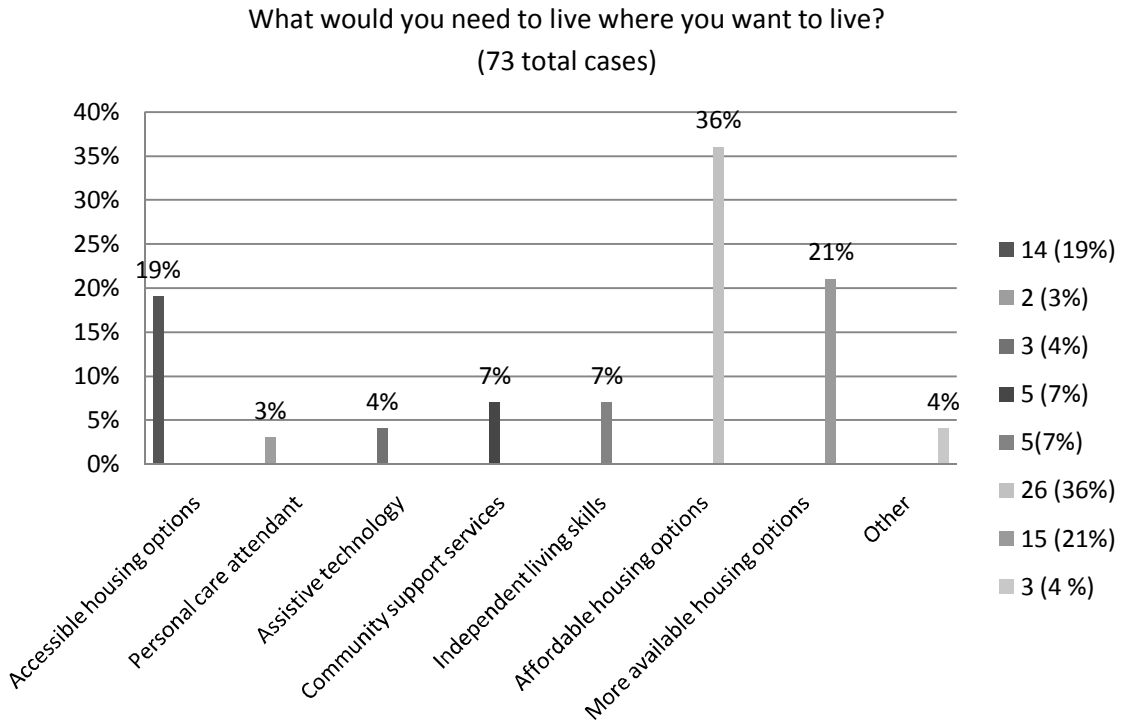

Who do you live with?
(122 total cases)
60%
50%
40%
30%
20%
10%
0%
28%
56%
8%
0%
2%
3%
3%
I live alone
Family
Spouse/significant other
Paid caretaker or care attendant
Unpaid caretaker or care attendant
Roommate(s)/friend(s)
Other residents or nursing home/group...
34 (28%)
68 (56%)
10 (8%)
0 (0%)
2 (2%)
4 (3%)
4(3%)

How much do you pay for housing each month, not including utilities?
(117 total cases)



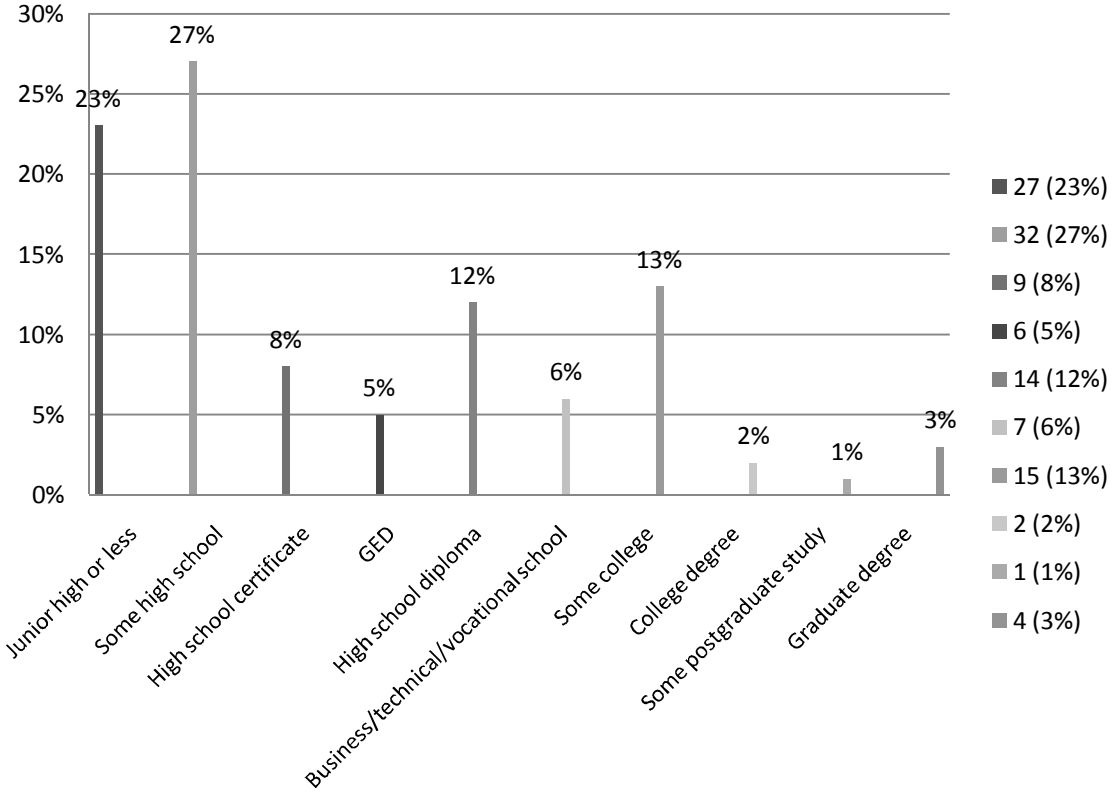

Are you currently living in your preferred living arrangement?
(116 total cases)



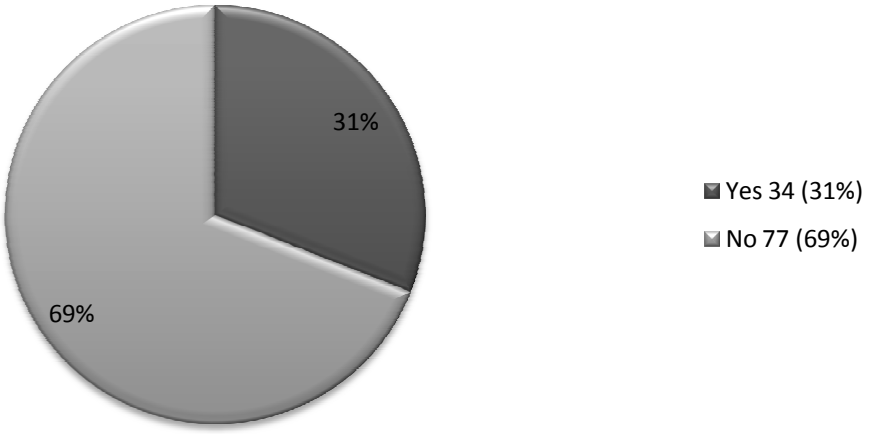

What would you need to live where you want to live?
(73 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
19%
3%
4%
7%
7%
36%
21%
4%
Accessible housing options
Personal care attendant
Assistive technology
Community support services
Independent living skills
Affordable housing options
More available housing options
Other
14 (19%)
2 (3%)
3 (4%)
5 (7%)
5(7%)
26 (36%)
15 (21%)
3 (4 %)

## EDUCATION

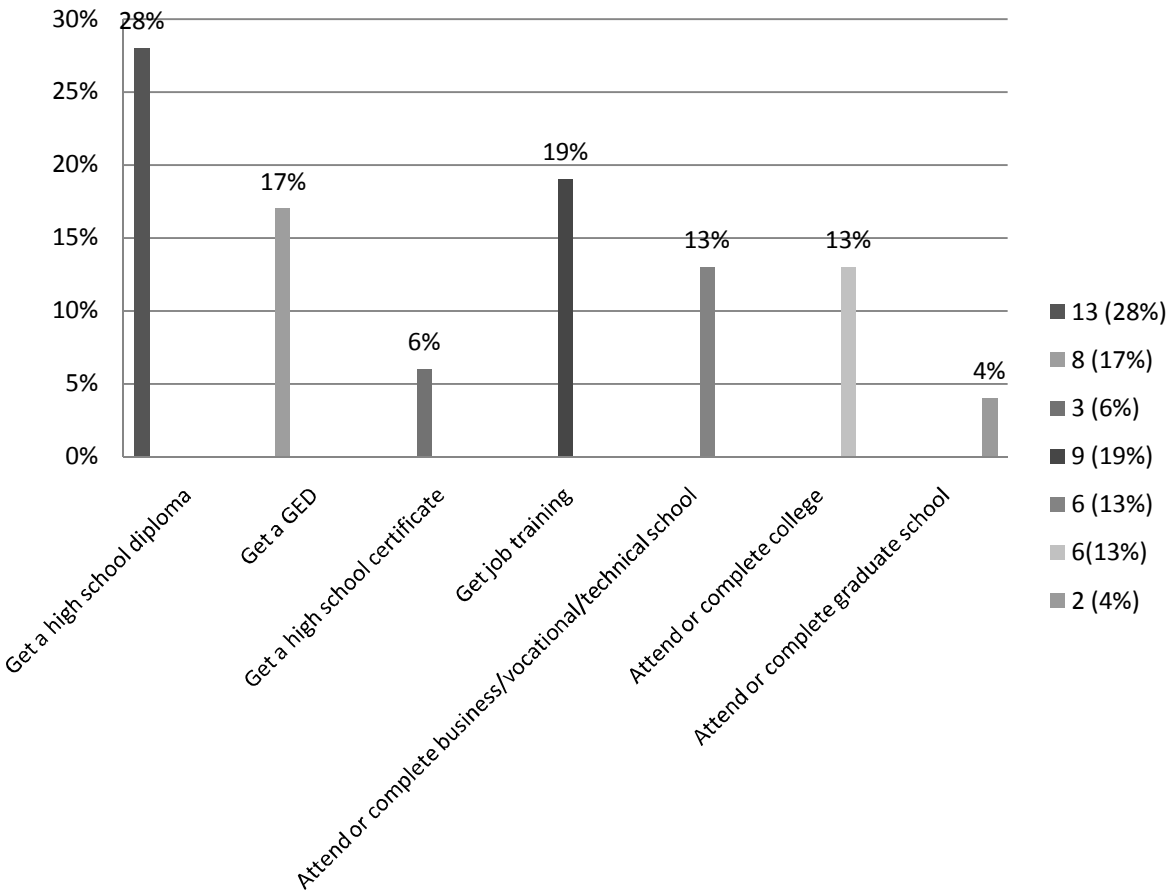
What is the highest of education or grade level that you have completed?
(117 total cases)



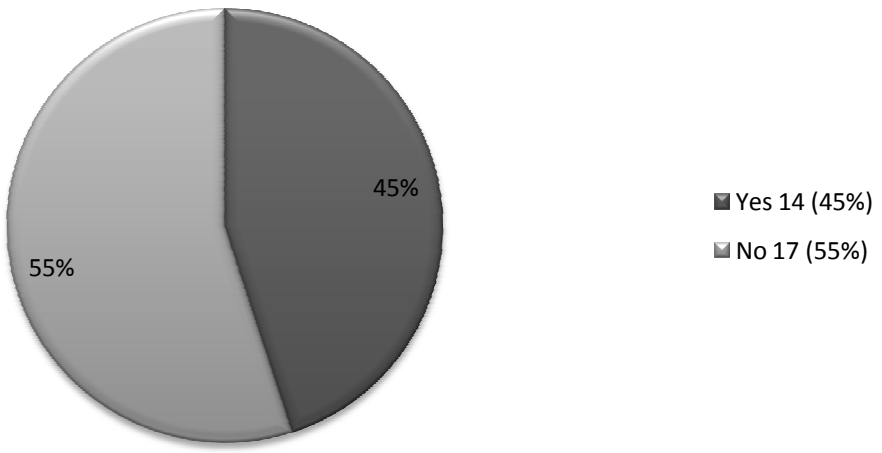

Do you want to or are you currently continuing your education?
(111 total cases)

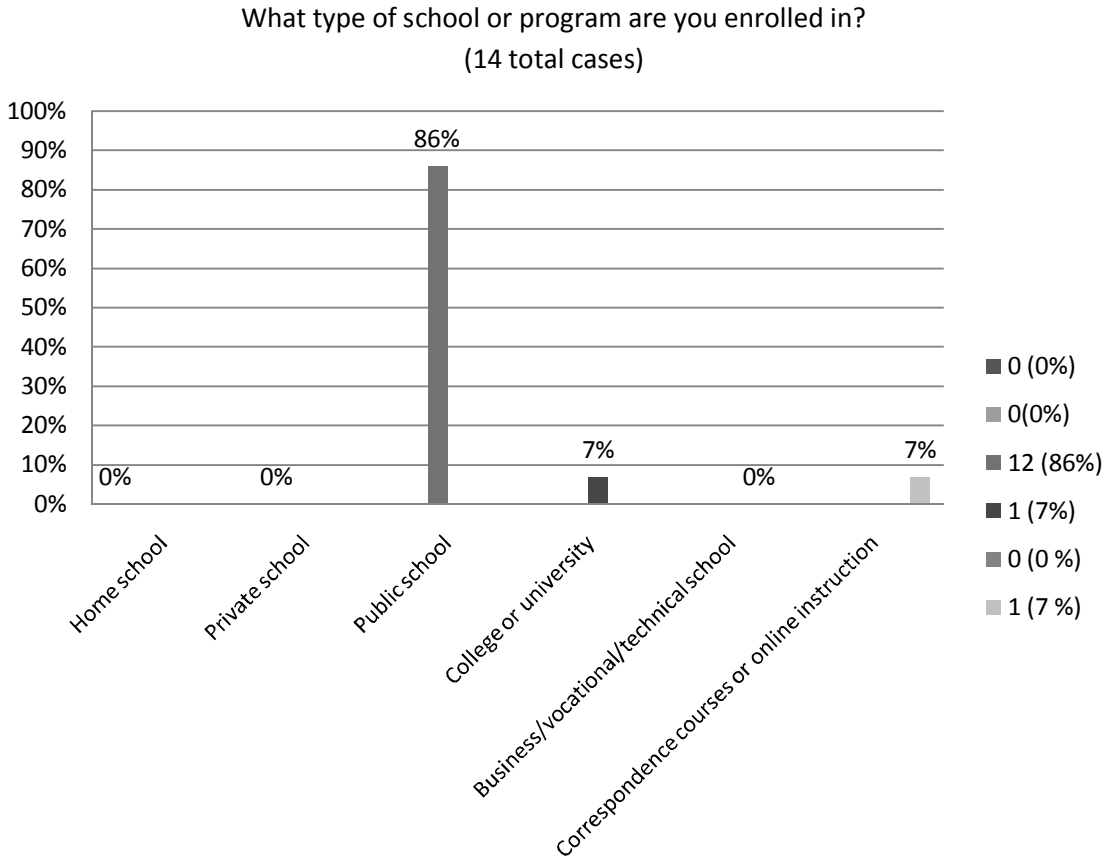


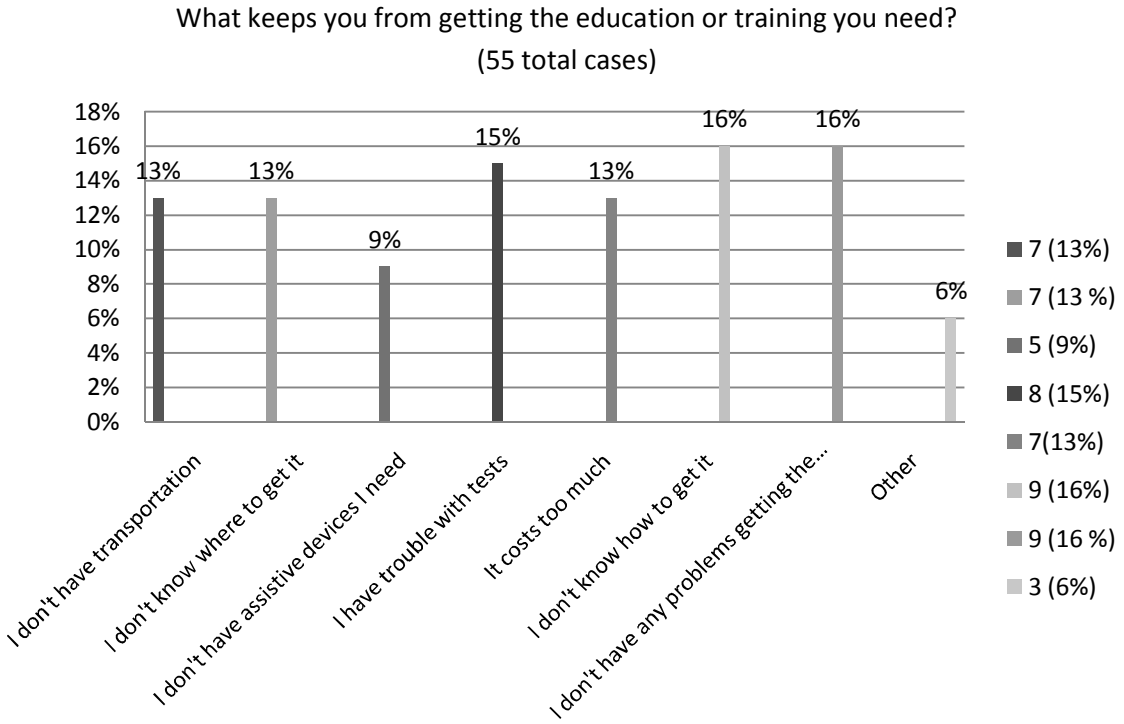
What are your current educational goals?
(47 total cases)



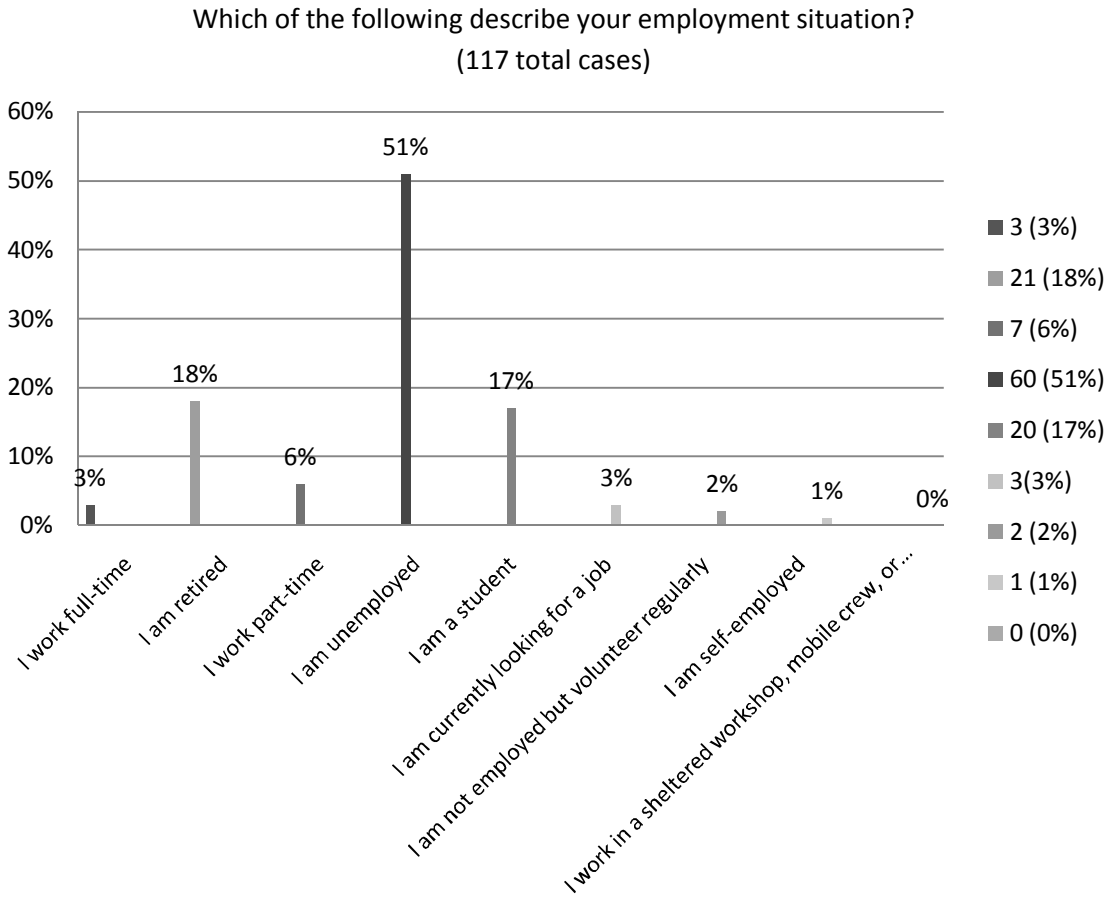

Are you currently enrolled in school or in a training program?
(31 total cases)

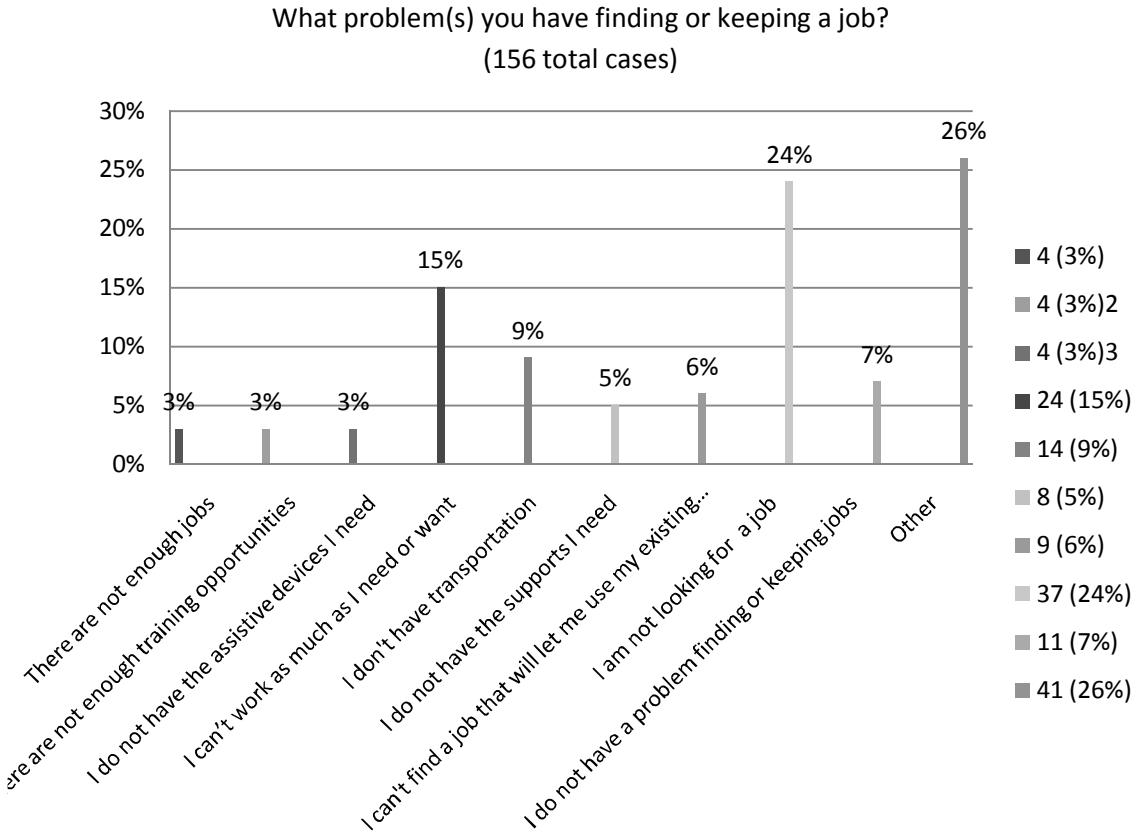



What type of school or program are you enrolled in?
(14 total cases)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0%
0%
86%
7%
0%
7%
Home school
Private school
Public school
College or university
Business/vocational/technical school
Correspondence courses or online instruction
0 (0%)
0(0%)
12 (86%)
1 (7%)
0 (0 %)
1 (7 %)

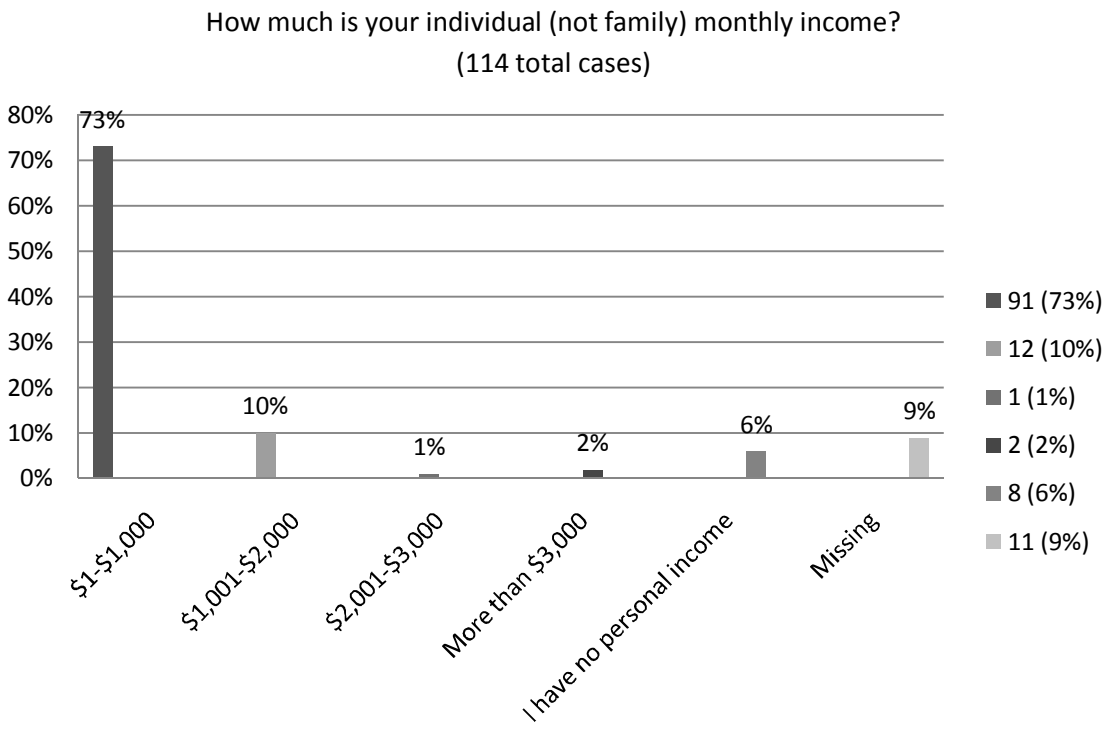

What keeps you from getting the education or training you need?
(55 total cases)
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
13%
13%
9%
15%
13%
16%
16%
6%
I don't have transportation
I don't know where to get it
I don't have assistive devices I need
I have trouble with tests
It costs too much
I don't know how to get it
I don't have any problems getting the...
Other
7 (13%)
7 (13 %)
5 (9%)
8 (15%)
7(13%)
9 (16%)
9 (16 %)
3 (6%)

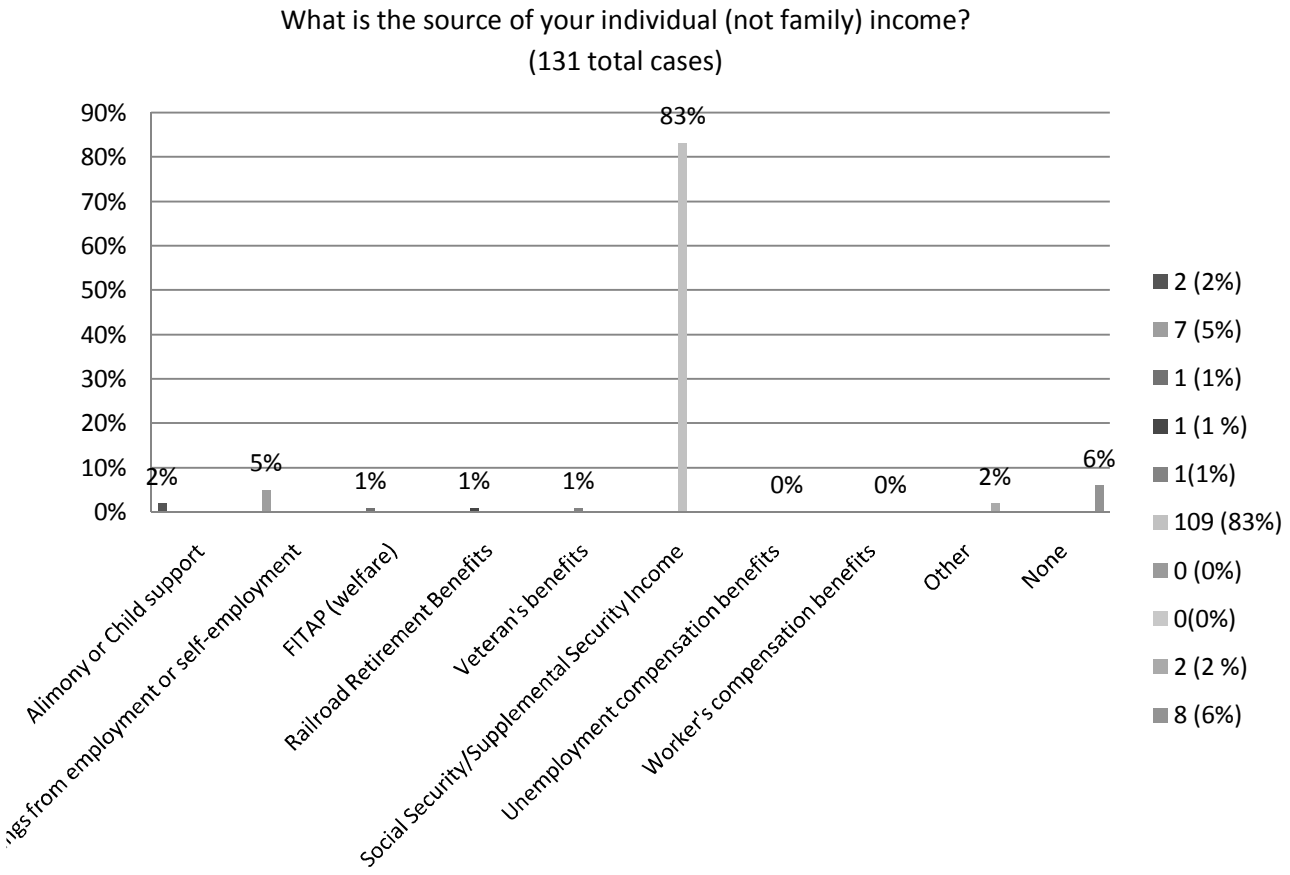
**EMPLOYMENT**


Which of the following describe your employment situation?
(117 total cases)
60%
50%
40%
30%
20%
10%
0%
3%
18%
6%
51%
17%
3%
2%
1%
0%
I work full-time
I am retired
I work part-time
I am unemployed
I am a student
I am currently looking for a job
I am not employed but volunteer regularly
I am self-employed
I work in a sheltered workshop, mobile crew, or ...
3 (3%)
21 (18%)
7 (6%)
60 (51%)
20 (17%)
3(3%)
2 (2%)
1 (1%)
0 (0%)

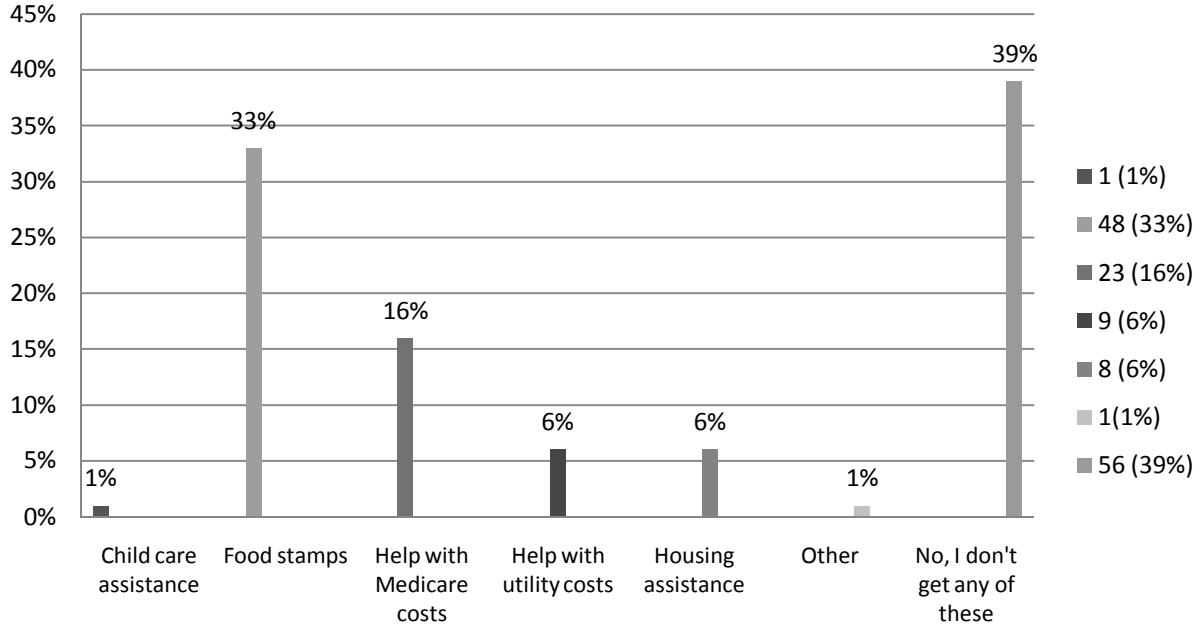

What problem(s) you have finding or keeping a job?
(156 total cases)
30%
25%
20%
15%
10%
5%
0%
3%
3%
3%
15%
9%
5%
6%
24%
7%
26%
There are not enough jobs
ere are not enough training opportunities
I do not have the assistive devices I need
I can't work as much as I need or want
I don't have transportation
I do not have the supports I need
I can't find a job that will let me use my existing...
I am not looking for a job
I do not have a problem finding or keeping jobs
Other
4 (3%)
4 (3%)2
4 (3%)3
24 (15%)
14 (9%)
8 (5%)
9 (6%)
37 (24%)
11 (7%)
41 (26%)

**FINANCES**

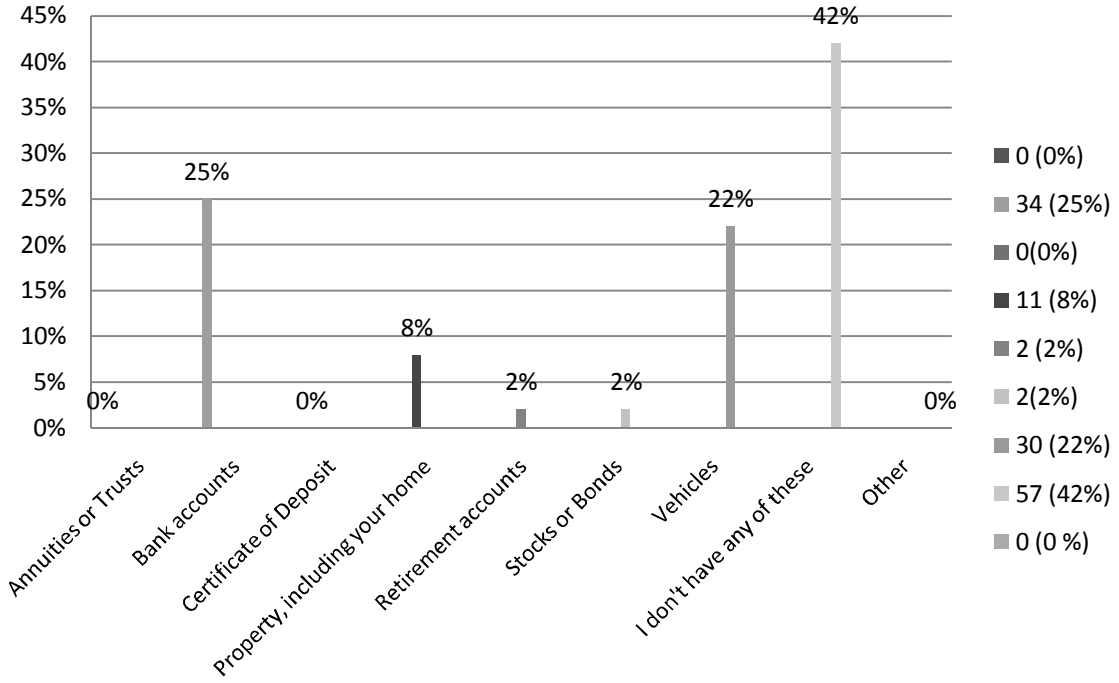

How much is your individual (not family) monthly income?
(114 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
73%
10%
1%
2%
6%
9%
$1-$1,000
$1,001-$2,000
$2,001-$3,000
More than $3,000
I have no personal income
Missing
91 (73%)
12 (10%)
1 (1%)
2 (2%)
8 (6%)
11 (9%)

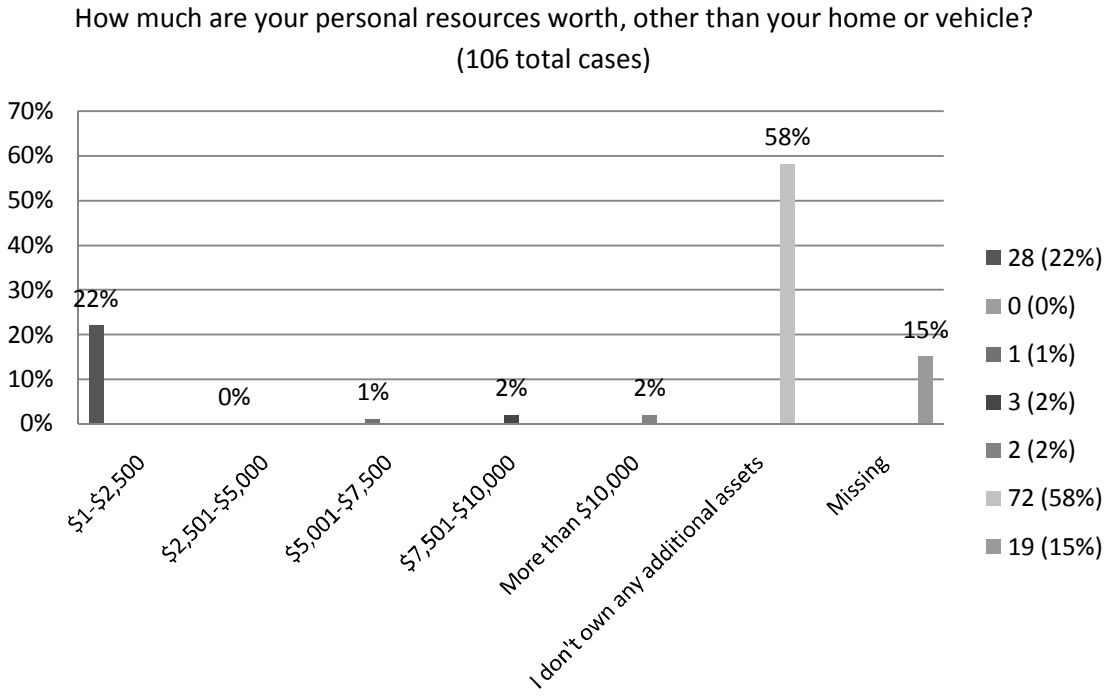

What is the source of your individual (not family) income?
(131 total cases)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2%
5%
1%
1%
1%
83%
0%
0%
2%
6%
Alimony or Child support
ngs from employment or self-employment
FITAP (welfare)
Railroad Retirement Benefits
Veteran's benefits
Social Security/Supplemental Security Income
Unemployment compensation benefits
Worker's compensation benefits
Other
None
2 (2%)
7 (5%)
1 (1%)
1 (1 %)
1(1%)
109 (83%)
0 (0%)
0(0%)
2 (2 %)
8 (6%)

Do you personally get financial help from any of the following programs?
(146 total cases)

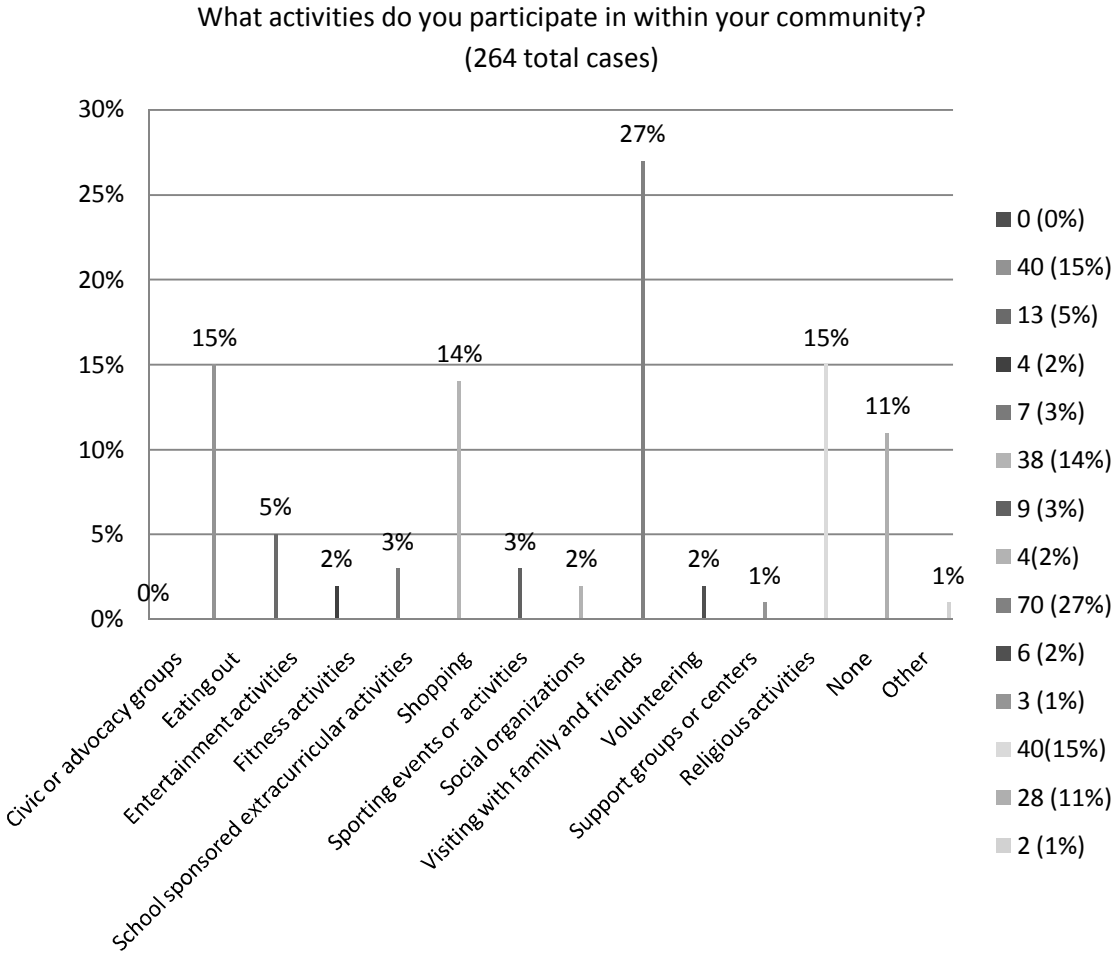



Which of the following kinds of assets or resources do you personally own?
(136 total cases)

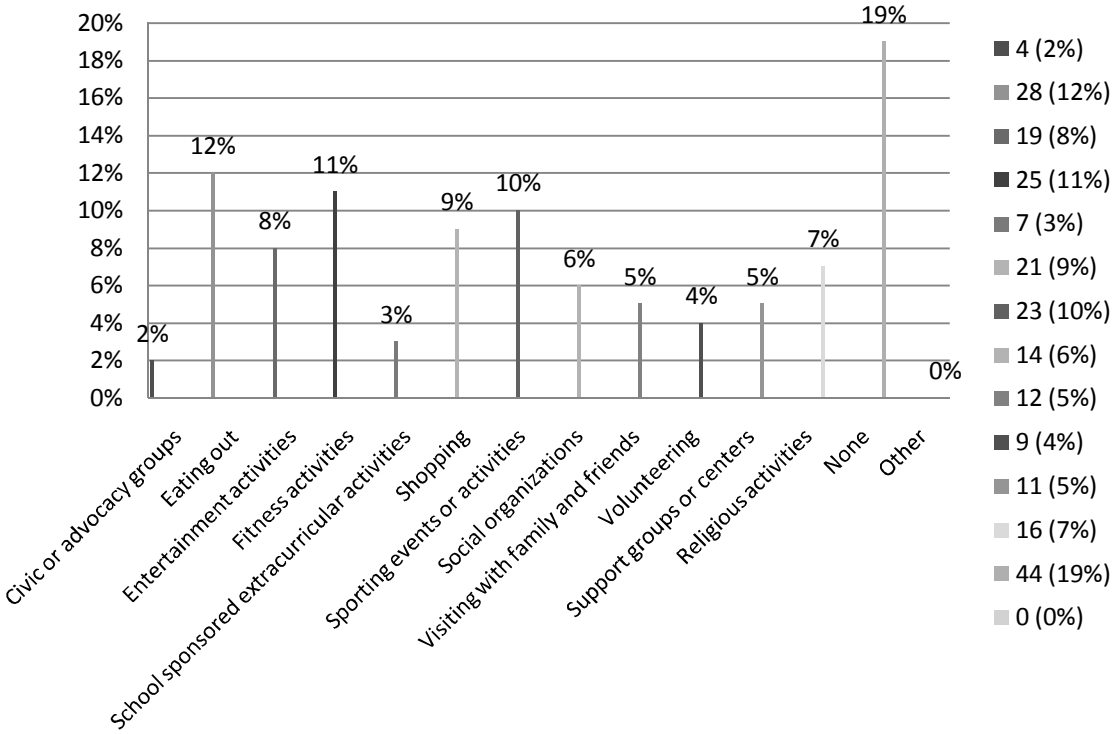



How much are your personal resources worth, other than your home or vehicle?
(106 total cases)
70%
60%
50%
40%
30%
20%
10%
0%
22%
0%
1%
2%
2%
58%
15%
$1-$2,500
$2,501-$5,000
$5,001-$7,500
$7,501-$10,000
More than $10,000
I don't own any additional assets
Missing
28 (22%)
0 (0%)
1 (1%)
3 (2%)
2 (2%)
72 (58%)
19 (15%)

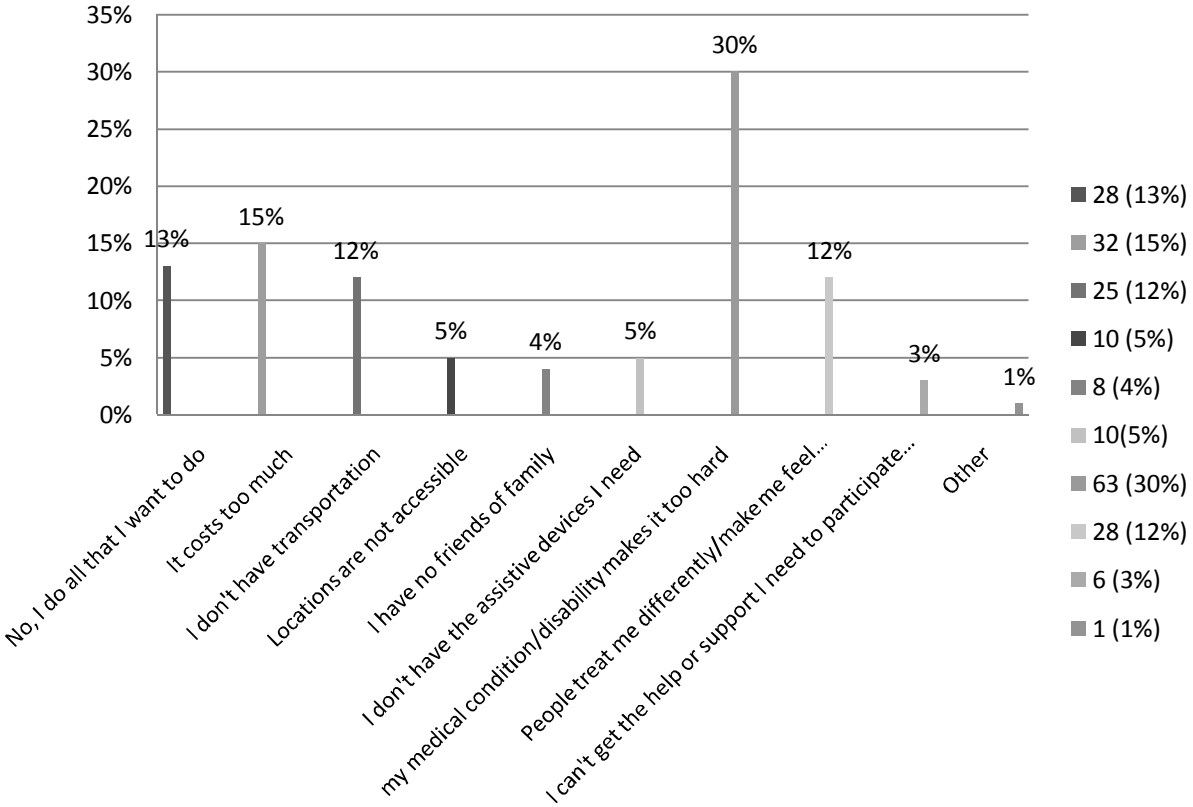
## COMMUNITY INVOLVEMENT



What activities would you like to participate in, but cannot?
(233 total cases)

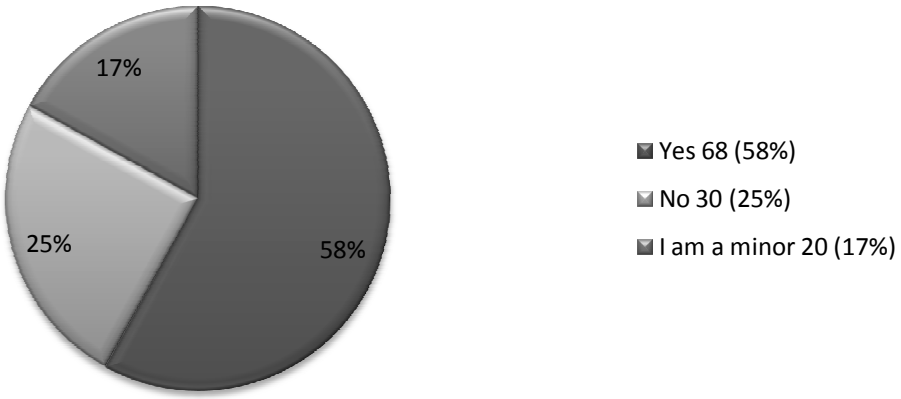



Is there anything that makes it hard for you to do the things you want?
(211 total cases)

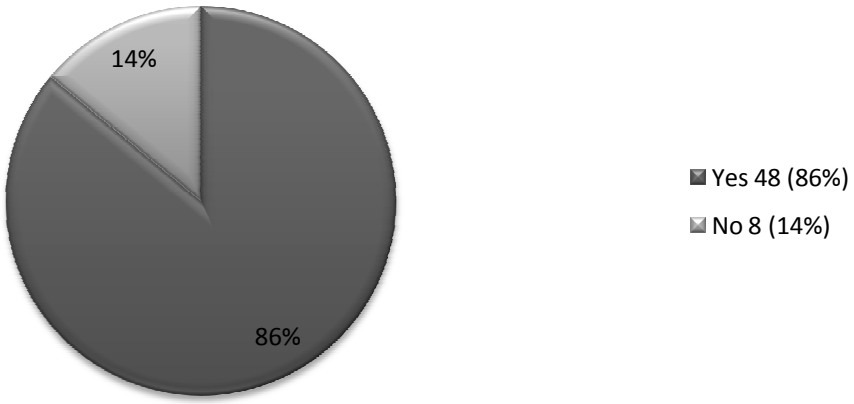


**CIVIC INVOLVEMENT**

Are you registered to vote?
(118 total cases)

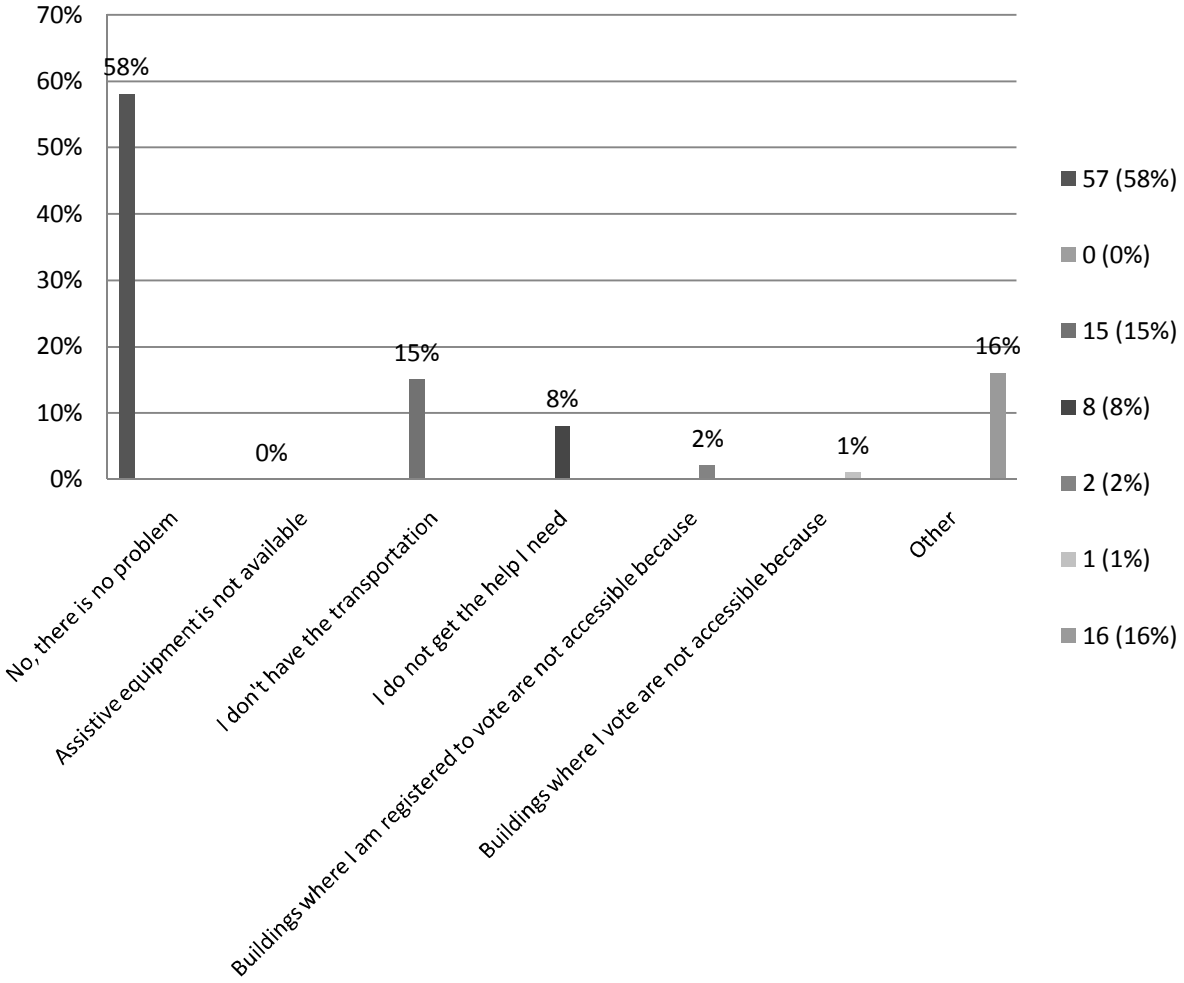



Have you voted in any election in the last four years?
(56 total cases)



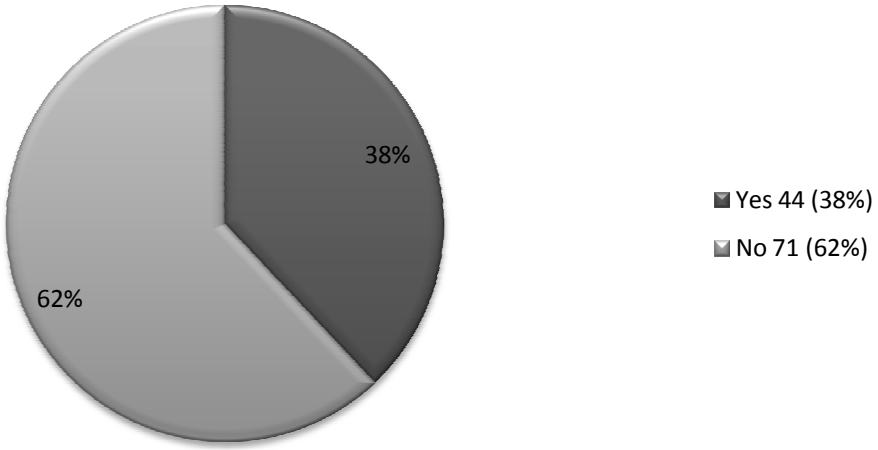
Have you used special voting services such as vote by mail or early voting?
(57 total cases)

Is there anything that makes it hard for you to vote?
(99 total cases)

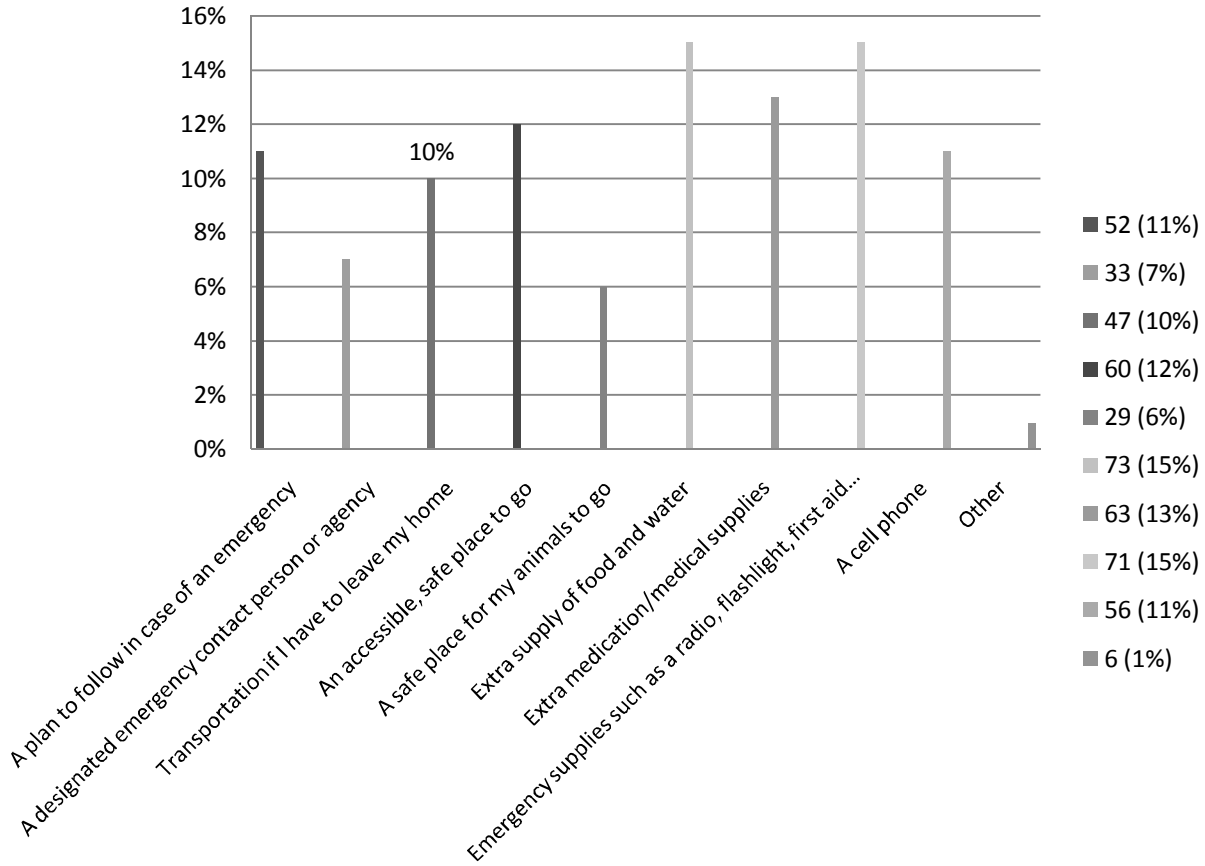


## EMERGENCY PREPAREDNESS

Do you have a plain in place to deal with an emergency situation?
(115 total cases)




What would you need to be prepared for a future emergency situation?
(490 total cases)



# REGION VII - TABLES

## GENERAL INFORMATION

### Format of Survey

| | Number | Percent |
|---|---|---|
| Paper | 114 | 91% |
| Internet | 7 | 6% |
| Telephone | 4 | 3% |
| *Total Cases* | 125 | |

### Who is filling out this survey?

| | Number | Percent |
|---|---|---|
| A person with a disability | 72 | 59% |
| A helper or friend of a person with a disability | 17 | 14% |
| The parent or guardian of a minor child with a disability | 22 | 18% |
| The parent or guardian of an adult with a disability | 10 | 8% |
| A court appointed guardian, curator, tutor or agent | 0 | 0% |
| A professional or advocate | 2 | 2% |
| *Total Cases* | 123 | |

### Why is someone helping you fill out this survey?

| | Number | Percent |
|---|---|---|
| This doesn't apply to me- I am answering this survey by myself | 70 | 54% |
| I am providing the answers and this person is recording them | 20 | 15% |
| I am unable to answer this survey | 14 | 11% |
| I do not want to participate in this survey | 0 | 0% |
| I am under 18 and this person is my parent or guardian | 16 | 12% |
| Other | 10 | 8% |
| *Total Cases* | 130 | |

### What is the type of your disability?

| | Number | Percent |
|---|---|---|
| Mental health/ Emotional disorder | 37 | 20% |
| Physical | 53 | 29% |
| Learning/ Cognitive | 24 | 13% |
| Speech Communication | 16 | 9% |
| Sensory | 6 | 3% |
| Chronic health condition | 46 | 25% |
| *Total Cases* | 182 | |

**How long have you lived with your disability?**

| | Number | Percent |
|---|---|---|
| 1-10 years | 51 | 42% |
| 11-20 years | 34 | 28% |
| 21-30 years | 12 | 11% |
| 31-40 years | 11 | 9% |
| 41-50 years | 6 | 6% |
| 51-60 years | 5 | 5% |
| 61-70 years | 1 | 1% |
| *Total Cases* | 120 | |

**How would you judge your condition?**

| | Number | Percent |
|---|---|---|
| It is getting better | 14 | 11% |
| It comes and goes | 19 | 15% |
| It only gets worse | 17 | 22% |
| It is ongoing with little or no change | 45 | 36% |
| It is ongoing with constant change | 18 | 14% |
| *Total Cases* | 123 | |

**How long is your disability expected to last?**

| | Number | Percent |
|---|---|---|
| It is permanent | 96 | 77% |
| It is temporary | 1 | 1% |
| I'm not sure | 24 | 19% |
| *Total Cases* | 121 | |

**What is your race or ethnicity?**

| | Number | Percent |
|---|---|---|
| African American/ Black | 68 | 53% |
| Asian/ Pacific Islander | 0 | 0% |
| Caucasian/ White | 51 | 40% |
| Hispanic/ Latino | 1 | 1% |
| Native American | 5 | 4% |
| Multi-racial | 3 | 2% |
| Other | 0 | 0% |
| *Total Cases* | 128 | |

**What is your gender?**

| | Number | Percent |
|---|---|---|
| Male | 52 | 42% |
| Female | 68 | 54% |
| *Total Cases* | 120 | |

**How old are you?**

| | Number | Percent |
|---|---|---|
| Under 18 | 22 | 21% |
| 18-21 | 2 | 2% |
| 22-30 | 10 | 10% |
| 31-40 | 13 | 11% |
| 41-50 | 24 | 18% |
| 51-60 | 35 | 27% |
| 61-70 | 18 | 15% |
| 71-79 | 0 | 0% |
| *Total Cases* | 124 | |

**Which of the following helps you find out about available services?**

| | Number | Percent |
|---|---|---|
| Agencies | 37 | 11% |
| Healthcare providers | 69 | 21% |
| Internet | 16 | 5% |
| Library | 9 | 3% |
| Magazines | 17 | 5% |
| Mail | 27 | 8% |
| Newsletters | 11 | 3% |
| Newspaper | 17 | 5% |
| Radio | 10 | 3% |
| Relatives/ friends | 57 | 17% |
| Television | 47 | 14% |
| Other | 11 | 3% |
| *Total Cases* | 328 | |

## HEALTH CARE

### What type of health insurance do you have?

| | Number | Percent |
|---|---|---|
| None | 5 | 3% |
| Insurance through an employer | 4 | 2% |
| Medicaid (blue & white card) | 90 | 50% |
| Medicare (red, white & blue card) | 41 | 41% |
| Medicare prescription drug coverage | 34 | 19% |
| Private insurance | 4 | 2% |
| Other | 4 | 2% |
| *Total Cases* | 182 | |

### About how much do you or your family pay each month for this insurance?

| | Number | Percent |
|---|---|---|
| $0 | 73 | 59% |
| $1-10 | 2 | 2% |
| $11-20 | 1 | 1% |
| $21-30 | 2 | 2% |
| $31-40 | 1 | 1% |
| $41-50 | 0 | 0% |
| $51-60 | 1 | 1% |
| $61-70 | 0 | 0% |
| $71-80 | 1 | 1% |
| $81-90 | 0 | 0% |
| $91-100 | 1 | 1% |
| $101-200 | 2 | 2% |
| $210-300 | 1 | 1% |
| More than $300 | 2 | 2% |
| Missing | 39 | 31% |
| *Total Cases* | 125 | |

**About how much of your own or your family's money is spent each month for medical expenses other than insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 36 | 29% |
| $1-10 | 9 | 8% |
| $11-20 | 11 | 10% |
| $21-30 | 10 | 8% |
| $31-40 | 5 | 4% |
| $41-50 | 8 | 7% |
| $51-60 | 1 | 1% |
| $61-70 | 0 | 0% |
| $71-80 | 2 | 2% |
| $81-90 | 0 | 0% |
| $91-100 | 8 | 6% |
| $101-200 | 6 | 6% |
| $210-300 | 1 | 1% |
| More than $300 | 3 | 3% |
| Missing | 31 | 25% |
| *Total Cases* | 125 | |

**What medical services do you use on a regular basis?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 101 | 24% |
| Specialist doctor | 38 | 9% |
| Medical supplies | 33 | 8% |
| Prescription medications | 96 | 22% |
| Mental health services | 21 | 5% |
| Hospital care | 11 | 3% |
| Home health services | 9 | 2% |
| Emergency care | 15 | 4% |
| Nutrition services | 4 | 1% |
| Substance abuse counseling | 2 | 1% |
| Nursing services | 5 | 1% |
| Dialysis | 0 | 0% |
| Hearing services | 3 | 1% |
| Dental services | 25 | 6% |
| Eye/vision | 30 | 7% |
| Therapy services | 16 | 4% |
| Rehabilitation services | 10 | 2% |
| Orthotics | 6 | 1% |
| None | 3 | 1% |
| Other | 2 | 1% |
| *Total Cases* | 430 | |

**What medical services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 6 | 3% |
| Specialist doctor | 15 | 7% |
| Medical supplies | 10 | 5% |
| Prescription medications | 5 | 2% |
| Mental health services | 11 | 5% |
| Hospital care | 1 | 1% |
| Home health services | 10 | 5% |
| Emergency care | 6 | 3% |
| Nutrition services | 5 | 2% |
| Substance abuse counseling | 1 | 1% |
| Nursing services | 3 | 1% |
| Dialysis | 0 | 0% |
| Hearing services | 2 | 1% |
| Dental services | 48 | 22% |
| Eye/vision | 29 | 14% |
| Therapy services | 15 | 7% |
| Rehabilitation services | 4 | 1% |
| Orthotics | 2 | 1% |
| None | 35 | 16% |
| Other | 6 | 3% |
| *Total Cases* | 214 | |

## INDEPENDENT LIVING

### What services and supports do you use?

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 25 | 16% |
| Personal care attendant | 7 | 4% |
| Support/counseling from a peer or professional | 11 | 7% |
| Transportation services | 24 | 15% |
| Skills training to live independently | 5 | 3% |
| Financial assistance | 21 | 13% |
| Interpreter/communication services | 2 | 1% |
| Advocacy | 3 | 2% |
| Assistive technology devices | 5 | 3% |
| I do not use any of these | 29 | 31% |
| Other | 6 | 4% |
| *Total Cases* | 158 | |

### Who provides these supports and services to you?

| | Number | Percent |
|---|---|---|
| Office for Citizens with Developmental Disabilities (OCDD) | 12 | 9% |
| Office of aging and adult services (OAAS) | 1 | 1% |
| Office of Mental Health (OMH) | 9 | 6% |
| Louisiana Rehabilitation Services (LRS) | 5 | 4% |
| Governor's Office of Disability Affairs (GODA) | 4 | 3% |
| Independent living centers | 0 | 0% |
| Office for Addictive Disorders and Counseling (OADC) | 1 | 1% |
| Louisiana Assistive Technology Access Network (LATAN) | 1 | 1% |
| Work Incentive Planning Assistance (WIPA) | 0 | 0% |
| Louisiana Department of Education | 4 | 3% |
| Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) | 0 | 0% |
| Medicaid | 59 | 42% |
| Other | 9 | 6% |
| I don't receive any of these services | 35 | 25% |
| *Total Cases* | 140 | |

**What services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 37 | 23% |
| Personal care attendant | 12 | 8% |
| Support/counseling from a peer or professional | 11 | 7% |
| Transportation services | 14 | 9% |
| Skills training to live independently | 9 | 6% |
| Financial assistance | 21 | 13% |
| Interpreter/communication services | 1 | 1% |
| Advocacy | 3 | 2% |
| Assistive technology devices | 9 | 6% |
| I do not use any of these | 38 | 24% |
| Other | 5 | 3% |
| *Total Cases* | 160 | |

**Why don't you get the services and supports you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 27 | 16% |
| It costs too much | 23 | 13% |
| It's not available where I live | 10 | 6% |
| Transportation is not available | 18 | 5% |
| I don't know where to get services | 38 | 22% |
| Facilities/ offices are not accessible | 5 | 3% |
| Support services are limited | 20 | 12% |
| Available care options are limited | 13 | 8% |
| I live how I want to live so this does not apply to me | 16 | 9% |
| Other | 12 | 7% |
| *Total Cases* | 172 | |

**Who plans most of the care you get?**

| | Number | Percent |
|---|---|---|
| I do | 67 | 56% |
| A relative | 38 | 32% |
| A friend | 3 | 3% |
| An agency | 4 | 3% |
| Other | 8 | 7% |
| *Total Cases* | 120 | |

**How much choice do you have when planning for the services or care that you get?**

| | Number | Percent |
|---|---|---|
| I have most control | 69 | 61% |
| I do not get to participate in planning | 20 | 18% |
| I have little control | 25 | 22% |
| *Total Cases* | 114 | |

## ASSISTIVE TECHNOLOGY

**Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?**

| | Number | Percent |
|---|---|---|
| Yes | 28 | 28% |
| No | 74 | 73% |
| *Total Cases* | 102 | |

**What sort of assistive technology do you use?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 0 | 0% |
| Hearing | 3 | 7% |
| Environmental adaptations | 2 | 5% |
| Speech communication | 6 | 14% |
| Learning/cognitive/development | 6 | 14% |
| Daily living aids | 7 | 16% |
| Mobility/seating/positioning | 6 | 14% |
| Vision | 8 | 18% |
| Vehicle modification/transportation | 0 | 0% |
| Computers and related | 3 | 7% |
| Other | 3 | 7% |
| *Total Cases* | 44 | |

**What sort of assistive technology do you need but not get?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 4 | 9% |
| Hearing | 1 | 2% |
| Environmental adaptations | 4 | 9% |
| Speech communication | 4 | 9% |
| Learning/cognitive/development | 1 | 2% |
| Daily living aids | 2 | 5% |
| Mobility/seating/positioning | 5 | 11% |
| Vision | 8 | 18% |
| Vehicle modification/transportation | 7 | 16% |
| Computers and related | 2 | 5% |
| None | 4 | 9% |
| Other | 2 | 5% |
| *Total Cases* | 44 | |

**If you don't have access to assistive technology, what is the reason?**

| | Number | Percent |
|---|---|---|
| I can't afford it | 15 | 41% |
| I need help to use it | 1 | 3% |
| I need training to use it | 1 | 3% |
| It is not available in my community | 2 | 5 |
| It is not covered by my health insurance | 8 | 22% |
| This does not apply to me | 6 | 16% |
| Other | 4 | 11% |
| *Total Cases* | 37 | |

**How would you describe your use of assistive technology?**

| | Number | Percent |
|---|---|---|
| I have all the assistive technology I need | 3 | 8% |
| I have some but not all of the assistive technology I need | 7 | 18% |
| I do not have any of the assistive technology I need | 6 | 16% |
| The assistive technology I use is in good condition | 2 | 5% |
| The assistive technology I use is outdated or in need of repair | 3 | 8% |
| I don't think I know about the assistive technology available | 11 | 29% |
| I find it difficult to learn to use new assistive technology | 6 | 16% |
| *Total Cases* | 38 | |

## TRANSPORTATION

### What means of transportation are available to you?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 23 | 11% |
| I have my own vehicle | 44 | 21% |
| Rides from friends/ family | 70 | 33% |
| Public transportation | 26 | 12% |
| Para Transit | 2 | 1% |
| Taxi service | 18 | 9% |
| Medicaid transportation service | 24 | 11% |
| None | 1 | 1% |
| Other | 3 | 1% |
| *Total Cases* | 211 | |

### What means of transportation do you use?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 20 | 11% |
| I have my own vehicle | 42 | 23% |
| Rides from friends/ family | 71 | 39% |
| Public transportation | 18 | 10% |
| Para Transit | 0 | 0% |
| Taxi service | 13 | 7% |
| Medicaid transportation service | 0 | 0% |
| None | 16 | 9% |
| Other | 2 | 1% |
| *Total Cases* | 182 | |

**What problems do you have with transportation?**

| | Number | Percent |
|---|---|---|
| I don't have any problems with transportation | 63 | 42% |
| It's too far away | 7 | 5% |
| There are not enough options | 13 | 9% |
| It is not reliable | 14 | 9% |
| It is not available when I need it | 15 | 10% |
| It does not go where I need it to go | 10 | 7% |
| It costs too much | 19 | 13% |
| It is not available or accessible for someone with my disability | 6 | 4% |
| Other | 4 | 3% |
| *Total Cases* | 151 | |

**For which purposes do you use public transportation?**

| | Number | Percent |
|---|---|---|
| To go to work | 4 | 3% |
| To go to school/ training program | 6 | 4% |
| To go to social activities | 3 | 2% |
| To go to medical appointments | 31 | 23% |
| To do personal errands | 18 | 13% |
| To go to religious activities | 3 | 2% |
| I do not use public transportation | 68 | 49% |
| Other | 5 | 4% |
| *Total Cases* | 138 | |

## HOUSING

### Where do you live?

| | Number | Percent |
|---|---|---|
| House, apartment, or mobile home | 116 | 95% |
| Facility such as a nursing home, group home, or other institution | 4 | 3% |
| Shelter | 0 | 0% |
| Other | 2 | 2% |
| *Total Cases* | 122 | |

### Who do you live with?

| | Number | Percent |
|---|---|---|
| I live alone | 34 | 28% |
| Family | 68 | 56% |
| Spouse/significant other | 10 | 8% |
| Paid caretaker or care attendant | 0 | 0% |
| Unpaid caretaker or care attendant | 2 | 2% |
| Roommate(s)/ Friend(s) | 4 | 3% |
| Other residents or nursing home/ group home/ shelter or other institution | 4 | 3% |
| *Total Cases* | 122 | |

### How much do you pay for housing each month, not including utilities?

| | Number | Percent |
|---|---|---|
| $1-$250 | 39 | 31% |
| $251-$500 | 37 | 30% |
| $501-$750 | 11 | 9% |
| $750-$1,000 | 2 | 2% |
| More than $1,000 | 0 | 0% |
| I do not pay anything/ my family pays for my housing | 28 | 22% |
| Missing | 8 | 6% |
| *Total Cases* | 117 | |

**Are you currently living in your preferred living arrangement?**

| | Number | Percent |
|---|---|---|
| Yes | 82 | 71% |
| No | 33 | 28% |
| *Total Cases* | 116 | |

**What would you need to live where you want to live?**

| | Number | Percent |
|---|---|---|
| Accessible housing options | 14 | 19% |
| Personal care attendant | 2 | 3% |
| Assistive technology | 3 | 4% |
| Community support services | 5 | 7% |
| Independent living skills | 5 | 7% |
| Affordable housing options | 26 | 36% |
| More available housing options | 15 | 21% |
| Other | 3 | 4% |
| *Total Cases* | 73 | |

## EDUCATION

### What is the highest level of education or grade level that you have completed?

| | Number | Percent |
|---|---|---|
| Junior high or less | 27 | 23% |
| Some high school | 32 | 27% |
| High school certificate | 9 | 8% |
| GED | 6 | 5% |
| High school diploma | 14 | 12% |
| Business/ technical/ vocational school | 7 | 6% |
| Some college | 15 | 13% |
| College degree | 2 | 2% |
| Some postgraduate study | 1 | 1% |
| Graduate degree | 4 | 3% |
| *Total Cases* | 117 | |

### Do you want to or are you currently continuing your education?

| | Number | Percent |
|---|---|---|
| Yes | 34 | 31% |
| No | 77 | 69% |
| *Total Cases* | 111 | |

### What are you current educational goals?

| | Number | Percent |
|---|---|---|
| Get a high school diploma | 13 | 28% |
| Get a GED | 8 | 17% |
| Get a high school certificate | 3 | 6% |
| Get job training | 9 | 19% |
| Attend or complete business/vocational/technical school | 6 | 13% |
| Attend or complete college | 6 | 13% |
| Attend or complete graduate school | 2 | 4% |
| *Total Cases* | 47 | |

**Are you currently enrolled in school or in a training program?**

| | Number | Percent |
|---|---|---|
| Yes | 14 | 45% |
| No | 17 | 55% |
| *Total Cases* | 31 | |

**What type of school or program are you enrolled in?**

| | Number | Percent |
|---|---|---|
| Home school | 0 | 0% |
| Private school | 0 | 0% |
| Public school | 12 | 86% |
| College or university | 1 | 7% |
| Business/ vocational/ technical school | 0 | 0% |
| Correspondence courses or online instruction | 1 | 7% |
| *Total Cases* | 14 | |

**What keeps you from getting the education or training you need?**

| | Number | Percent |
|---|---|---|
| I don't have transportation | 7 | 13% |
| I don't know where I get it | 7 | 13% |
| I don't have assistive devices I need | 5 | 9% |
| I have trouble with tests | 8 | 15% |
| It costs too much | 7 | 13% |
| I don't know how to get it | 9 | 16% |
| I don't have any problems getting the education or training I need | 9 | 16% |
| Other | 3 | 6% |
| *Total Cases* | 55 | |

## EMPLOYMENT

### Which of the following describes your employment situation?

| | Number | Percent |
|---|---|---|
| I work full time | 3 | 3% |
| I am retired | 21 | 18% |
| I work part-time | 7 | 6% |
| I am unemployed | 60 | 51% |
| I am a student | 20 | 17% |
| I am currently looking for a job | 3 | 3% |
| I am not employed by volunteer regularly | 2 | 2% |
| I am self-employed | 1 | 1% |
| I work in a sheltered workshop, mobile crew, or enclave | 0 | 0% |
| *Total Cases* | 117 | |

### What problem(s) do you have finding or keeping a job?

| | Number | Percent |
|---|---|---|
| There are not enough jobs | 4 | 3% |
| There are not enough training opportunities | 4 | 3% |
| I do not have the assistive devices I need | 4 | 3% |
| I can't work as much as I need or want | 24 | 15% |
| I don't have transportation | 14 | 9% |
| I do not have the supports I need | 8 | 5% |
| I can't find a job that will let me use my existing skills | 9 | 6% |
| I am not looking for a job | 37 | 24% |
| I do not have a problem finding or keeping jobs | 11 | 7% |
| Other | 41 | 26% |
| *Total Cases* | 156 | |

## FINANCES

### How much is your individual (not family) monthly income?

| | Number | Percent |
|---|---|---|
| $1-$1,000 | 91 | 73% |
| $1,001- $2,000 | 12 | 10% |
| $2,001-$3,000 | 1 | 1% |
| More than $3,000 | 2 | 2% |
| I have no personal income | 8 | 6% |
| Missing | 11 | 9% |
| *Total Cases* | 114 | |

### What is the source of your individual (not family) income?

| | Number | Percent |
|---|---|---|
| Alimony or Child support | 2 | 2% |
| Earnings from employment or self-employment | 7 | 5% |
| FITAP (welfare) | 1 | 1% |
| Railroad Retirement Benefits | 1 | 1% |
| Veteran's benefits | 1 | 1% |
| Social Security/ Supplemental Security Income | 109 | 83% |
| Unemployment compensation benefits | 0 | 0% |
| Worker's compensation benefits | 0 | 0% |
| Other | 2 | 2% |
| None | 8 | 6% |
| *Total Cases* | 131 | |

### Do you personally get financial help from any of the following programs?

| | Number | Percent |
|---|---|---|
| Child care assistance | 1 | 1% |
| Food stamps | 48 | 33% |
| Help with Medicare costs | 23 | 16% |
| Help with utility costs | 9 | 6% |
| Housing assistance | 8 | 6% |
| Other | 1 | 1% |
| No, I don't get any of these | 56 | 39% |
| *Total Cases* | 146 | |

**Which of the following kinds of assets or resources do you personally own?**

| | Number | Percent |
|---|---|---|
| Annuities or Trusts | 0 | 0% |
| Bank accounts | 34 | 25% |
| Certificate of deposit | 0 | 0% |
| Property, including your home | 11 | 8% |
| Retirement accounts | 2 | 2% |
| Stocks or Bonds | 2 | 2% |
| Vehicles | 30 | 22% |
| I don't have any of these | 57 | 42% |
| Other | 0 | 0% |
| *Total Cases* | 136 | |

**How much are your personal resources worth, other than your home or vehicle?**

| | Number | Percent |
|---|---|---|
| $1-$2,5000 | 28 | 22% |
| $2,501-$5,000 | 0 | 0% |
| $5,001-$7,500 | 1 | 1% |
| $7,501-$10,000 | 3 | 2% |
| More than $10,000 | 2 | 2% |
| I don't own any additional assets | 72 | 58% |
| Missing | 19 | 15% |
| *Total Cases* | 106 | |

## COMMUNITY INVOLVEMENT

### What activities do you participate in within your community?

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 0 | 0% |
| Eating out | 40 | 15% |
| Entertainment activities | 13 | 5% |
| Fitness activities | 4 | 2% |
| School sponsored extracurricular activities | 7 | 3% |
| Shopping | 38 | 14% |
| Sporting events or activities | 9 | 3% |
| Social organizations | 4 | 2% |
| Visiting with family and friends | 70 | 27% |
| Volunteering | 6 | 2% |
| Support groups or centers | 3 | 1% |
| Religious activities | 40 | 15% |
| None | 28 | 11% |
| Other | 2 | 1% |
| *Total Cases* | 264 | |

### What activities would you like to participate in, but cannot?

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 4 | 2% |
| Eating out | 28 | 12% |
| Entertainment activities | 19 | 8% |
| Fitness activities | 25 | 11% |
| School sponsored extracurricular activities | 7 | 3% |
| Shopping | 21 | 9% |
| Sporting events or activities | 23 | 10% |
| Social organizations | 14 | 6% |
| Visiting with family and friends | 12 | 5% |
| Volunteering | 9 | 4% |
| Support groups or centers | 11 | 5% |
| Religious activities | 16 | 7% |
| None | 44 | 19% |
| Other | 0 | 0% |
| *Total Cases* | 233 | |

**Is there anything that makes it hard for you to do the things you want?**

| | Number | Percent |
|---|---|---|
| No, I do all that I Want to do | 28 | 13% |
| It costs too much | 32 | 15% |
| I don't have transportation | 25 | 12% |
| Locations are not accessible | 10 | 5% |
| I have no friends or family | 8 | 4% |
| I don't have the assistive devices I need | 10 | 5% |
| My medical condition/ disability makes it too hard | 63 | 30% |
| People treat me differently/ make me feel uncomfortable | 28 | 12% |
| I can't get the help or support I need to participate in community activities | 6 | 3% |
| Other | 1 | 1% |
| *Total Cases* | 211 | |

## CIVIC INVOLVEMENT

### Are you registered to vote?

| | Number | Percent |
|---|---|---|
| Yes, I am an adult who is registered to vote | 68 | 58% |
| No, I am an adult who is not registered to vote | 30 | 25% |
| No, I am a minor child and cannot vote | 20 | 17% |
| *Total Cases* | 118 | |

### Have you voted in any election in the last four years?

| | Number | Percent |
|---|---|---|
| Yes | 48 | 86% |
| No | 8 | 14% |
| *Total Cases* | 56 | |

### Have you used special voting services such as vote by mail or early vote?

| | Number | Percent |
|---|---|---|
| Yes | 7 | 12% |
| No | 50 | 88% |
| *Total Cases* | 57 | |

### Is there anything that makes it hard for you to vote?

| | Number | Percent |
|---|---|---|
| No, there is no problem | 57 | 58% |
| Assistive equipment is not available | 0 | 0% |
| I don't have the transportation | 15 | 15% |
| I do not get the help I need | 8 | 8% |
| Buildings where I am to register to vote are not accessible because | 2 | 2% |
| Buildings where I vote are not accessible because | 1 | 1% |
| Other | 16 | 16% |
| *Total Cases* | 99 | |

## EMERGENCY PREPAREDNESS

**Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?**

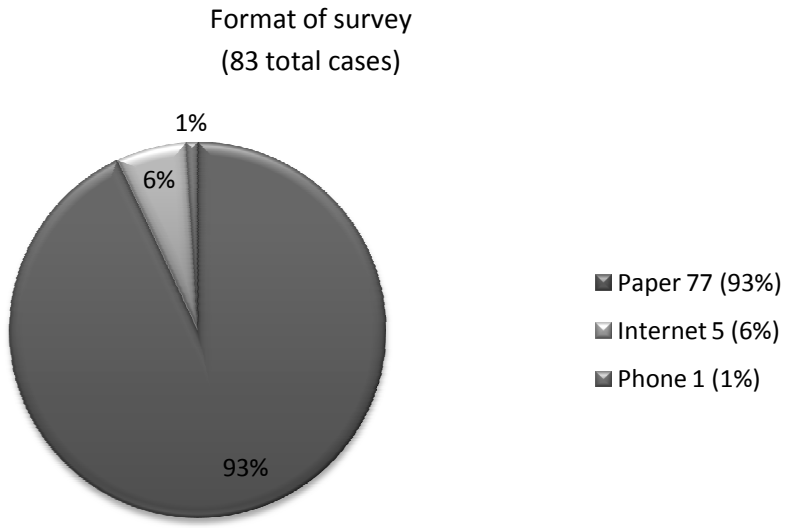
| | Number | Percent |
|---|---|---|
| Yes | 44 | 38% |
| No | 71 | 62% |
| *Total Cases* | 115 | |

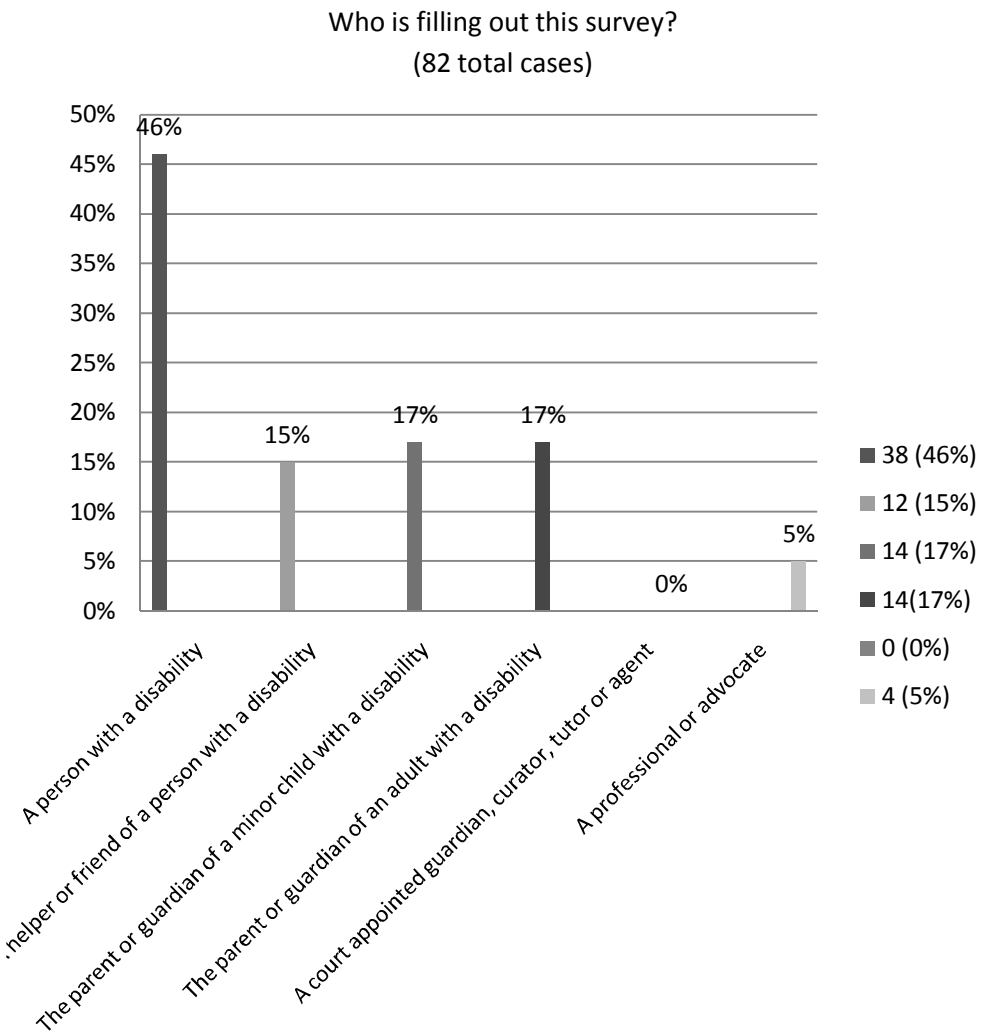
**What would you need to be prepared for a future emergency situation?**

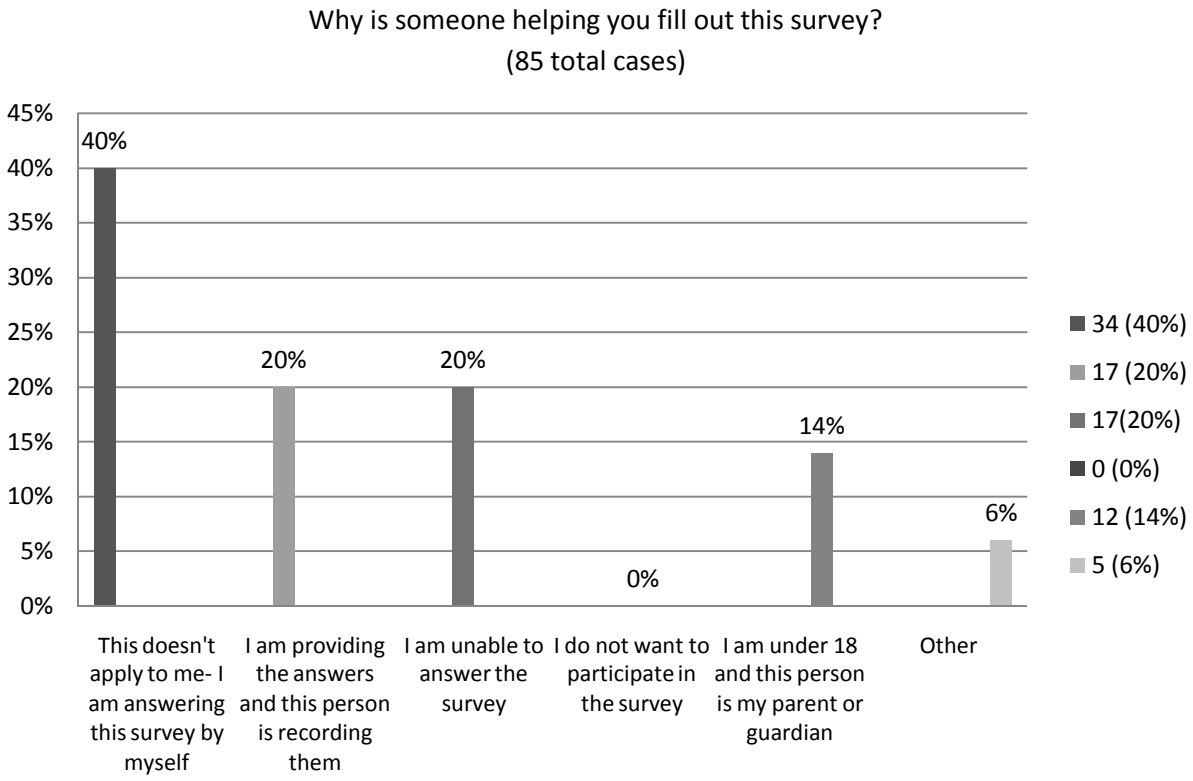
| | Number | Percent |
|---|---|---|
| A plan to follow in case of an emergency | 52 | 11% |
| A designated emergency contact person or agency | 33 | 7% |
| Transportation if I have to leave my home | 47 | 10% |
| An accessible, safe place to go | 60 | 12% |
| A safe place for my animals to go | 29 | 6% |
| Extra supply of food and water | 73 | 15% |
| Extra medication/ medical supplies | 63 | 13% |
| Emergency supplies such as a radio, flashlight, first aid kit, or generator | 71 | 15% |
| A cell phone | 56 | 11% |
| Other | 6 | 1% |
| *Total Cases* | 490 | |

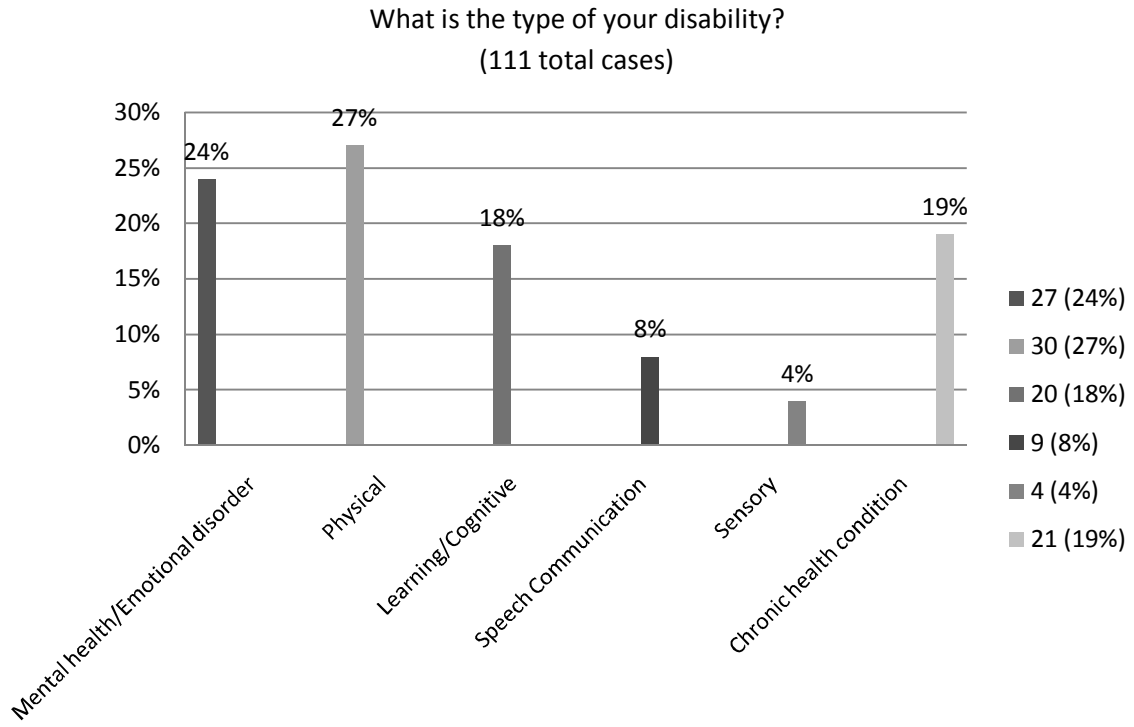
# Region VIII - Graphs

## GENERAL INFORMATION

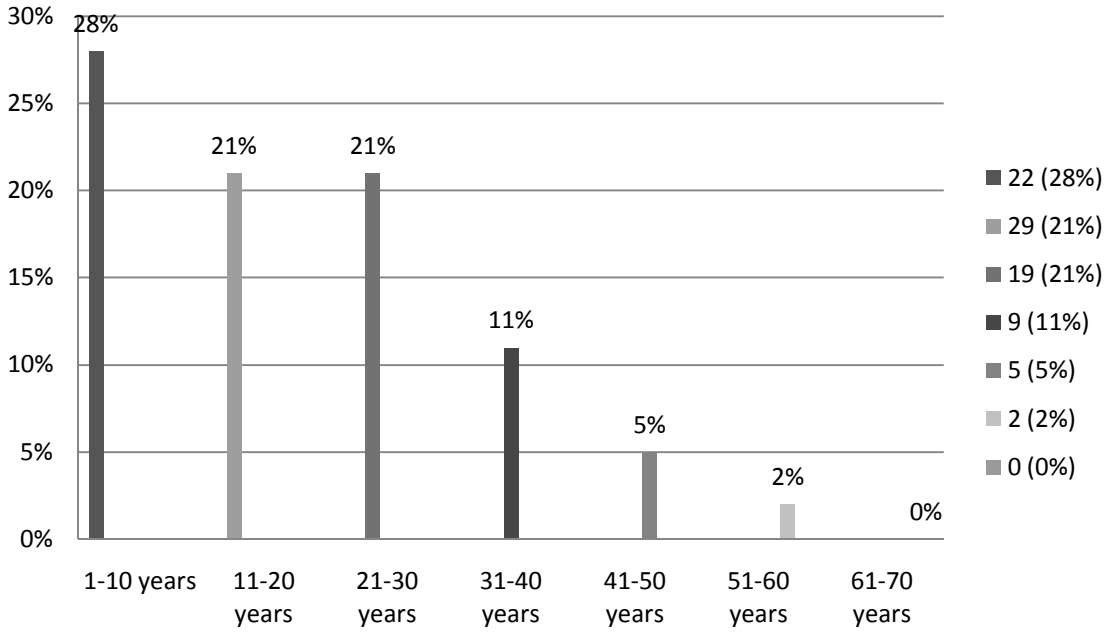


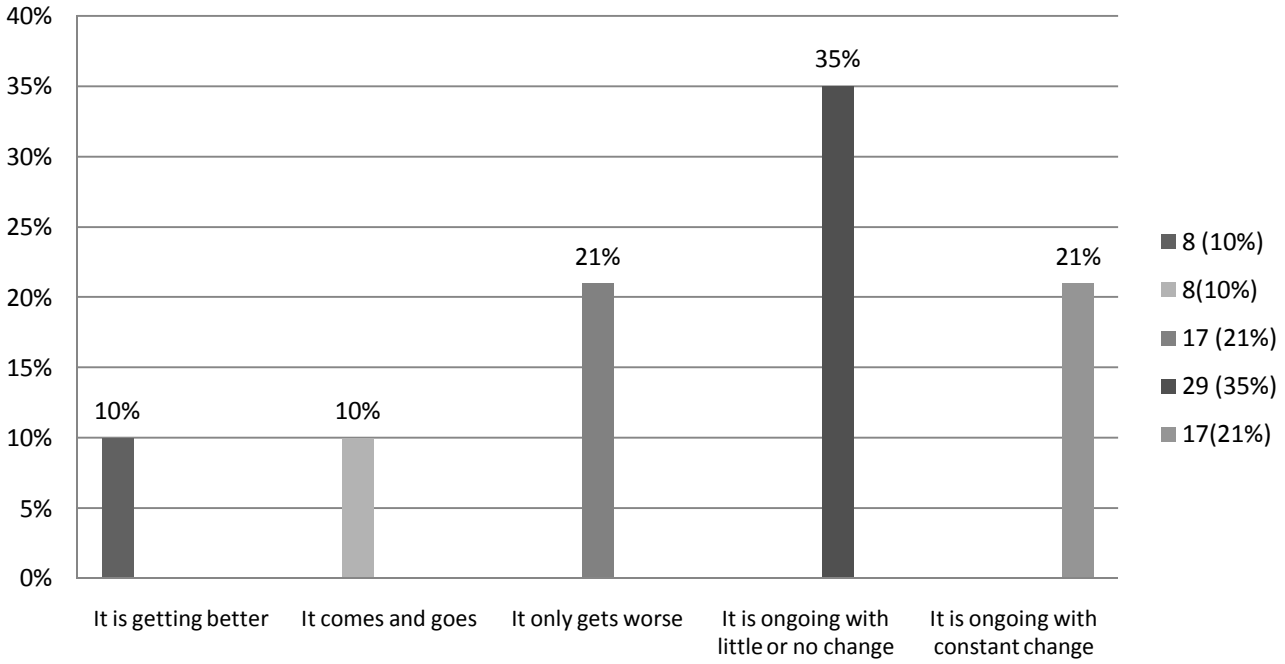

Why is someone helping you fill out this survey?
(85 total cases)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
40%
20%
20%
0%
14%
6%
This doesn't apply to me- I am answering this survey by myself
I am providing the answers and this person is recording them
I am unable to answer the survey
I do not want to participate in the survey
I am under 18 and this person is my parent or guardian
Other
34 (40%)
17 (20%)
17(20%)
0 (0%)
12 (14%)
5 (6%)


What is the type of your disability?
(111 total cases)
30%
25%
20%
15%
10%
5%
0%
24%
27%
18%
8%
4%
19%
Mental health/Emotional disorder
Physical
Learning/Cognitive
Speech Communication
Sensory
Chronic health condition
27 (24%)
30 (27%)
20 (18%)
9 (8%)
4 (4%)
21 (19%)

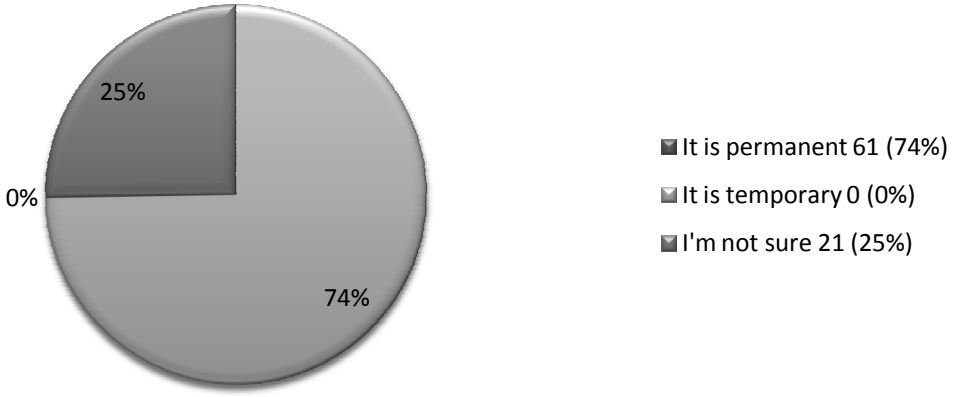
How long have you lived with your disability?
(77 total cases)



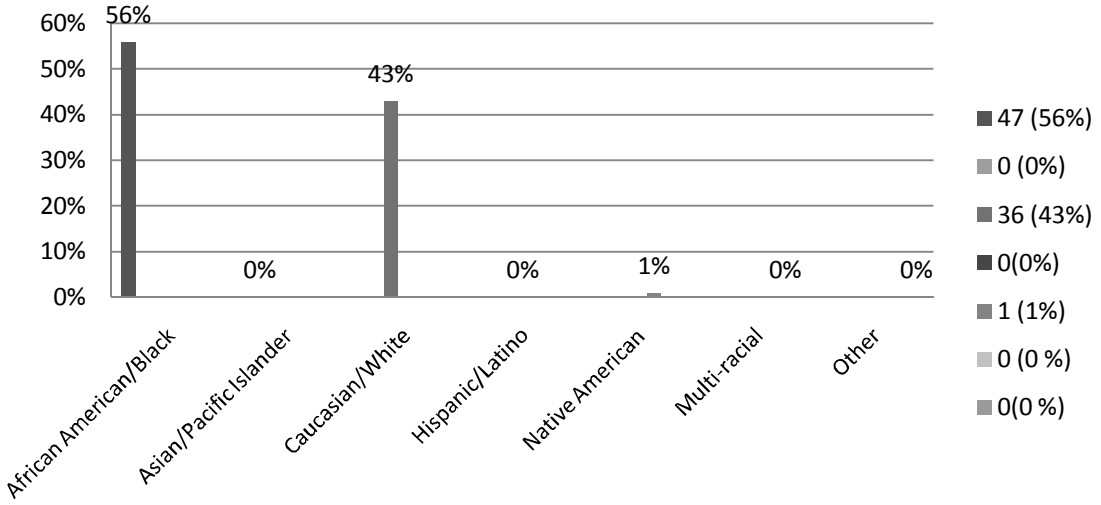

How would you judge your condition?
(83 total cases)



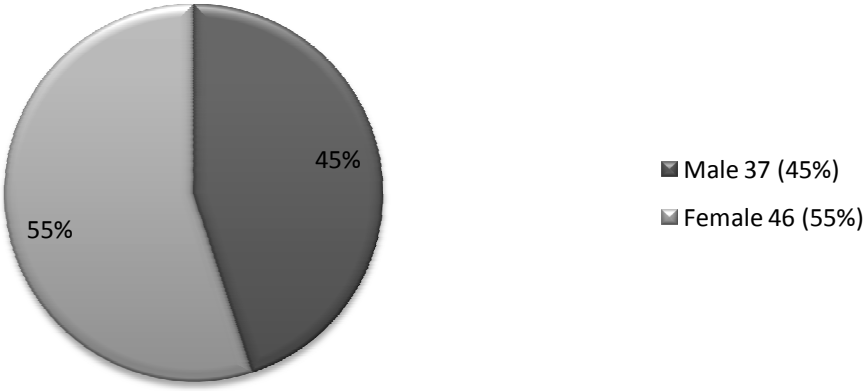
How long is your disability expected to last?
(82 total cases)



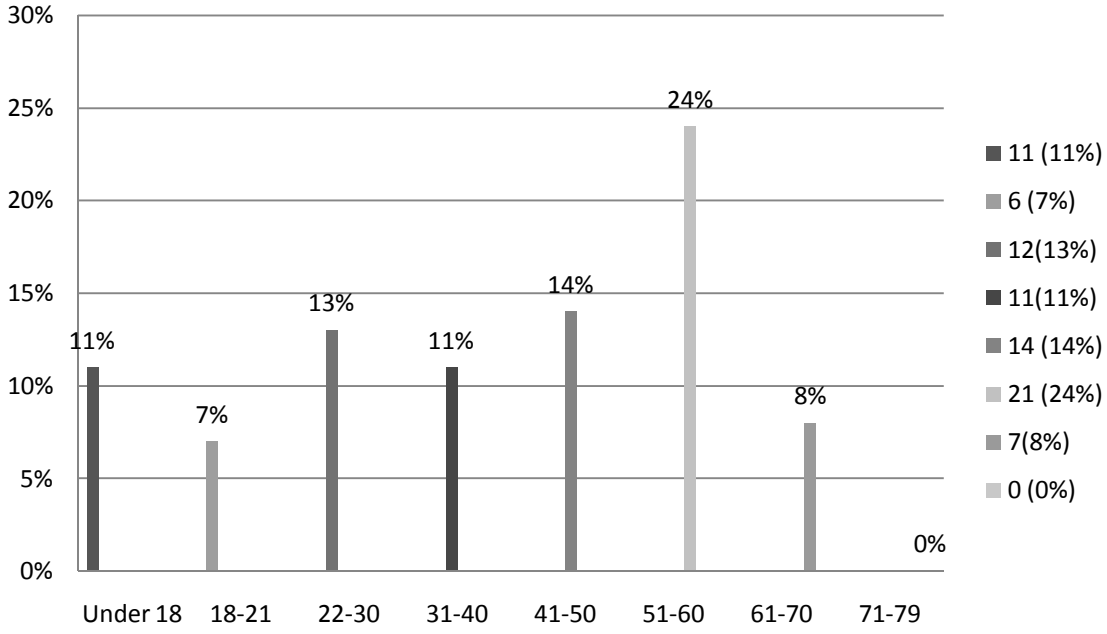

What is your race or ethnicity?
(84 total cases)

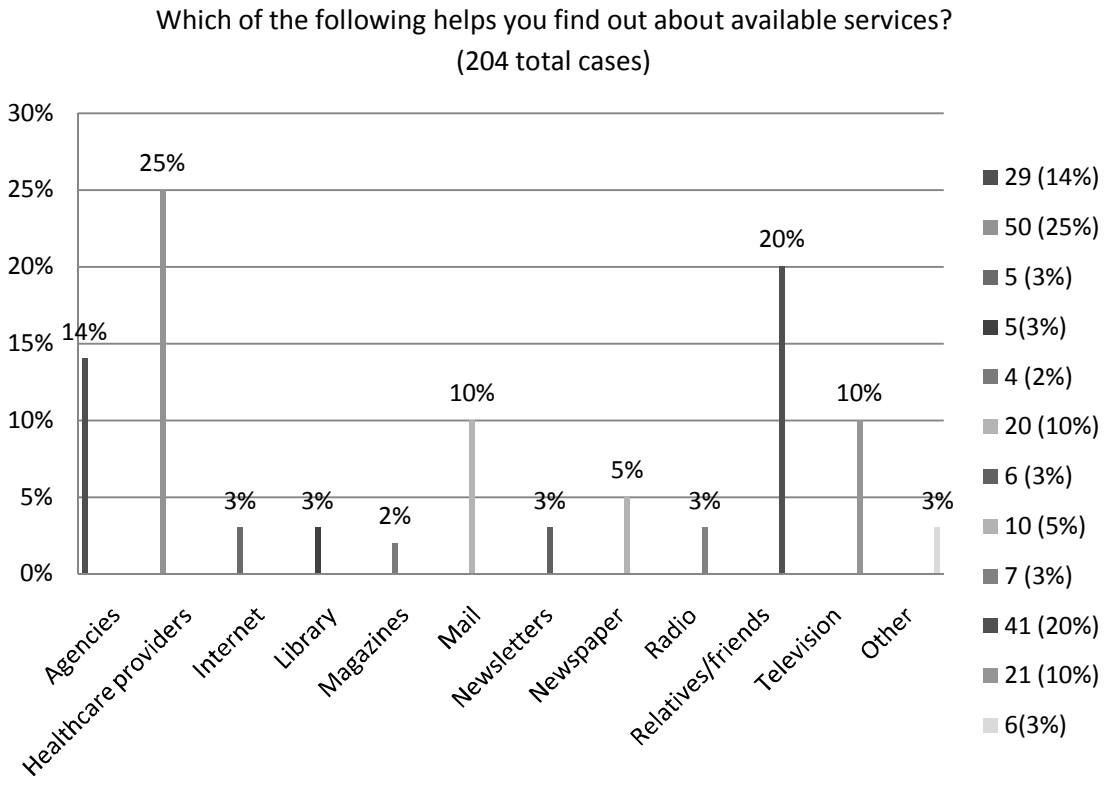


What is your gender?
(83 total cases)

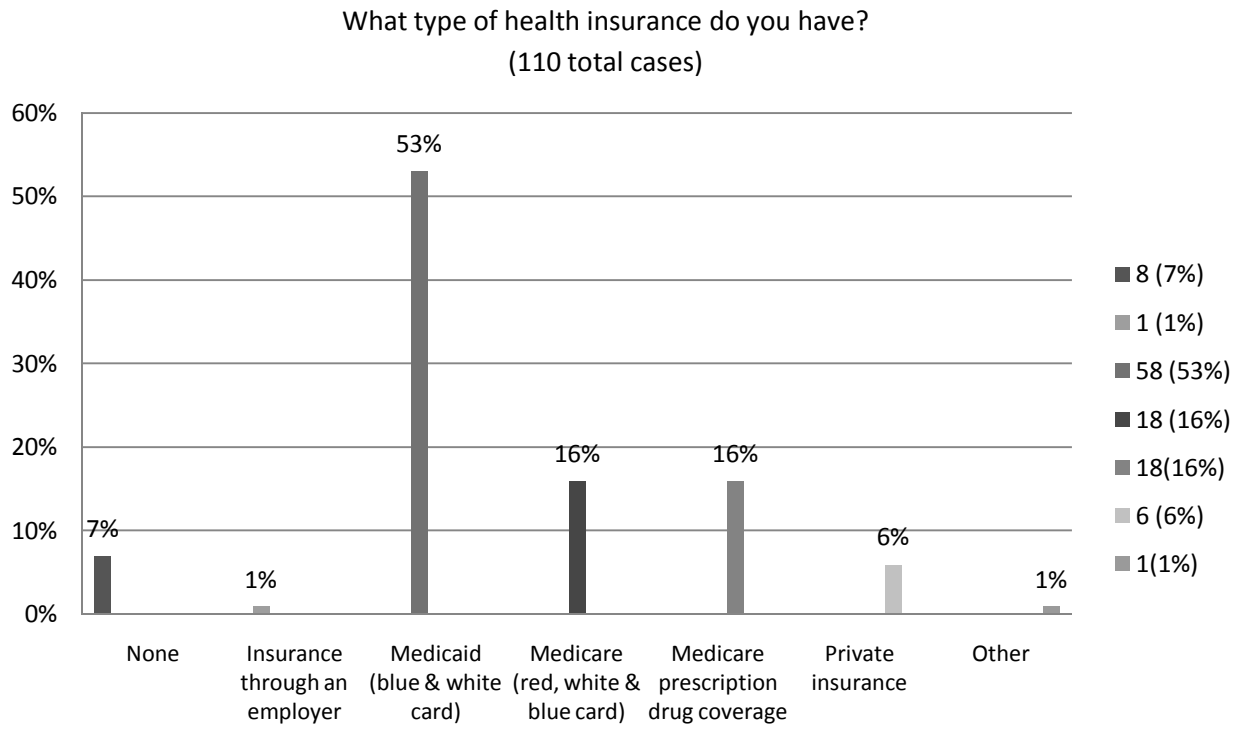


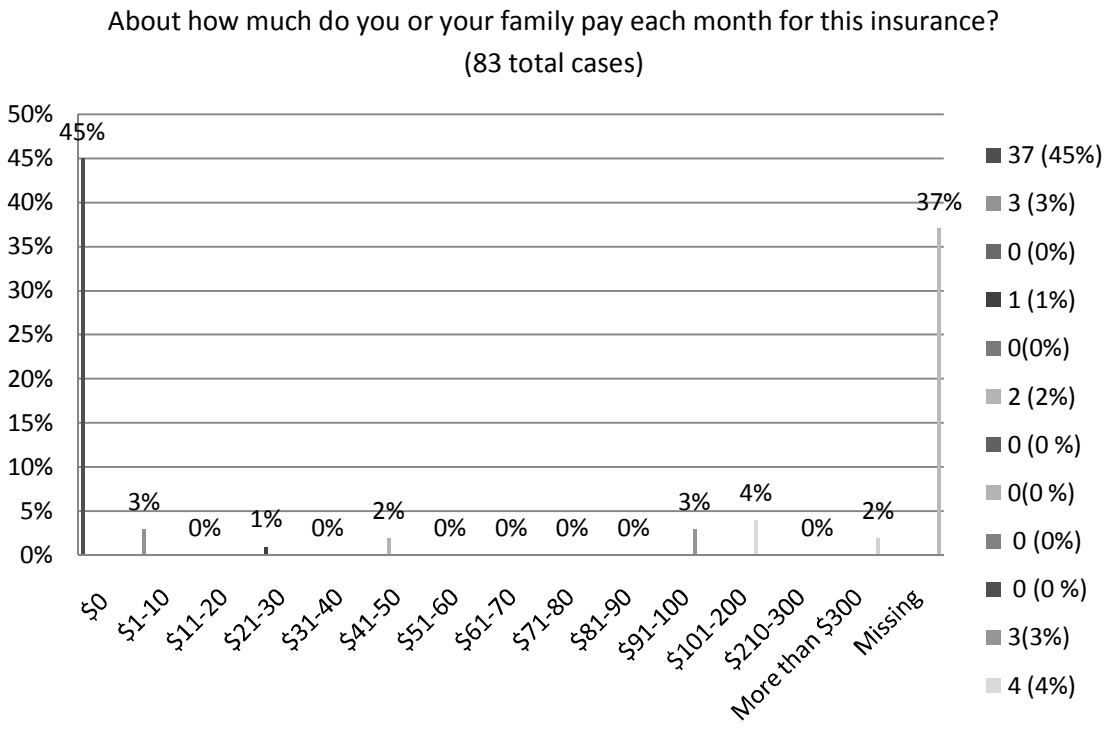

How old are you?
(82 total cases)



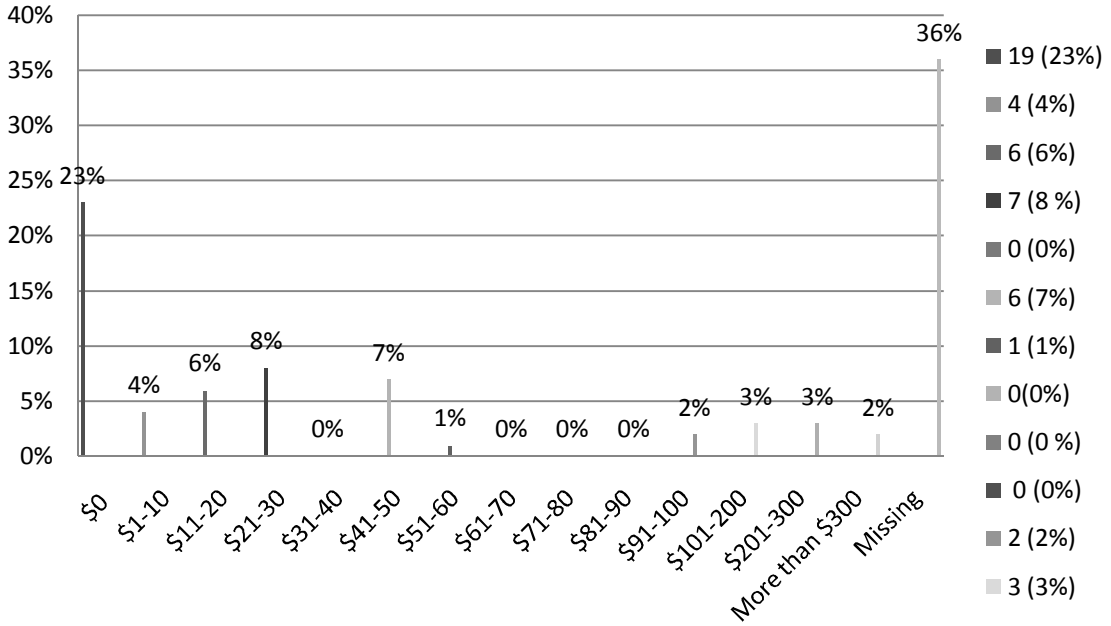

Which of the following helps you find out about available services?
(204 total cases)
30%
25%
20%
15%
10%
5%
0%
14%
25%
3%
3%
2%
10%
3%
5%
3%
20%
10%
3%
Agencies
Healthcare providers
Internet
Library
Magazines
Mail
Newsletters
Newspaper
Radio
Relatives/friends
Television
Other
29 (14%)
50 (25%)
5 (3%)
5(3%)
4 (2%)
20 (10%)
6 (3%)
10 (5%)
7 (3%)
41 (20%)
21 (10%)
6(3%)

## HEALTH CARE

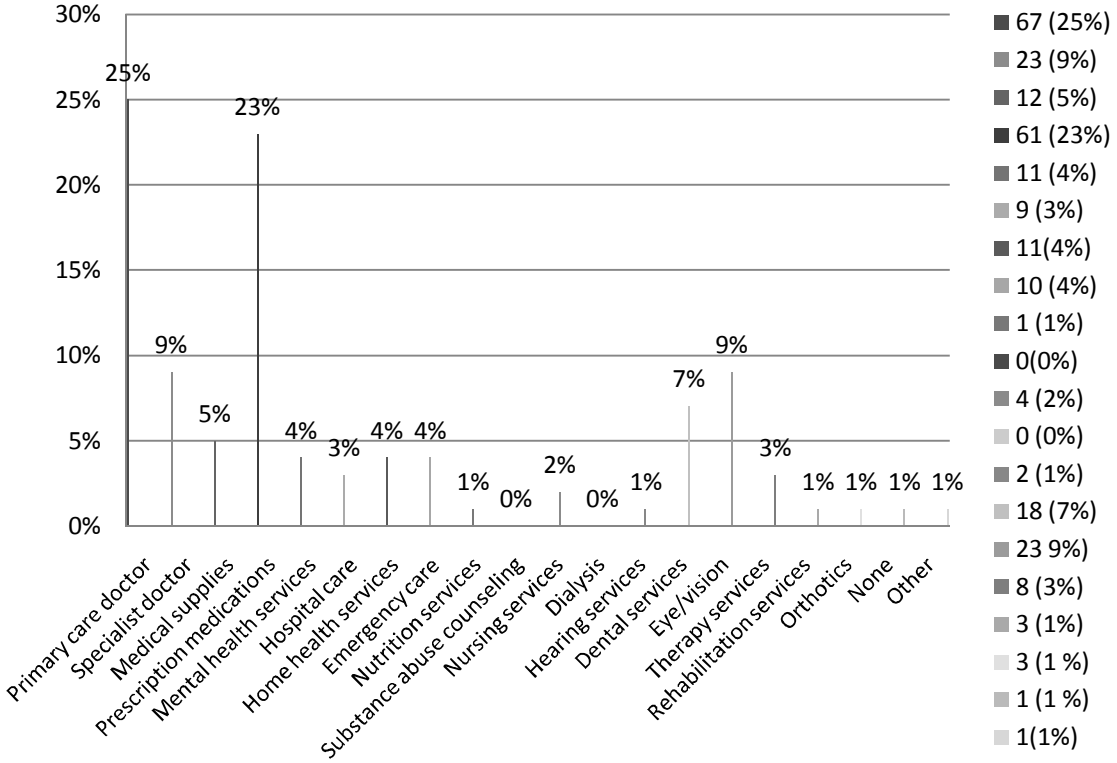

What type of health insurance do you have?
(110 total cases)
60%
50%
40%
30%
20%
10%
0%
7%
1%
53%
16%
16%
6%
1%
None
Insurance through an employer
Medicaid (blue & white card)
Medicare (red, white & blue card)
Medicare prescription drug coverage
Private insurance
Other
8 (7%)
1 (1%)
58 (53%)
18 (16%)
18(16%)
6 (6%)
1(1%)


About how much do you or your family pay each month for this insurance?
(83 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
45%
3%
0%
1%
0%
2%
0%
0%
0%
0%
3%
4%
0%
2%
37%
$0
$1-10
$11-20
$21-30
$31-40
$41-50
$51-60
$61-70
$71-80
$81-90
$91-100
$101-200
$210-300
More than $300
Missing
37 (45%)
3 (3%)
0 (0%)
1 (1%)
0(0%)
2 (2%)
0 (0 %)
0(0 %)
0 (0%)
0 (0 %)
3(3%)
4 (4%)

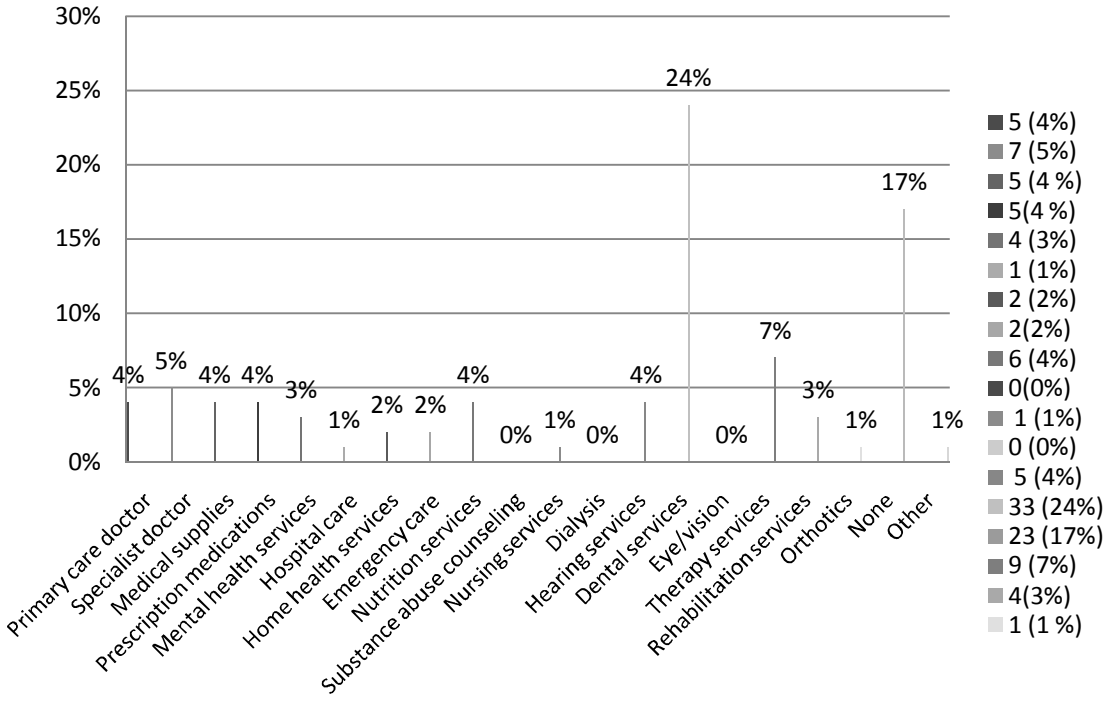
About how much of your own or your family's money is spent each month for medical expenses other than insurance?
(83 total cases)



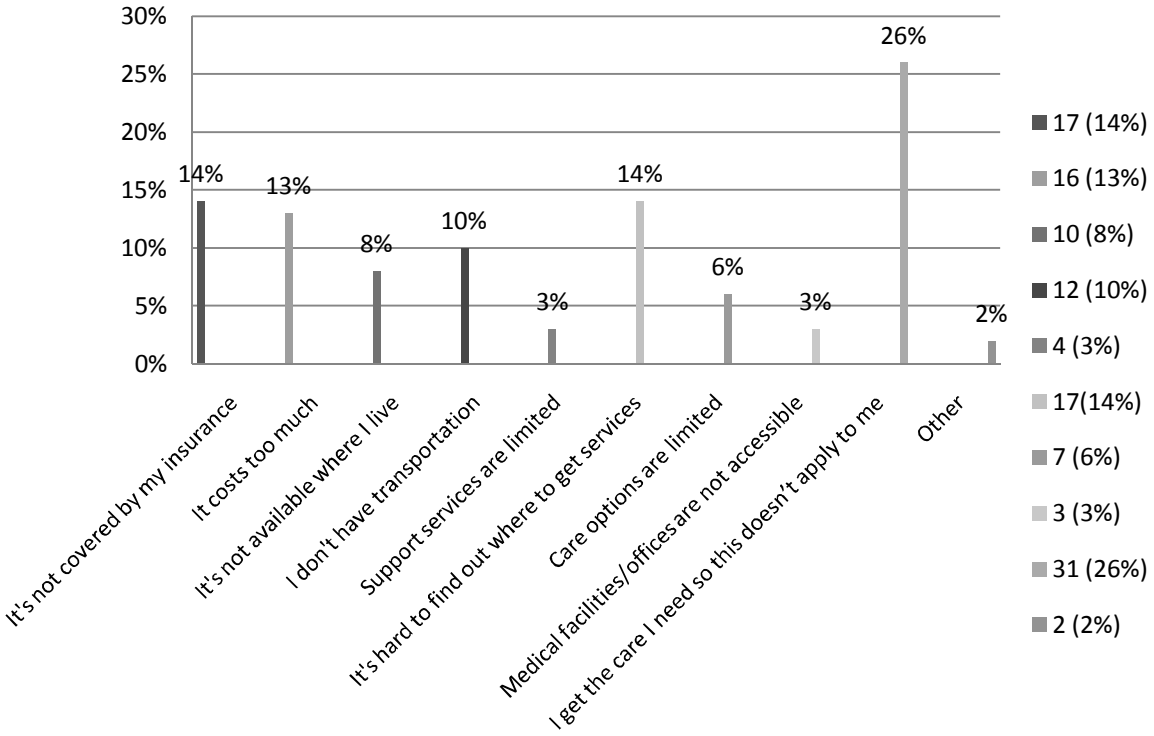

What medical services do you use on a regular basis?
(268 total cases)



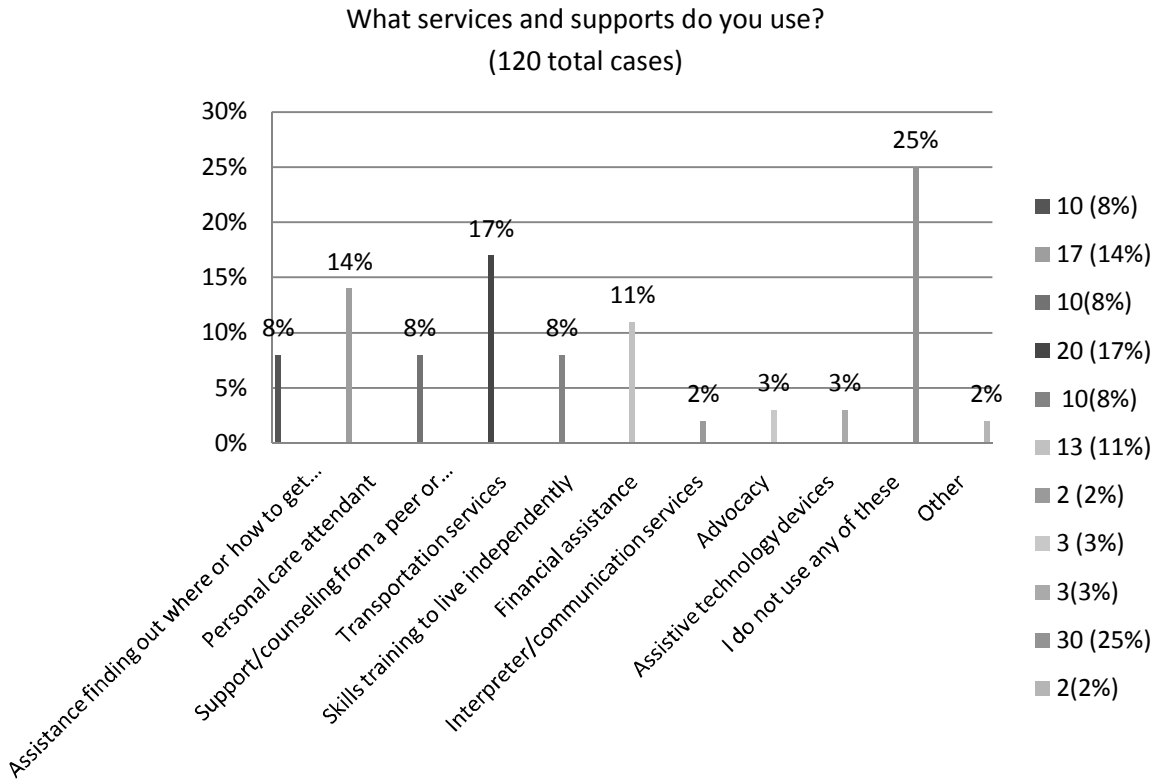
What medical services do you need but do not get?
(137 total cases)

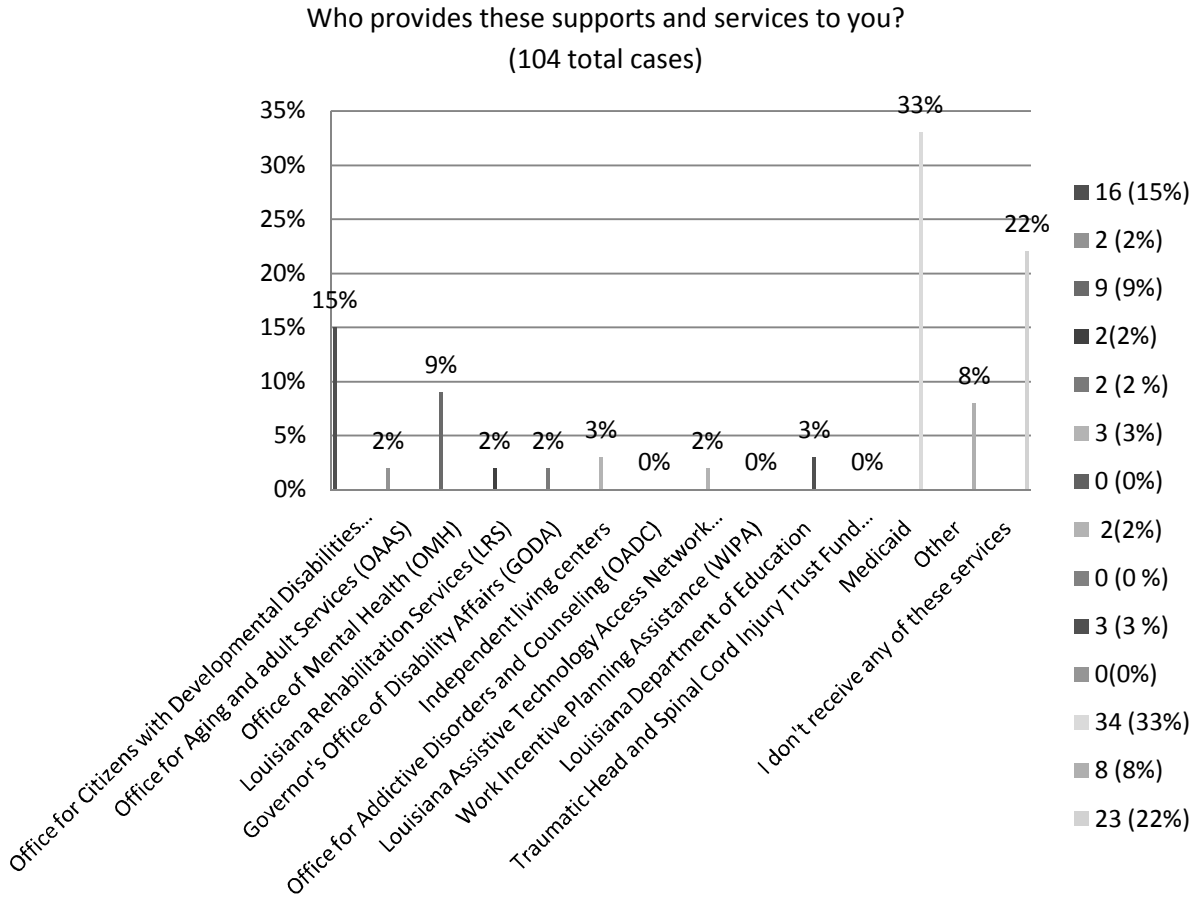


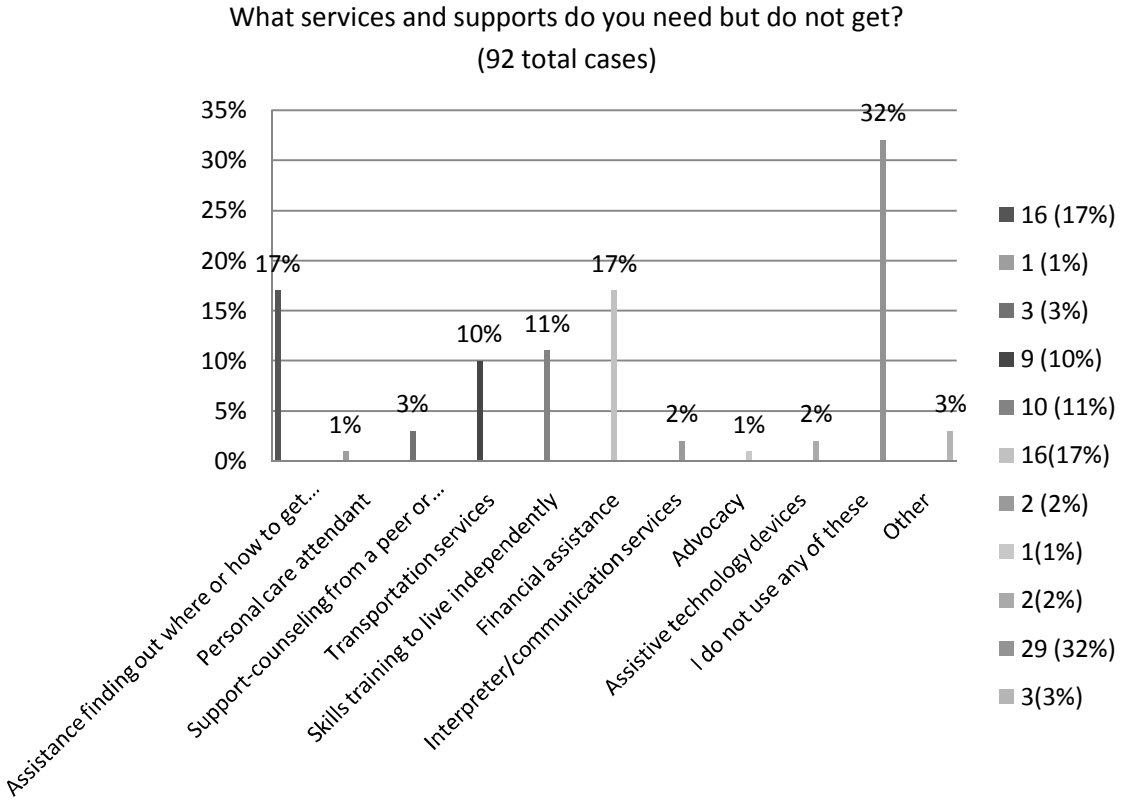

Why don't you get the medical care you need?
(119 total cases)

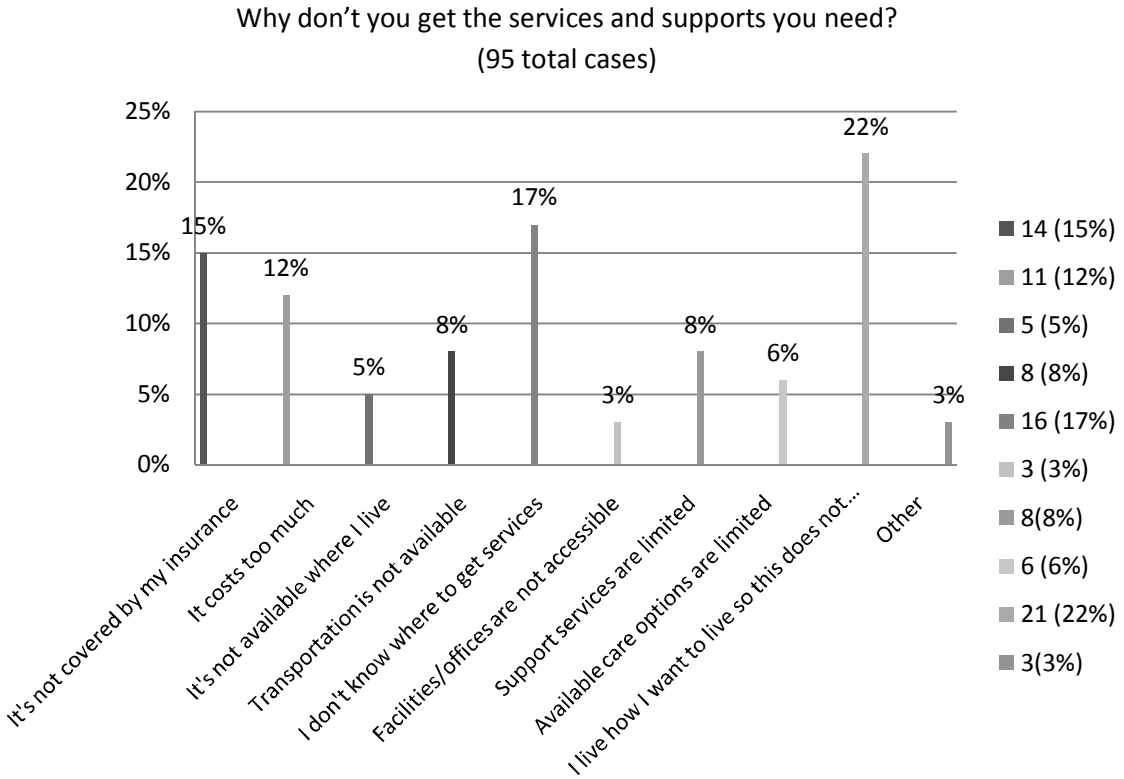


**INDEPENDENT LIVING**

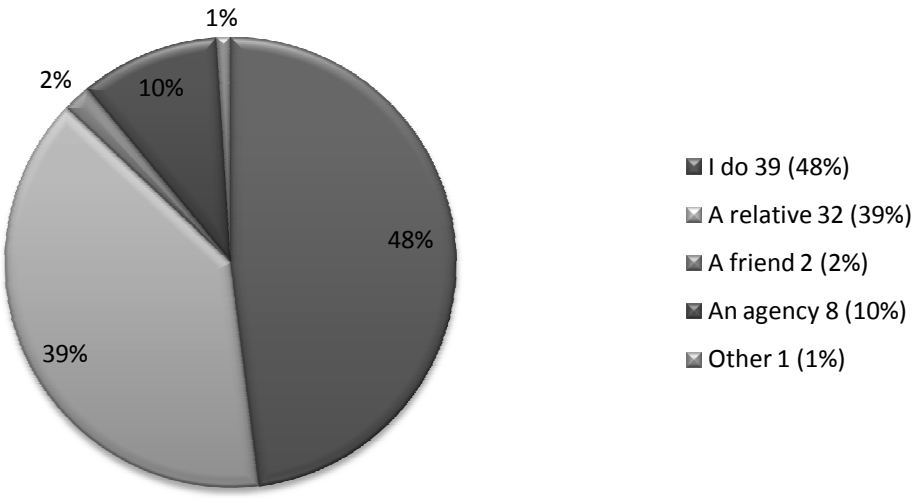


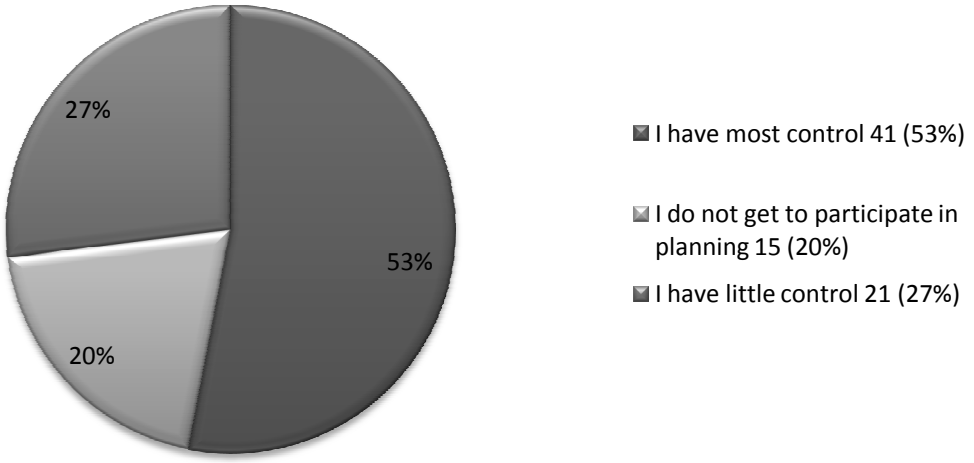

What services and supports do you need but do not get?
(92 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
17%
1%
3%
10%
11%
17%
2%
1%
2%
32%
3%
Assistance finding out where or how to get...
Personal care attendant
Support-counseling from a peer or...
Transportation services
Skills training to live independently
Financial assistance
Interpreter/communication services
Advocacy
Assistive technology devices
I do not use any of these
Other
16 (17%)
1 (1%)
3 (3%)
9 (10%)
10 (11%)
16(17%)
2 (2%)
1(1%)
2(2%)
29 (32%)
3(3%)


Why don't you get the services and supports you need?
(95 total cases)
25%
20%
15%
10%
5%
0%
15%
12%
5%
8%
17%
3%
8%
6%
22%
3%
It's not covered by my insurance
It costs too much
It's not available where I live
Transportation is not available
I don't know where to get services
Facilities/offices are not accessible
Support services are limited
Available care options are limited
I live how I want to live so this does not...
Other
14 (15%)
11 (12%)
5 (5%)
8 (8%)
16 (17%)
3 (3%)
8(8%)
6 (6%)
21 (22%)
3(3%)

Who plans most of the care you get?
(82 total cases)

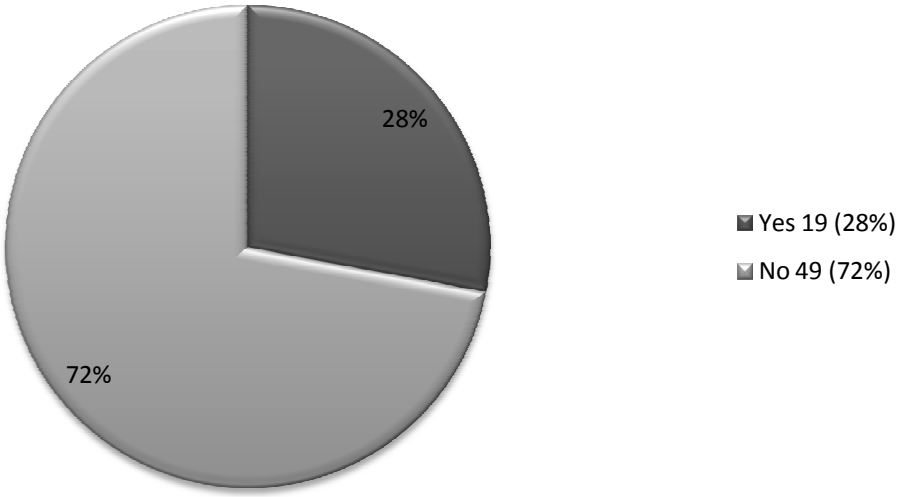



How much choice do you have when planning for the services or care that you get?
(77 total cases)

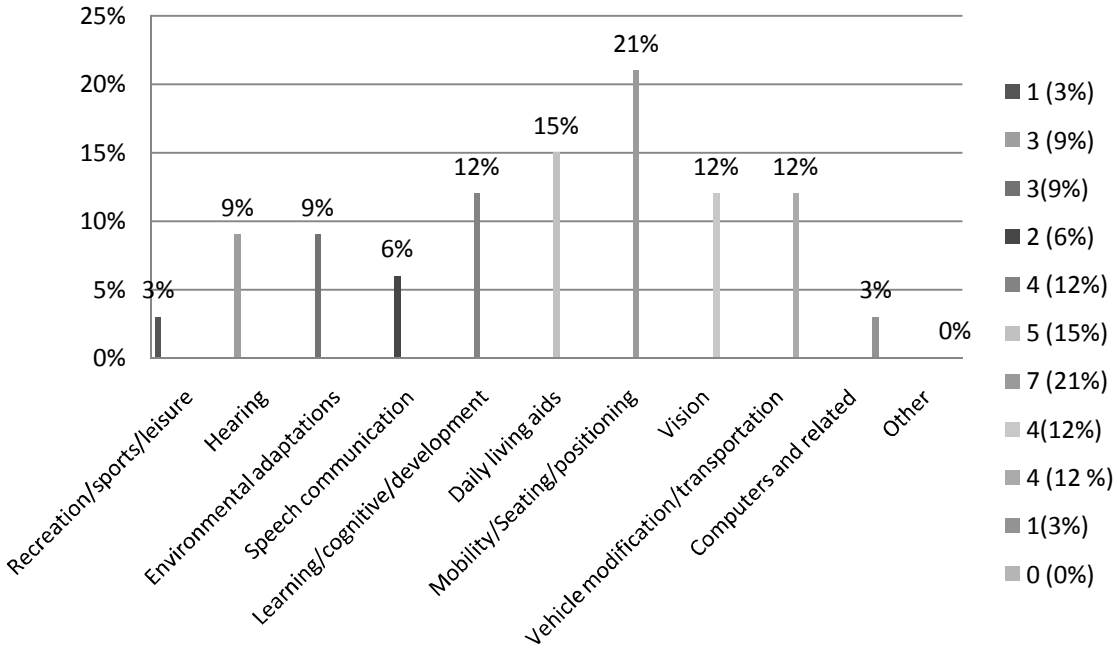


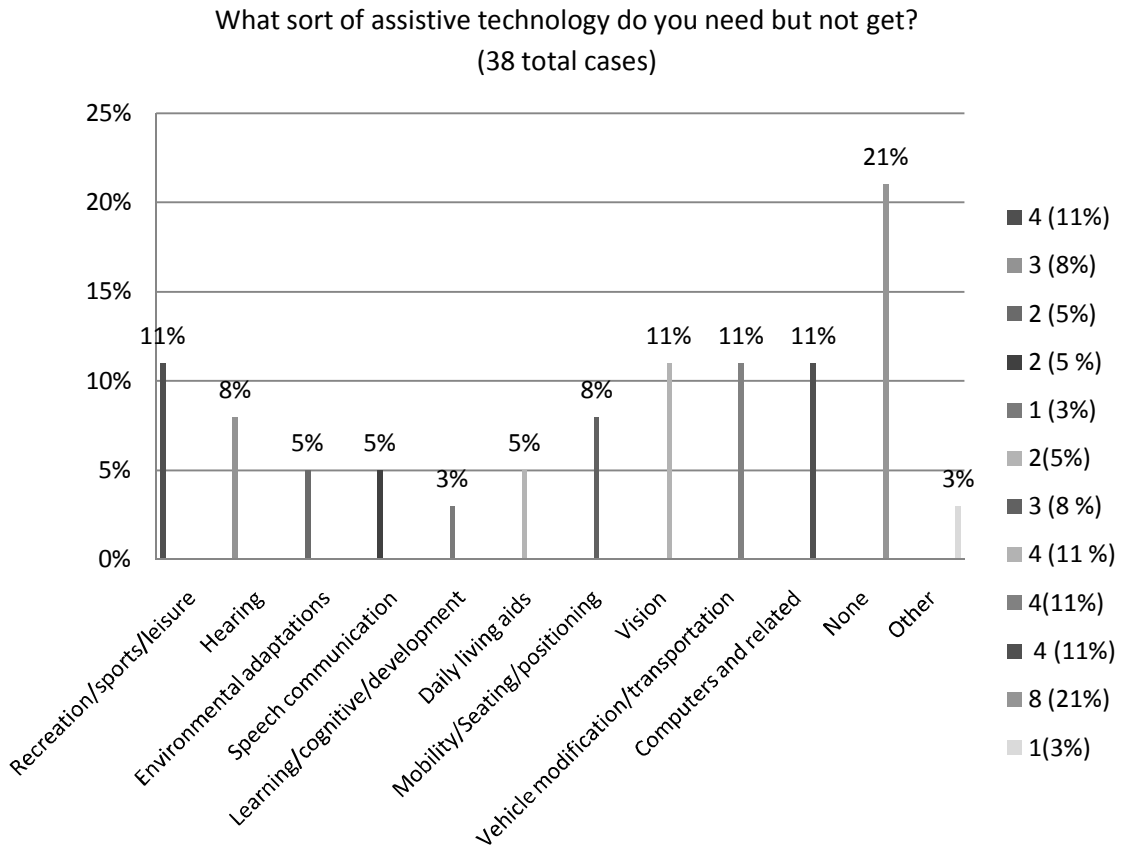
## ASSISTIVE TECHNOLOGY

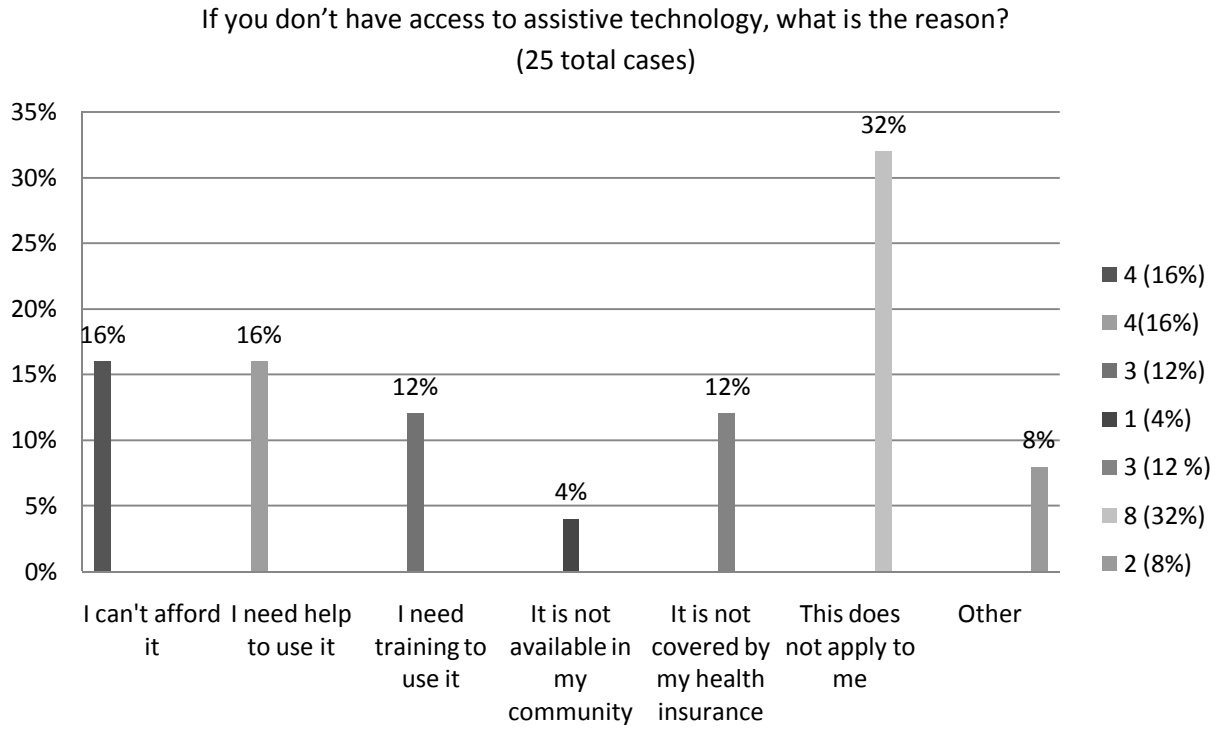
Do you need or use assistive technology devices?
(68 total cases)

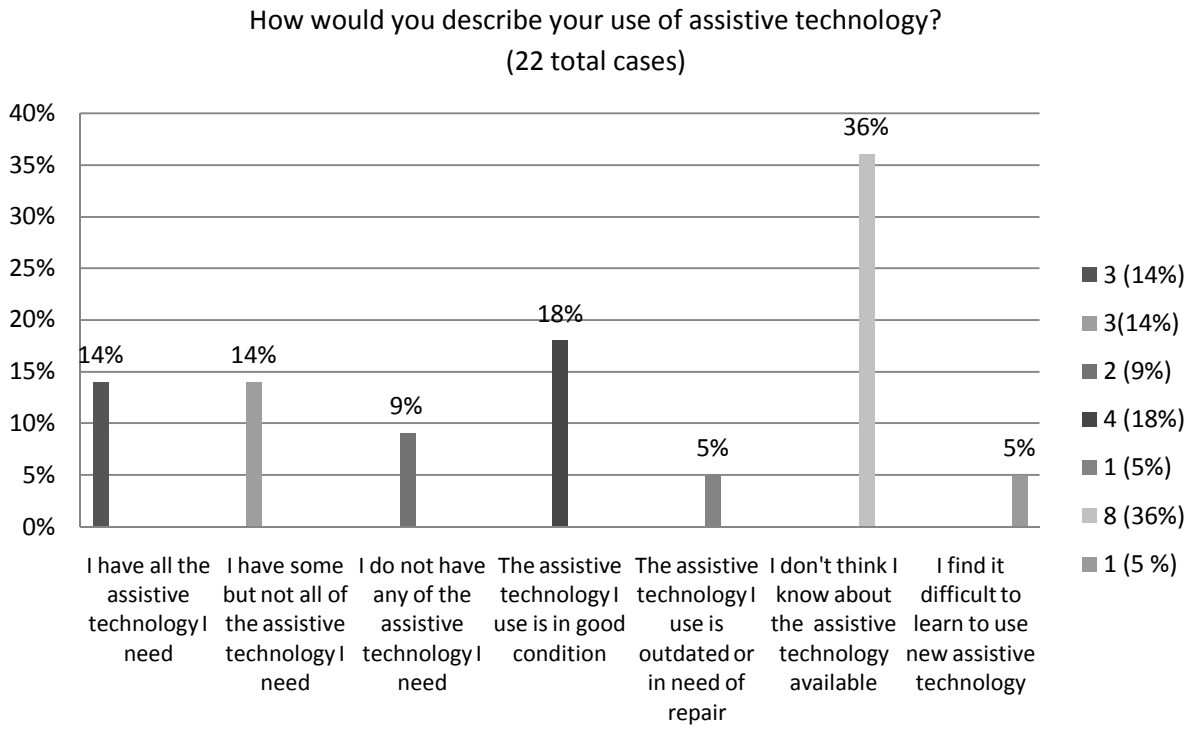



What sort of assistive technology do you use?
(34 total cases)

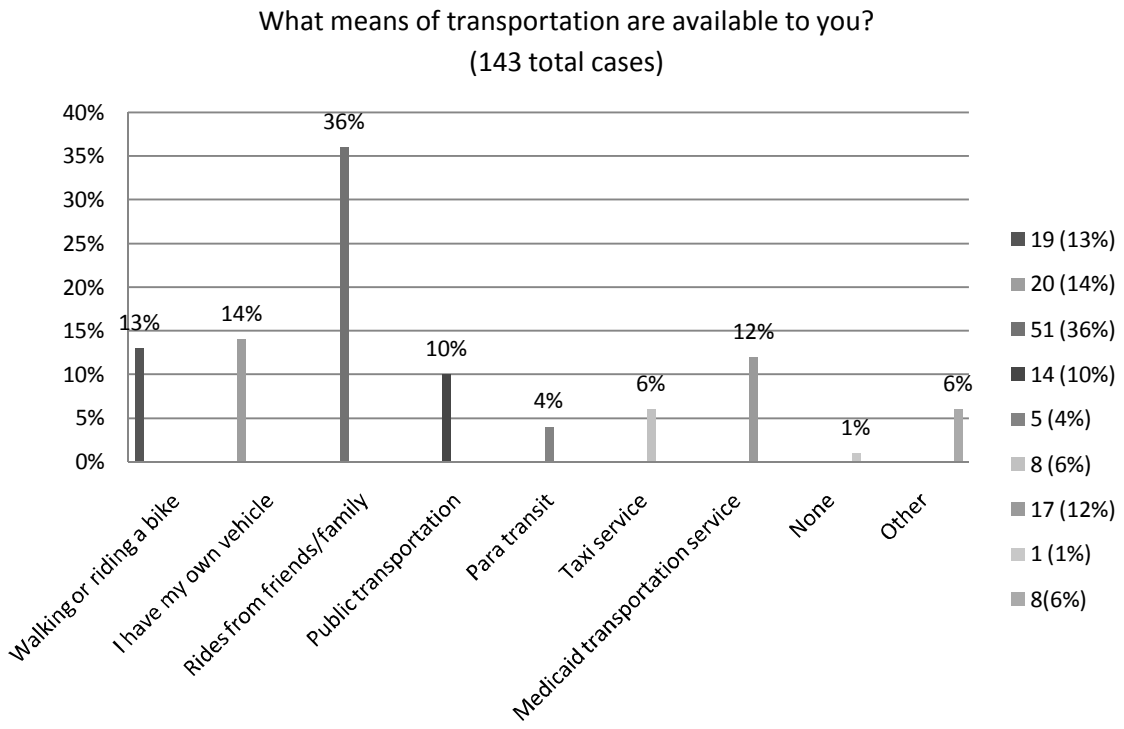


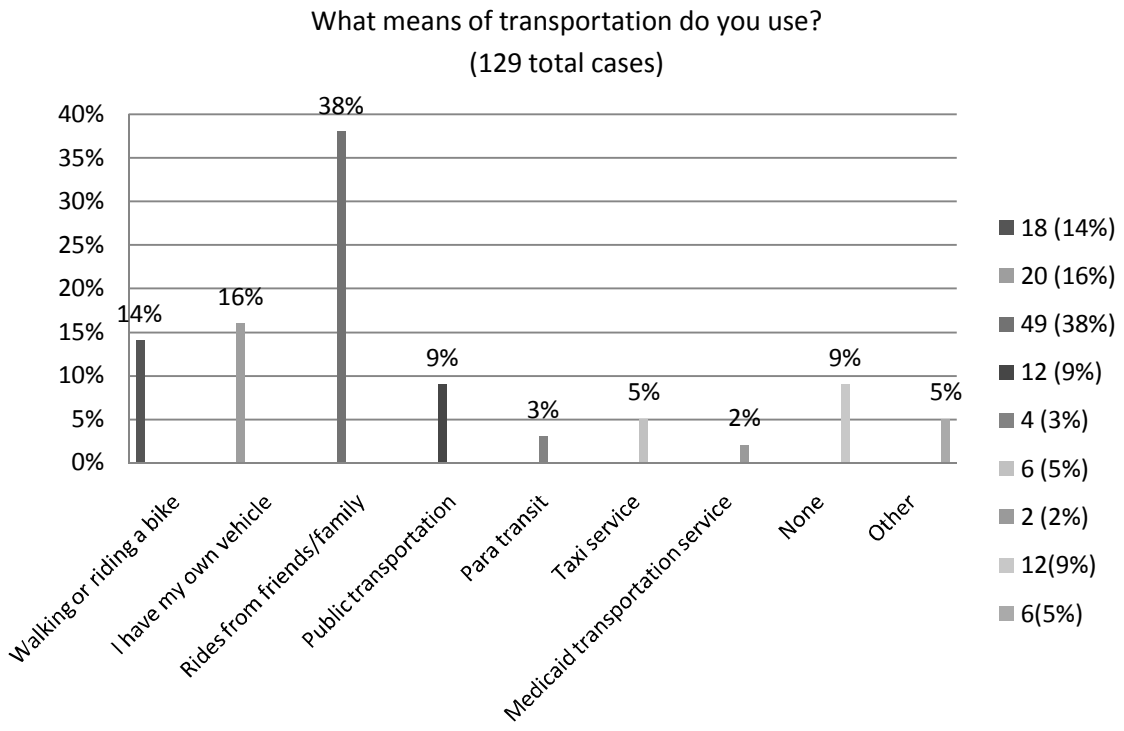

What sort of assistive technology do you need but not get?
(38 total cases)
25%
20%
15%
10%
5%
0%
11%
8%
5%
5%
3%
5%
8%
11%
11%
11%
21%
3%
Recreation/sports/leisure
Hearing
Environmental adaptations
Speech communication
Learning/cognitive/development
Daily living aids
Mobility/Seating/positioning
Vision
Vehicle modification/transportation
Computers and related
None
Other
4 (11%)
3 (8%)
2 (5%)
2 (5 %)
1 (3%)
2(5%)
3 (8 %)
4 (11 %)
4(11%)
4 (11%)
8 (21%)
1(3%)

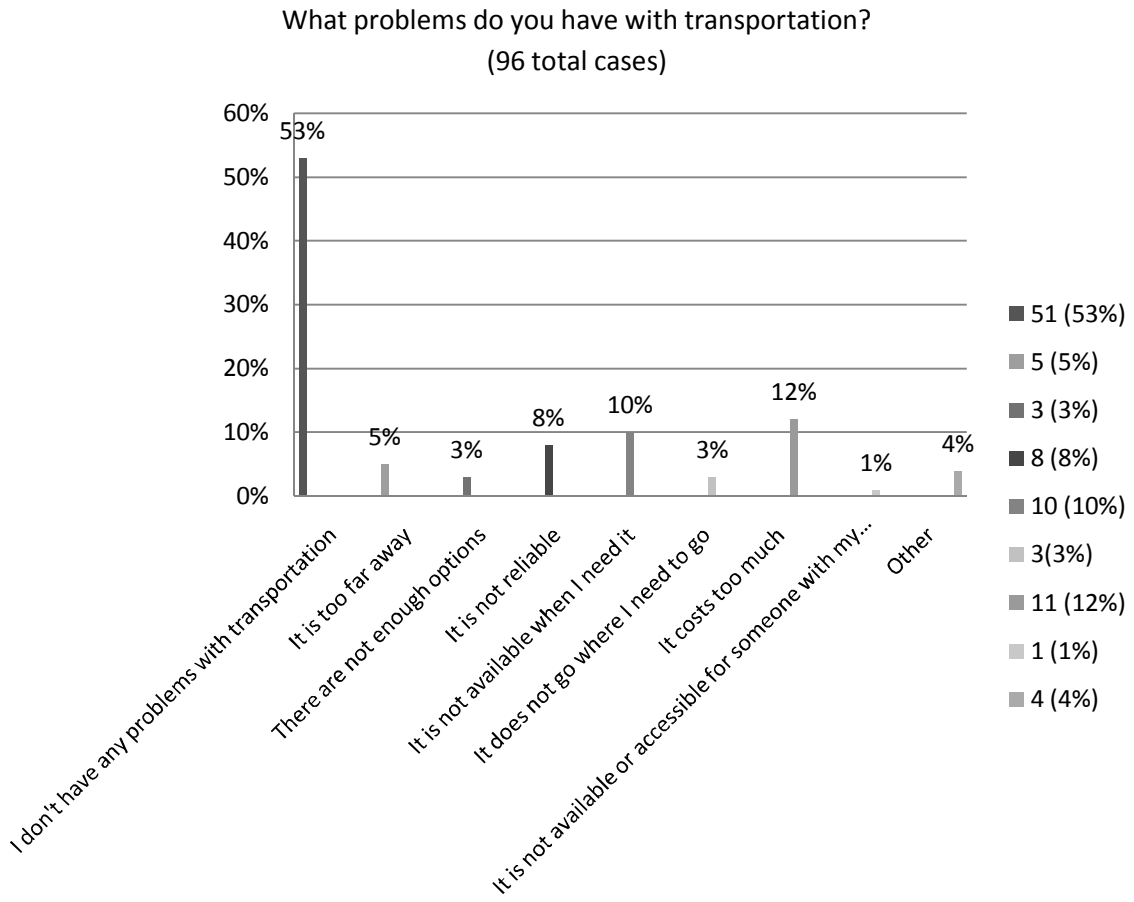

If you don't have access to assistive technology, what is the reason?
(25 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
16%
16%
12%
4%
12%
32%
8%
I can't afford it
I need help to use it
I need training to use it
It is not available in my community
It is not covered by my health insurance
This does not apply to me
Other
4 (16%)
4(16%)
3 (12%)
1 (4%)
3 (12 %)
8 (32%)
2 (8%)

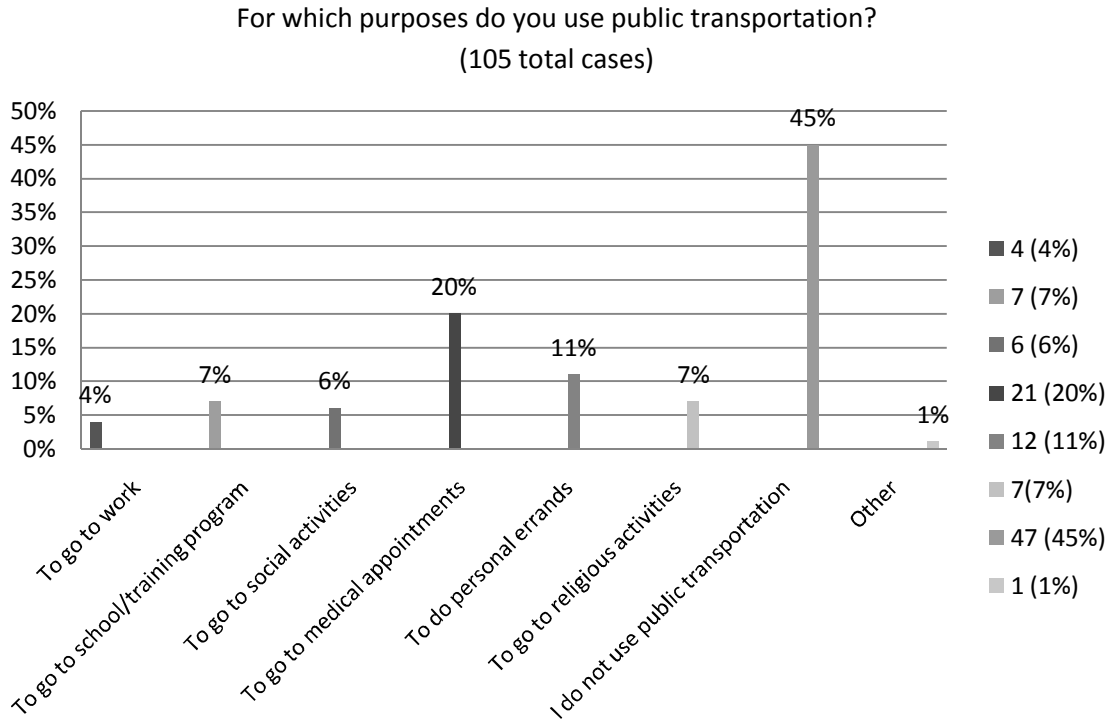

How would you describe your use of assistive technology?
(22 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
14%
14%
9%
18%
5%
36%
5%
I have all the assistive technology I need
I have some but not all of the assistive technology I need
I do not have any of the assistive technology I need
The assistive technology I use is in good condition
The assistive technology I use is outdated or in need of repair
I don't think I know about the assistive technology available
I find it difficult to learn to use new assistive technology
3 (14%)
3(14%)
2 (9%)
4 (18%)
1 (5%)
8 (36%)
1 (5 %)

**TRANSPORTATION**

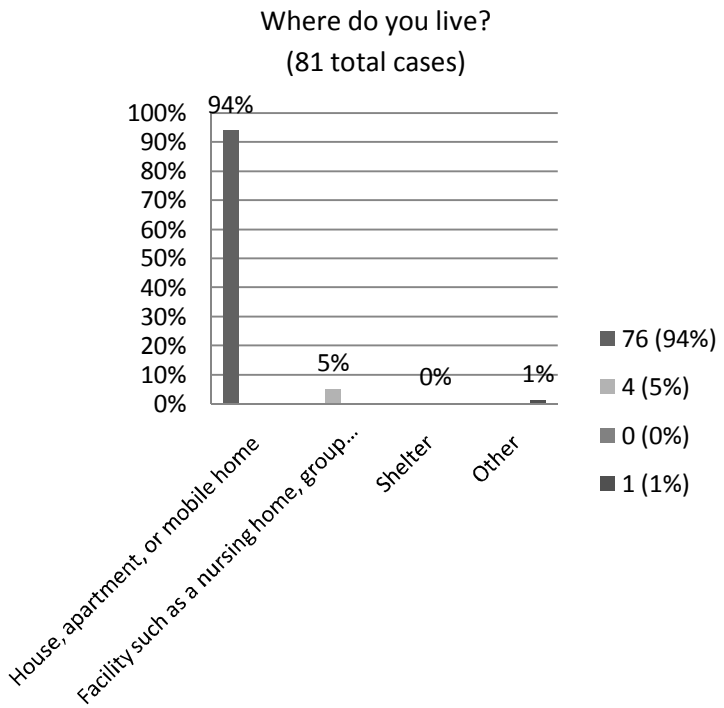


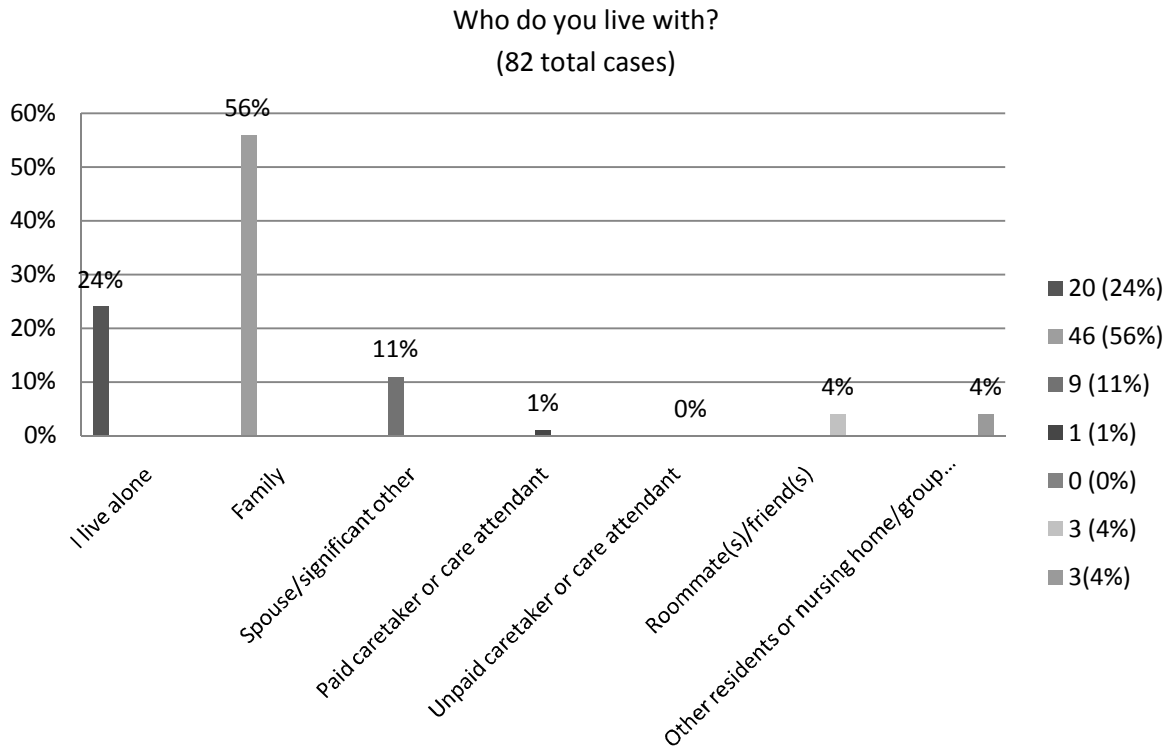




What problems do you have with transportation?
(96 total cases)
60%
50%
40%
30%
20%
10%
0%
53%
5%
3%
8%
10%
3%
12%
1%
4%
I don't have any problems with transportation
It is too far away
There are not enough options
It is not reliable
It is not available when I need it
It does not go where I need to go
It costs too much
It is not available or accessible for someone with my...
Other
51 (53%)
5 (5%)
3 (3%)
8 (8%)
10 (10%)
3(3%)
11 (12%)
1 (1%)
4 (4%)

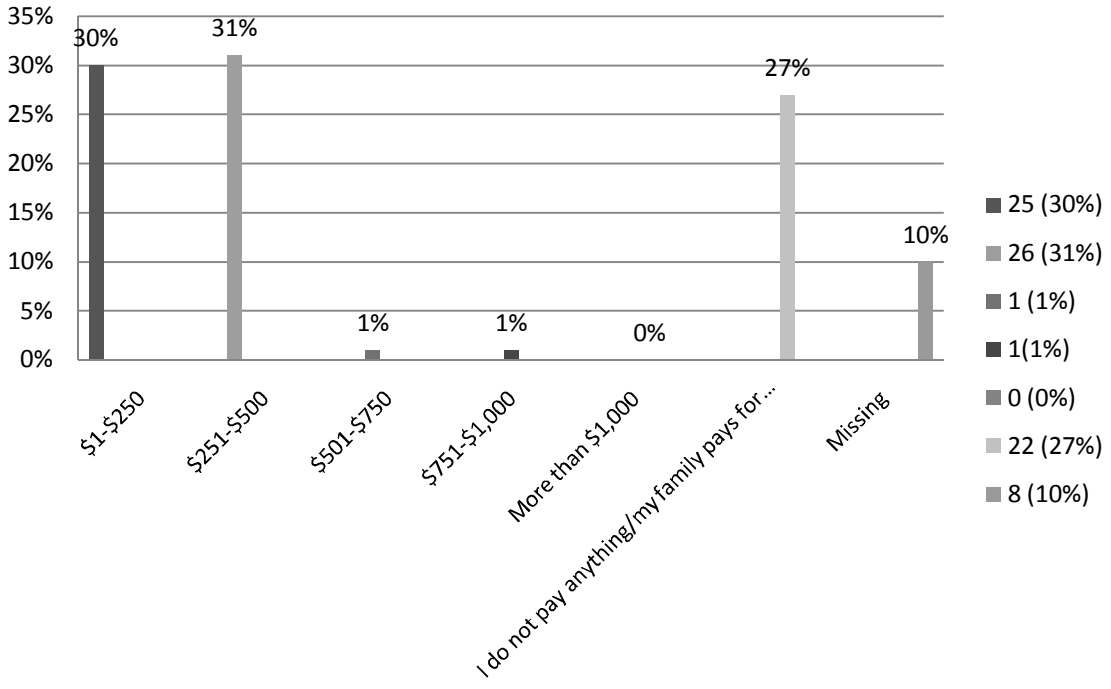

For which purposes do you use public transportation?
(105 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
4%
7%
6%
20%
11%
7%
45%
1%
To go to work
To go to school/training program
To go to social activities
To go to medical appointments
To do personal errands
To go to religious activities
I do not use public transportation
Other
4 (4%)
7 (7%)
6 (6%)
21 (20%)
12 (11%)
7(7%)
47 (45%)
1 (1%)

**HOUSING**

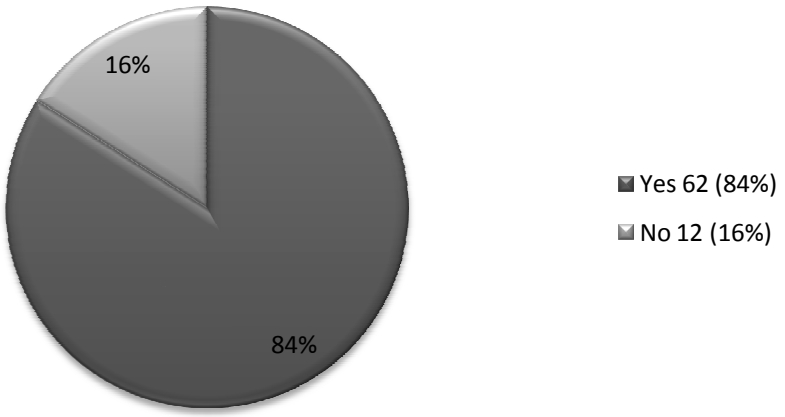

Where do you live?
(81 total cases)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
94%
5%
0%
1%
House, apartment, or mobile home
Facility such as a nursing home, group...
Shelter
Other
76 (94%)
4 (5%)
0 (0%)
1 (1%)

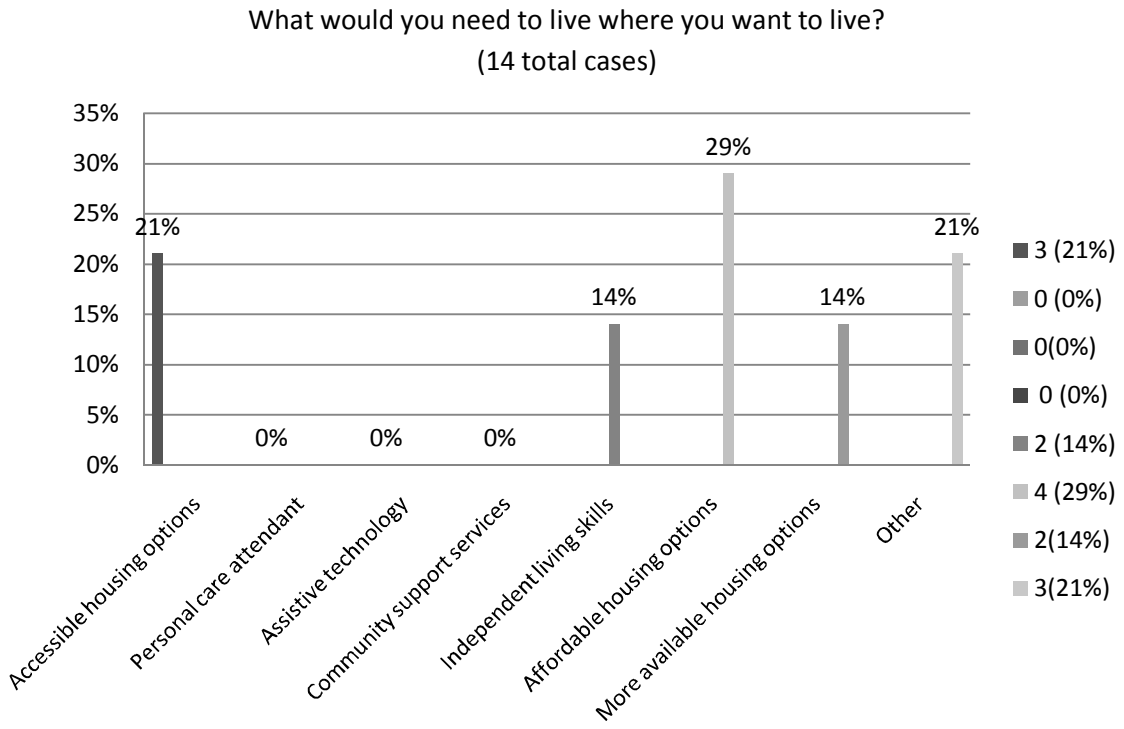

Who do you live with?
(82 total cases)
60%
50%
40%
30%
20%
10%
0%
24%
56%
11%
1%
0%
4%
4%
I live alone
Family
Spouse/significant other
Paid caretaker or care attendant
Unpaid caretaker or care attendant
Roommate(s)/friend(s)
Other residents or nursing home/group...
20 (24%)
46 (56%)
9 (11%)
1 (1%)
0 (0%)
3 (4%)
3(4%)

How much do you pay for housing each month, not including utilities?
(75 total cases)



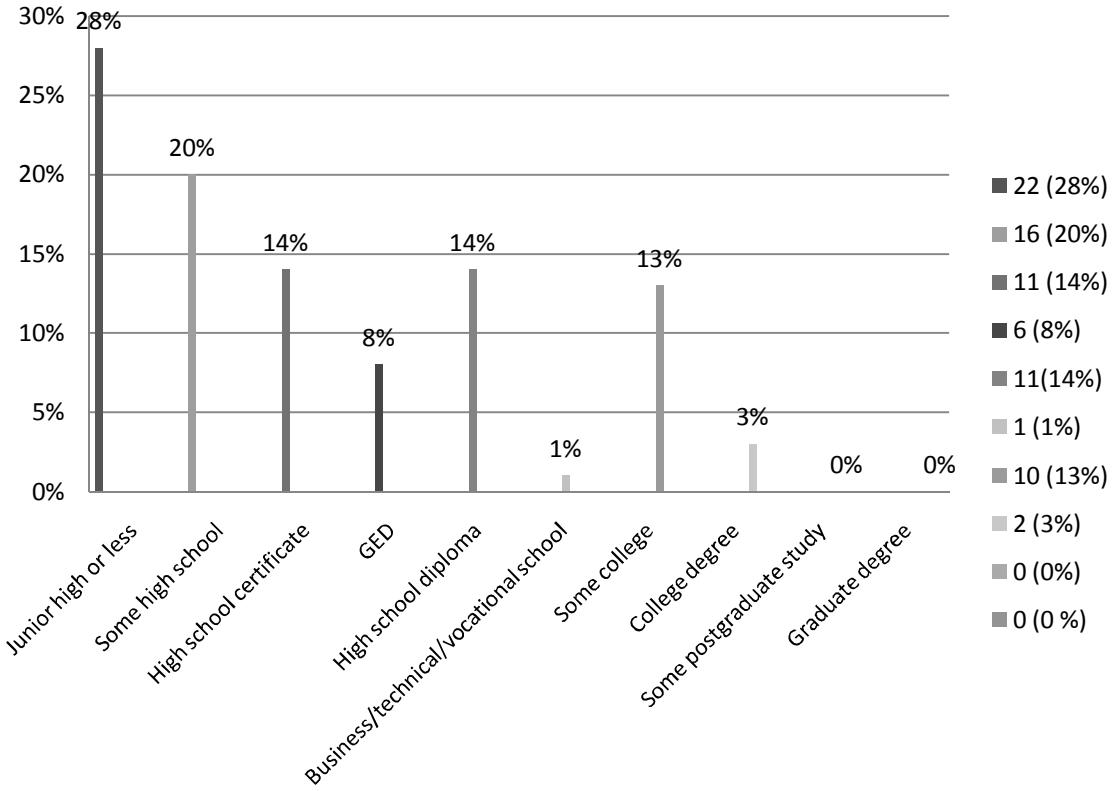

Are you currently living in your preferred living arrangement?
(74 total cases)



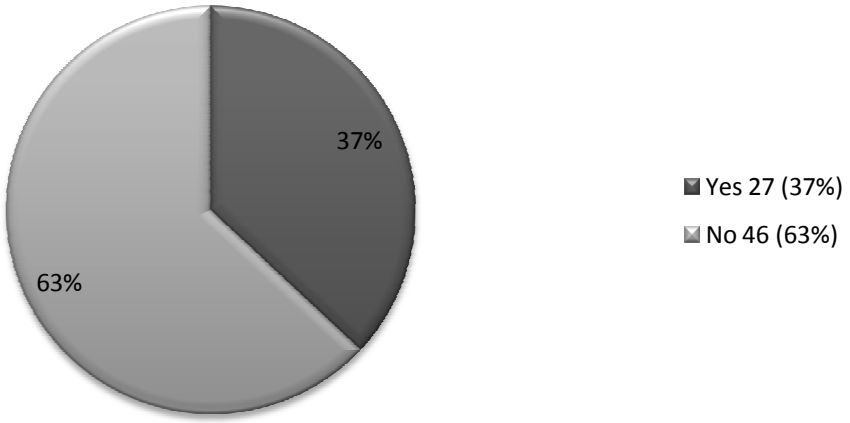

What would you need to live where you want to live?
(14 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
21%
0%
0%
0%
14%
29%
14%
21%
Accessible housing options
Personal care attendant
Assistive technology
Community support services
Independent living skills
Affordable housing options
More available housing options
Other
3 (21%)
0 (0%)
0(0%)
0 (0%)
2 (14%)
4 (29%)
2(14%)
3(21%)

**EDUCATION**

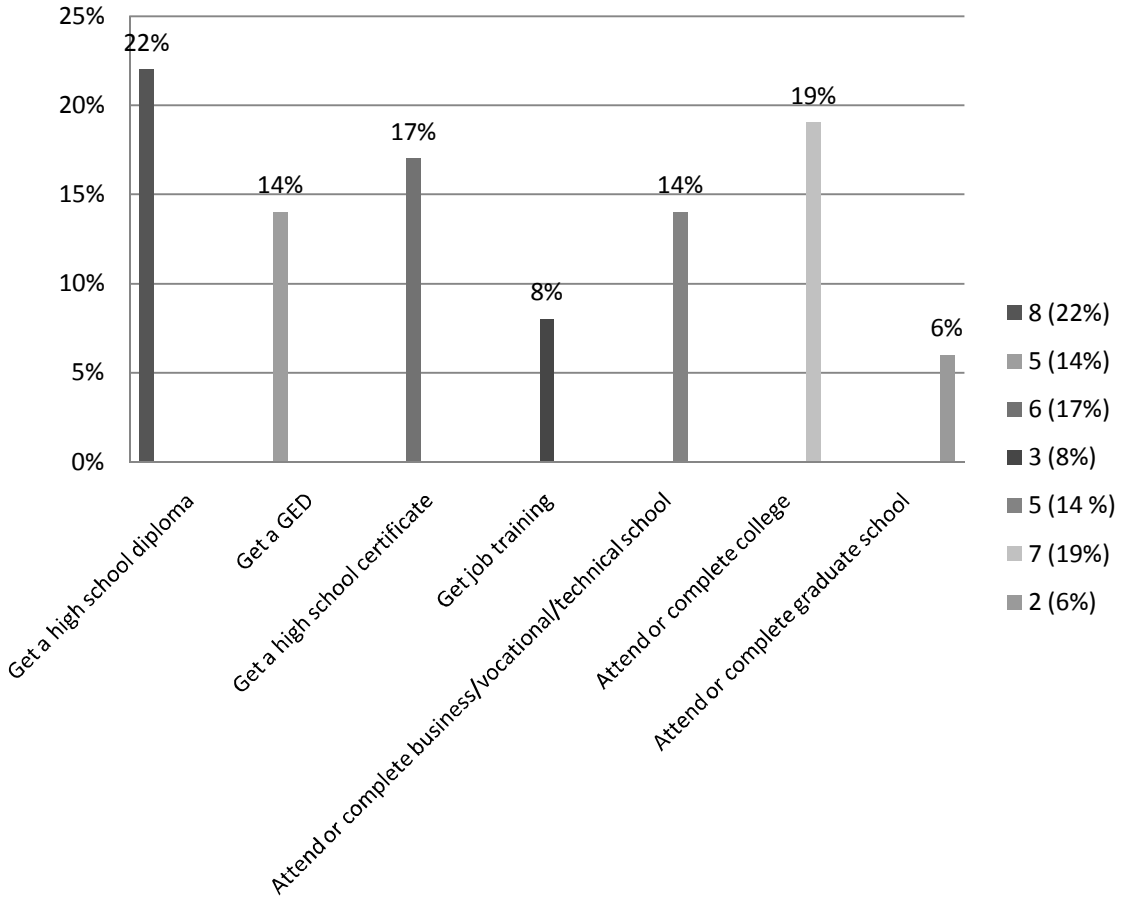
What is the highest level of education or grade level that you have completed?
(79 total cases)



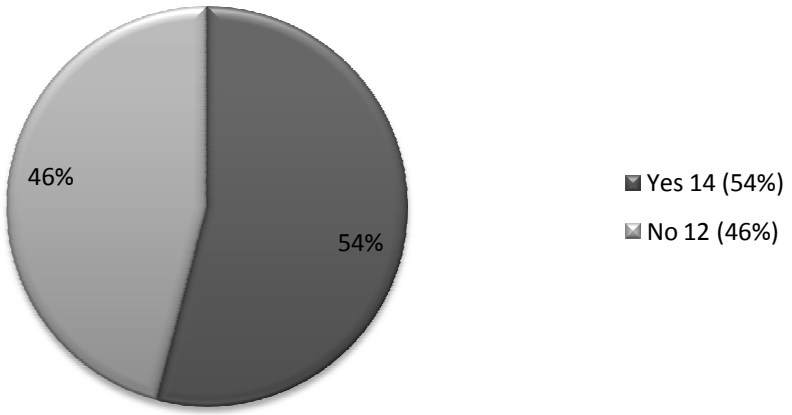

Do you want to or are you currently continuing your education?
(73 total cases)

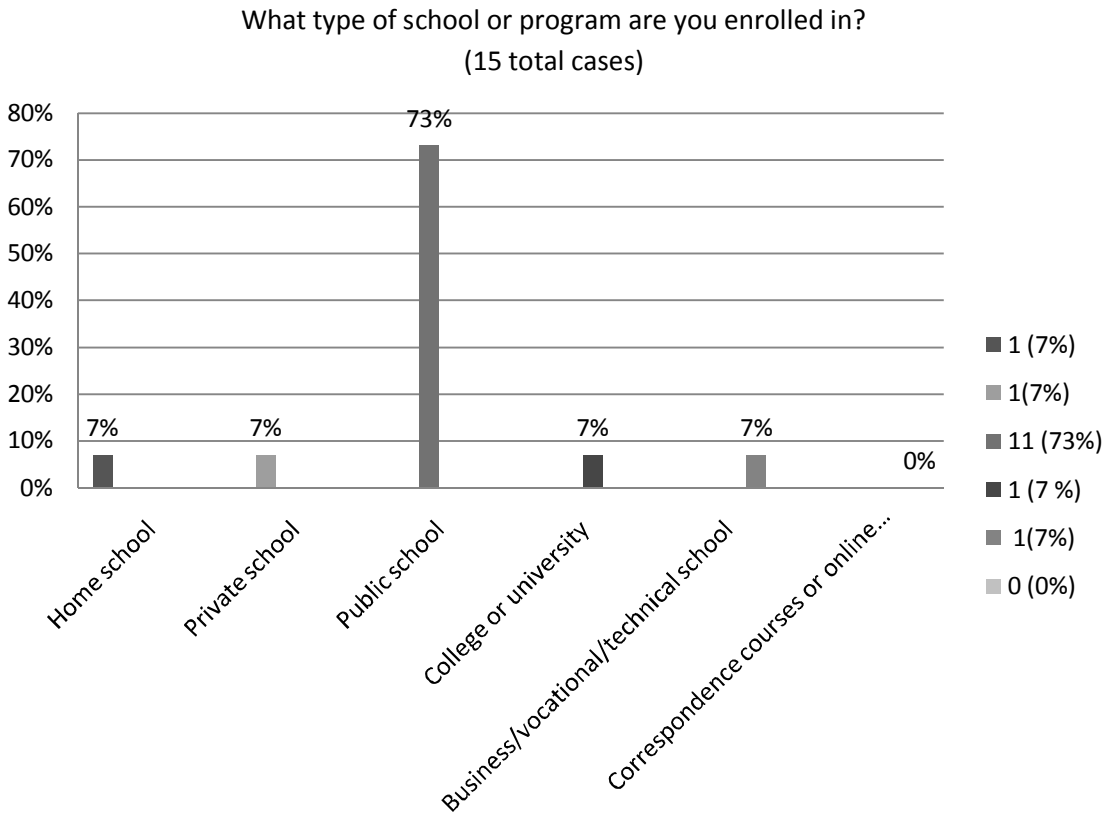


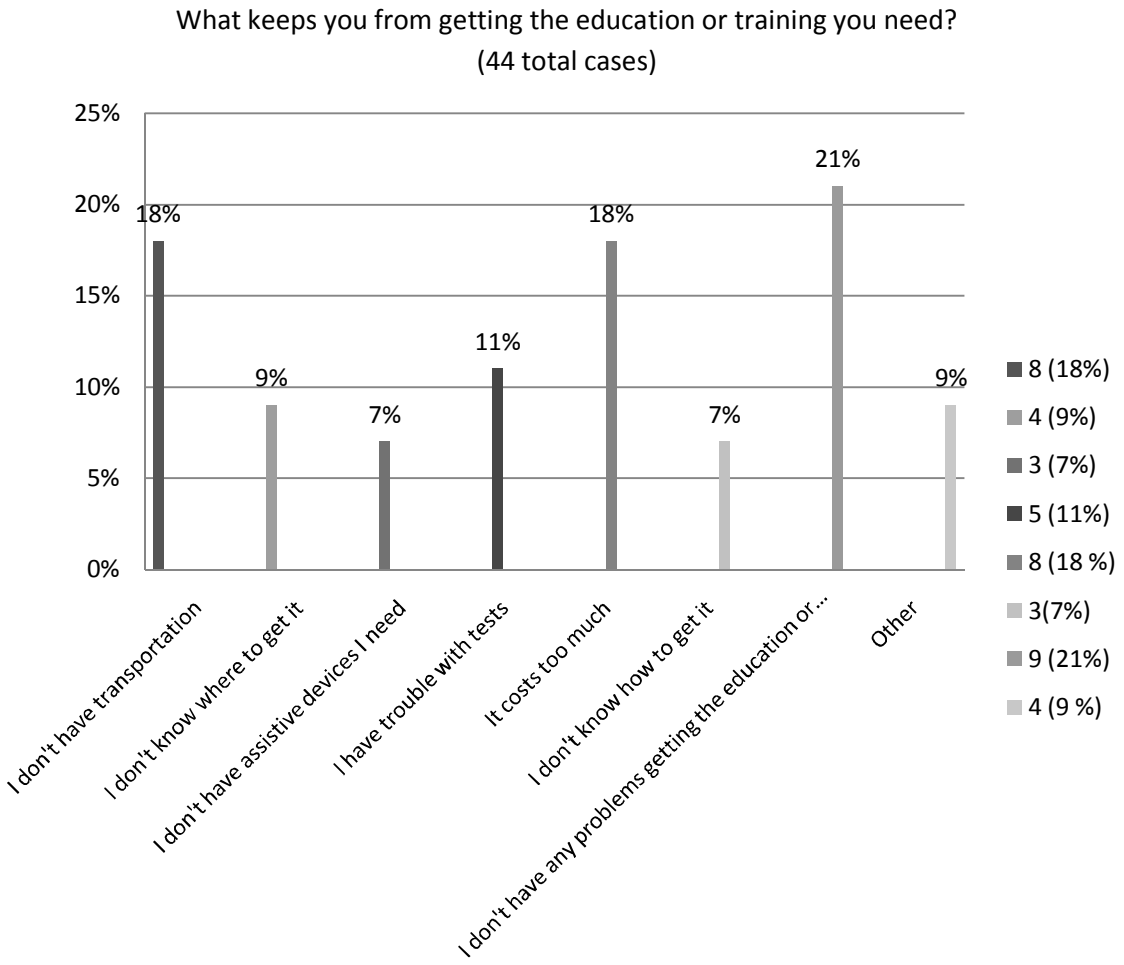
What are your current educational goals?
(36 total cases)



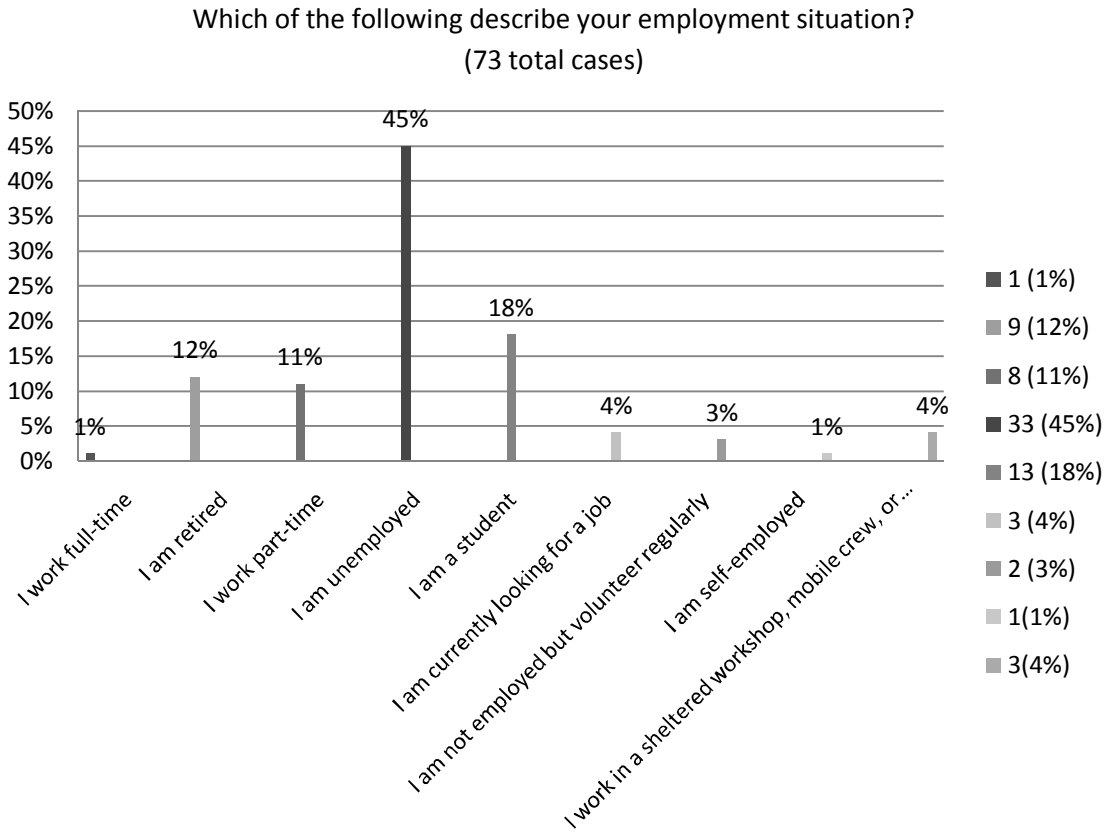

Are you currently enrolled in school or in a training program?
(26 total cases)

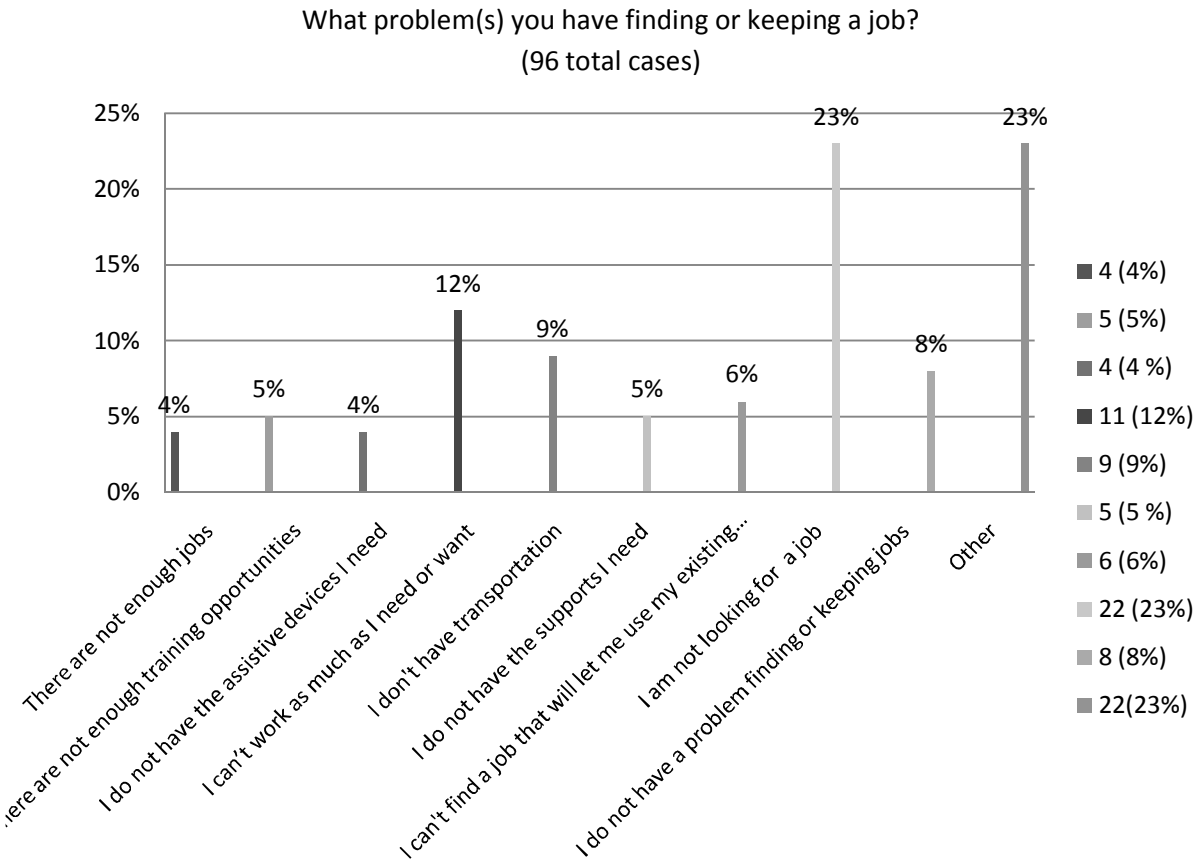



What type of school or program are you enrolled in?
(15 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
7%
7%
73%
7%
7%
0%
Home school
Private school
Public school
College or university
Business/vocational/technical school
Correspondence courses or online...
1 (7%)
1(7%)
11 (73%)
1 (7 %)
1(7%)
0 (0%)

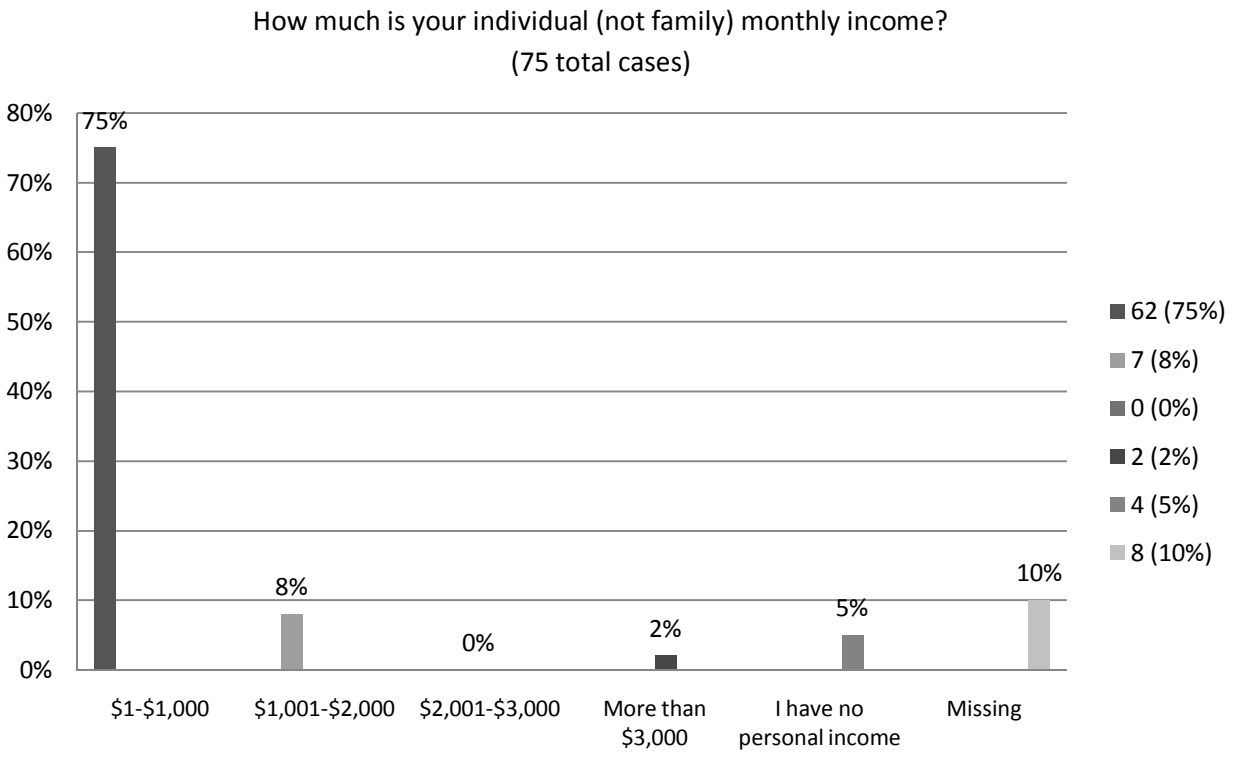

What keeps you from getting the education or training you need?
(44 total cases)
25%
20%
15%
10%
5%
0%
18%
9%
7%
11%
18%
7%
21%
9%
I don't have transportation
I don't know where to get it
I don't have assistive devices I need
I have trouble with tests
It costs too much
I don't know how to get it
I don't have any problems getting the education or...
Other
8 (18%)
4 (9%)
3 (7%)
5 (11%)
8 (18 %)
3(7%)
9 (21%)
4 (9 %)

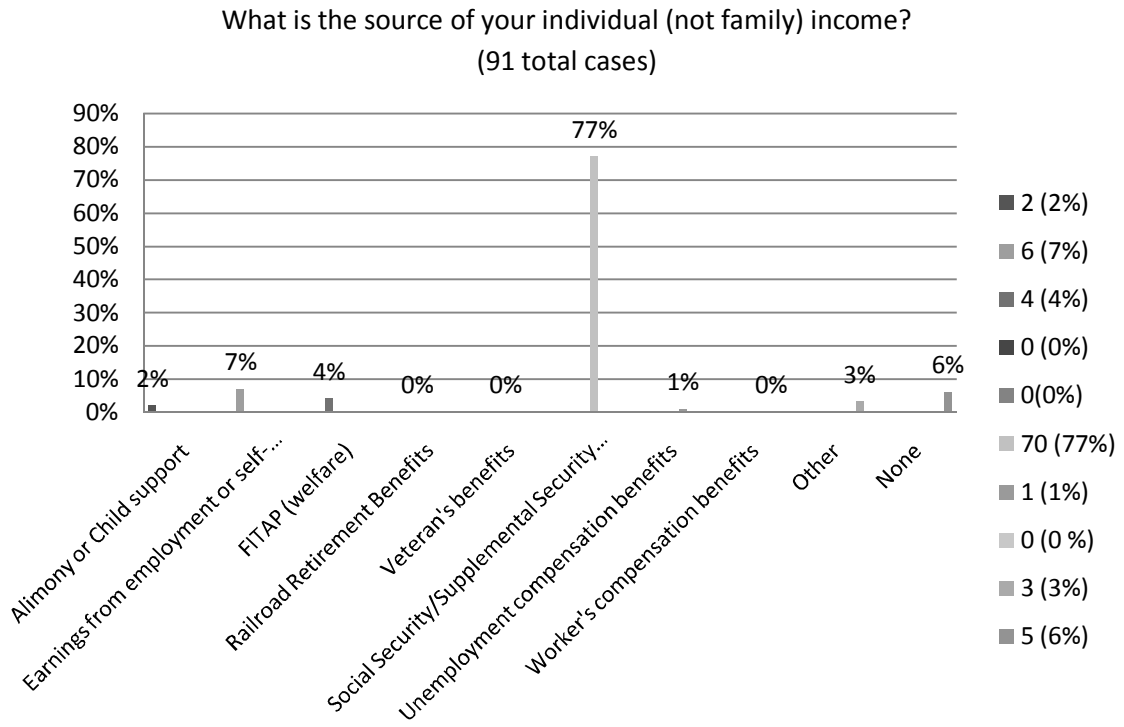
**EMPLOYMENT**


Which of the following describe your employment situation?
(73 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1%
12%
11%
45%
18%
4%
3%
1%
4%
I work full-time
I am retired
I work part-time
I am unemployed
I am a student
I am currently looking for a job
I am not employed but volunteer regularly
I am self-employed
I work in a sheltered workshop, mobile crew, or ...
1 (1%)
9 (12%)
8 (11%)
33 (45%)
13 (18%)
3 (4%)
2 (3%)
1(1%)
3(4%)

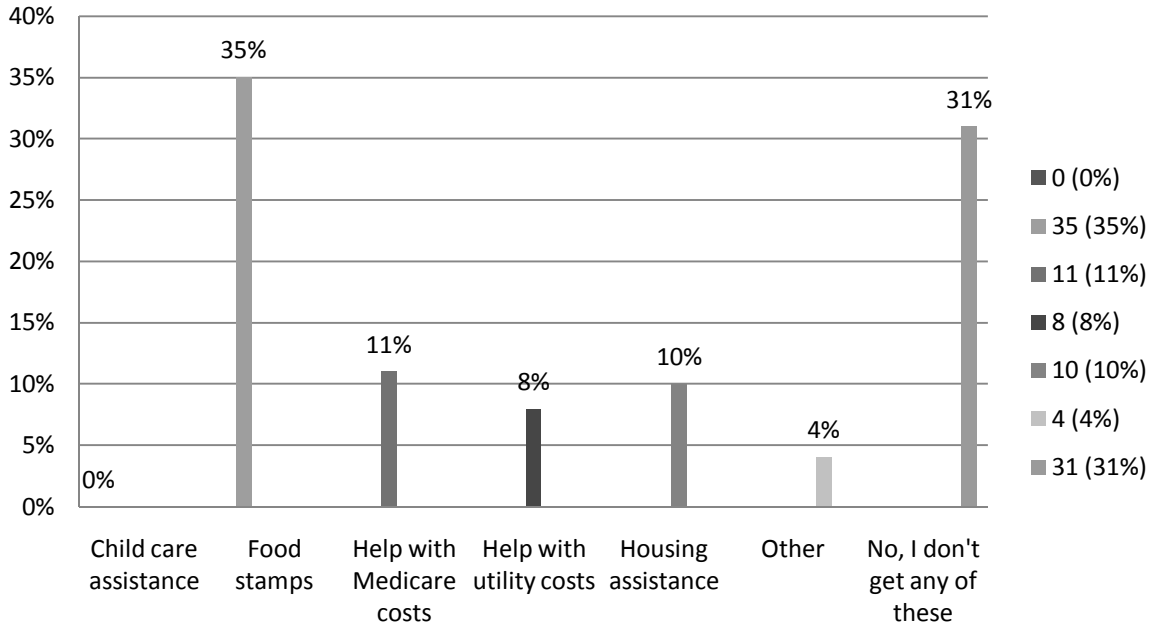

What problem(s) you have finding or keeping a job?
(96 total cases)
25%
20%
15%
10%
5%
0%
4%
5%
4%
12%
9%
5%
6%
23%
8%
23%
There are not enough jobs
ere are not enough training opportunities
I do not have the assistive devices I need
I can't work as much as I need or want
I don't have transportation
I do not have the supports I need
I can't find a job that will let me use my existing...
I am not looking for a job
I do not have a problem finding or keeping jobs
Other
4 (4%)
5 (5%)
4 (4 %)
11 (12%)
9 (9%)
5 (5 %)
6 (6%)
22 (23%)
8 (8%)
22(23%)

**FINANCES**

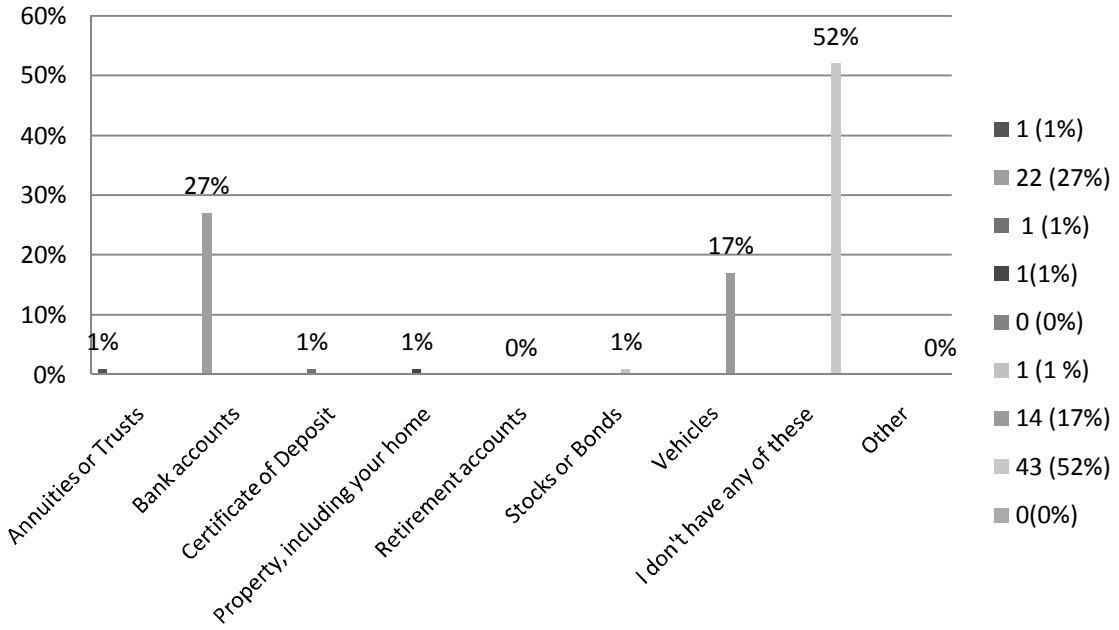

How much is your individual (not family) monthly income?
(75 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
75%
8%
0%
2%
5%
10%
$1-$1,000
$1,001-$2,000
$2,001-$3,000
More than $3,000
I have no personal income
Missing
62 (75%)
7 (8%)
0 (0%)
2 (2%)
4 (5%)
8 (10%)


What is the source of your individual (not family) income?
(91 total cases)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2%
7%
4%
0%
0%
77%
1%
0%
3%
6%
Alimony or Child support
Earnings from employment or self-...
FITAP (welfare)
Railroad Retirement Benefits
Veteran's benefits
Social Security/Supplemental Security...
Unemployment compensation benefits
Worker's compensation benefits
Other
None
2 (2%)
6 (7%)
4 (4%)
0 (0%)
0(0%)
70 (77%)
1 (1%)
0 (0 %)
3 (3%)
5 (6%)

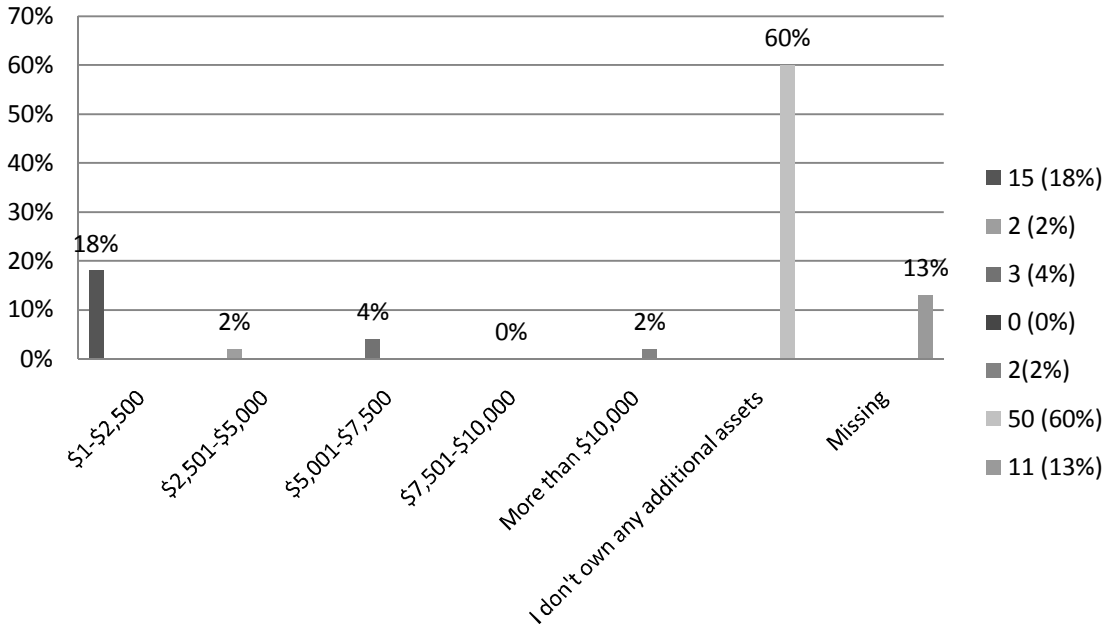
Do you personally get financial help from any of the following programs?
(99 total cases)




Which of the following kinds of assets or resources do you personally own?
(83 total cases)

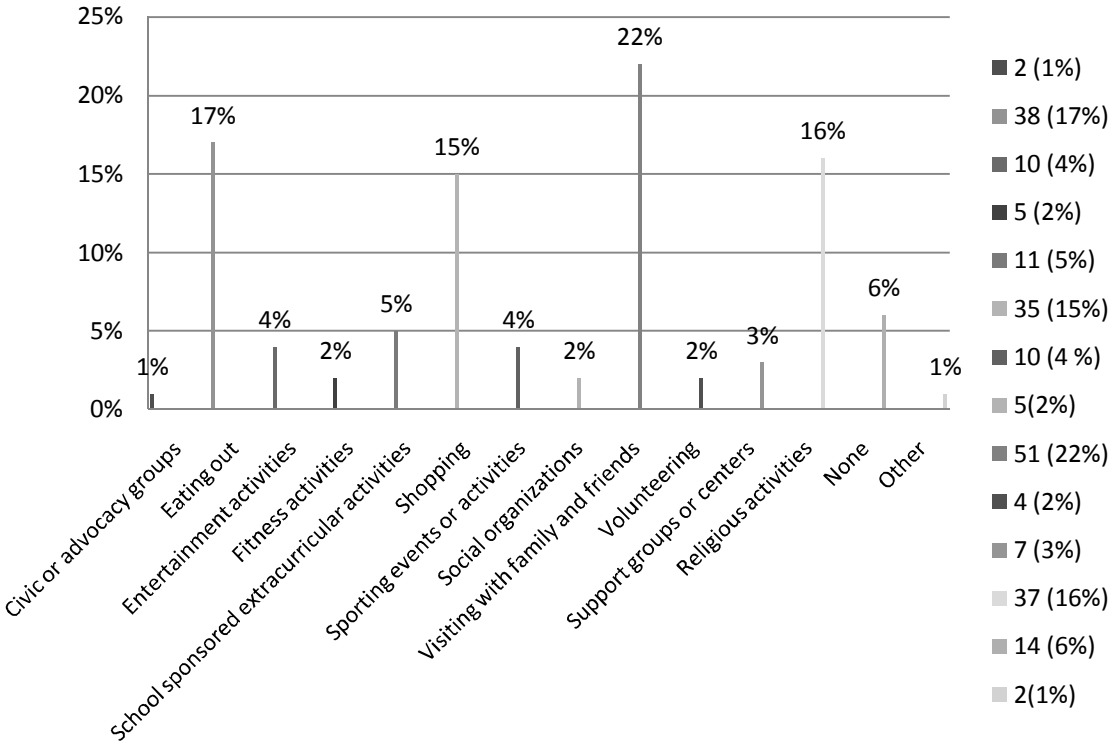


How much are your personal resources worth, other than your home or vehicle?
(72 total cases)

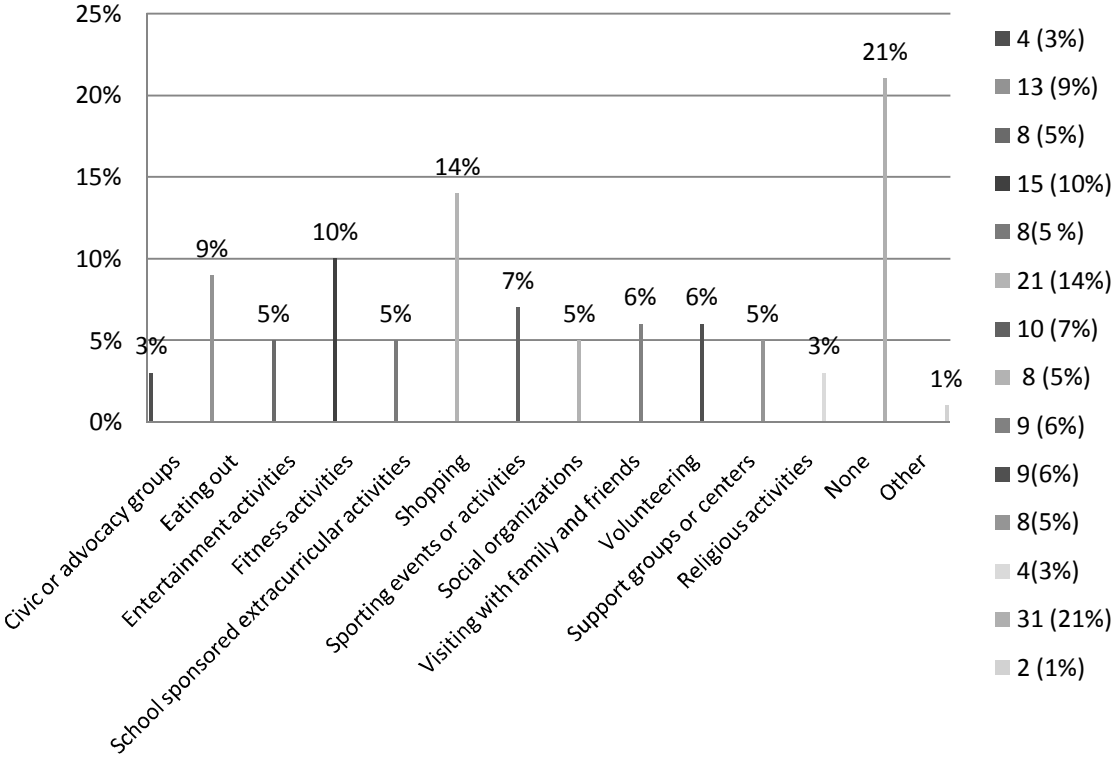


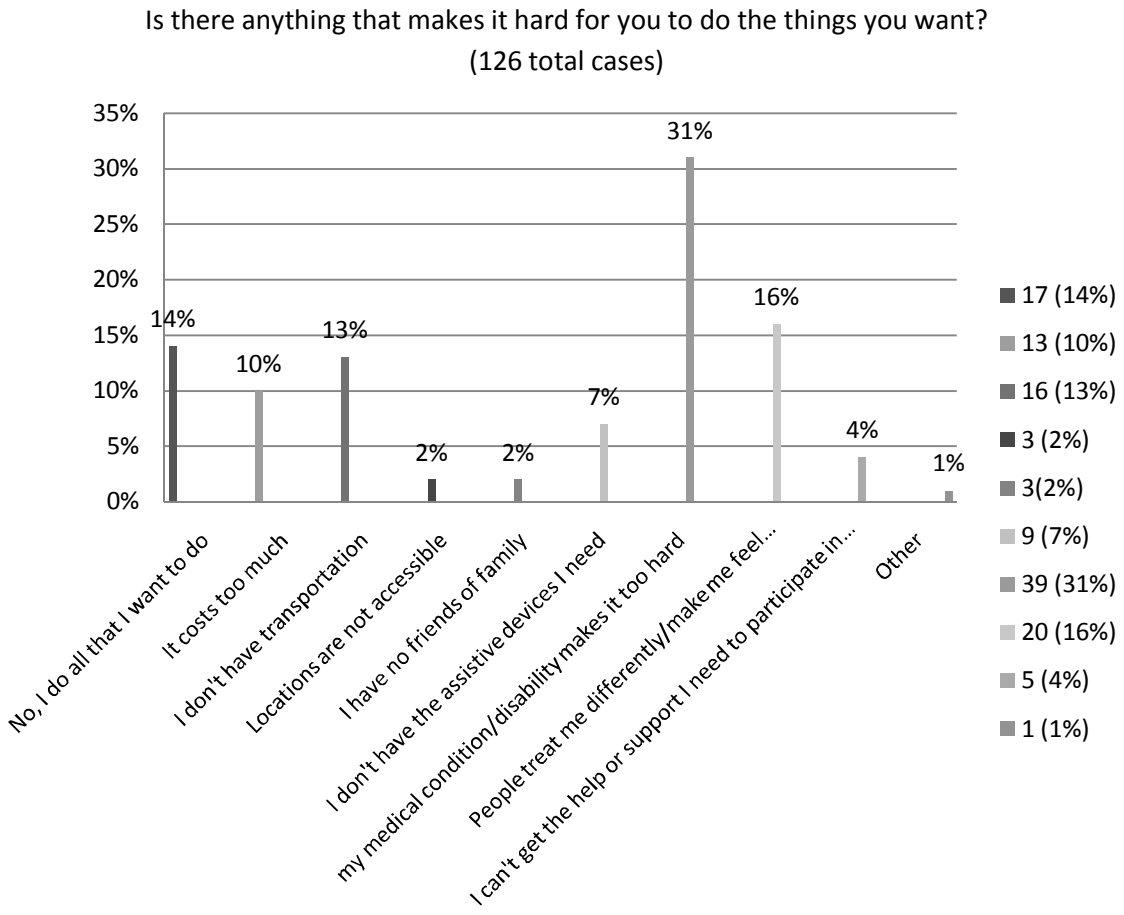
## COMMUNITY INVOLVEMENT

What activities do you participate in within your community?
(231 total cases)



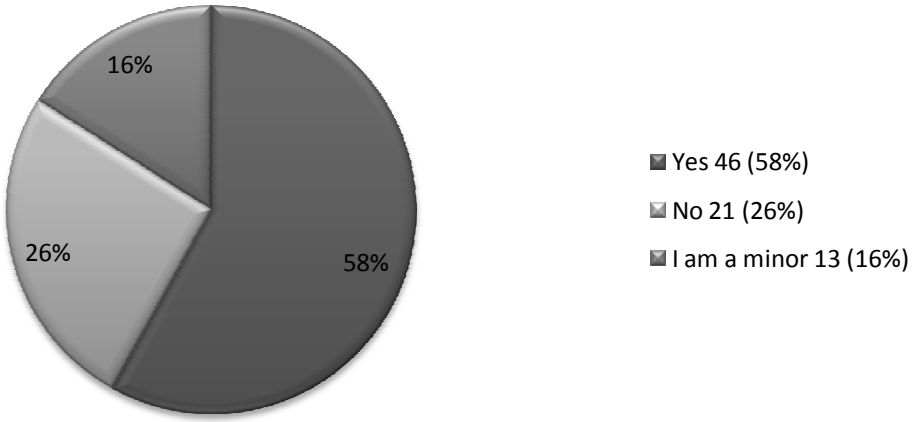

What activities would you like to participate in, but cannot?
(150 total cases)



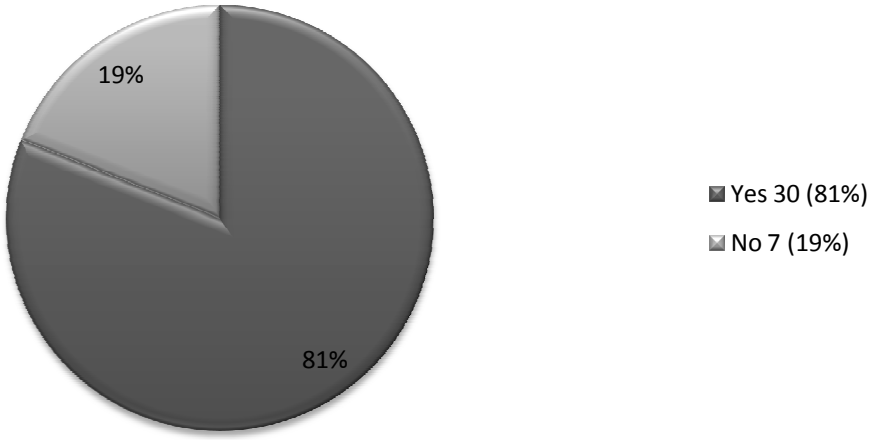

Is there anything that makes it hard for you to do the things you want?
(126 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
14%
10%
13%
2%
2%
7%
31%
16%
4%
1%
No, I do all that I want to do
It costs too much
I don't have transportation
Locations are not accessible
I have no friends of family
I don't have the assistive devices I need
my medical condition/disability makes it too hard
People treat me differently/make me feel...
I can't get the help or support I need to participate in...
Other
17 (14%)
13 (10%)
16 (13%)
3 (2%)
3(2%)
9 (7%)
39 (31%)
20 (16%)
5 (4%)
1 (1%)

**CIVIC INVOLVEMENT**

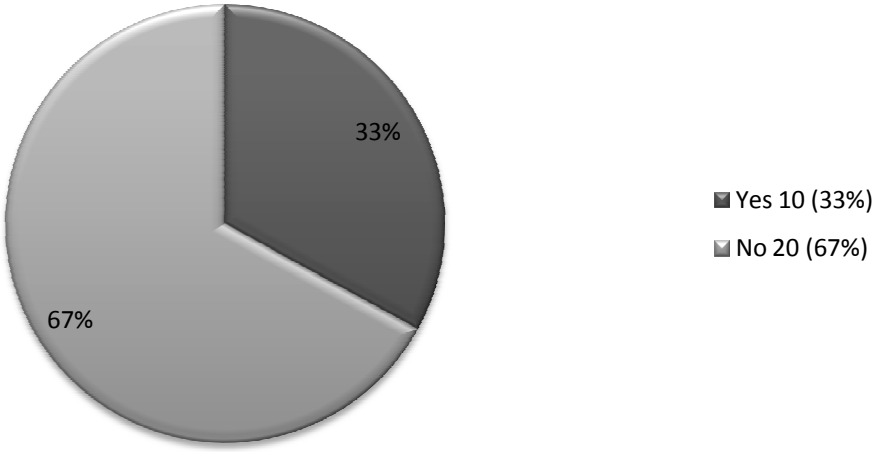
Are you registered to vote?
(80 total cases)



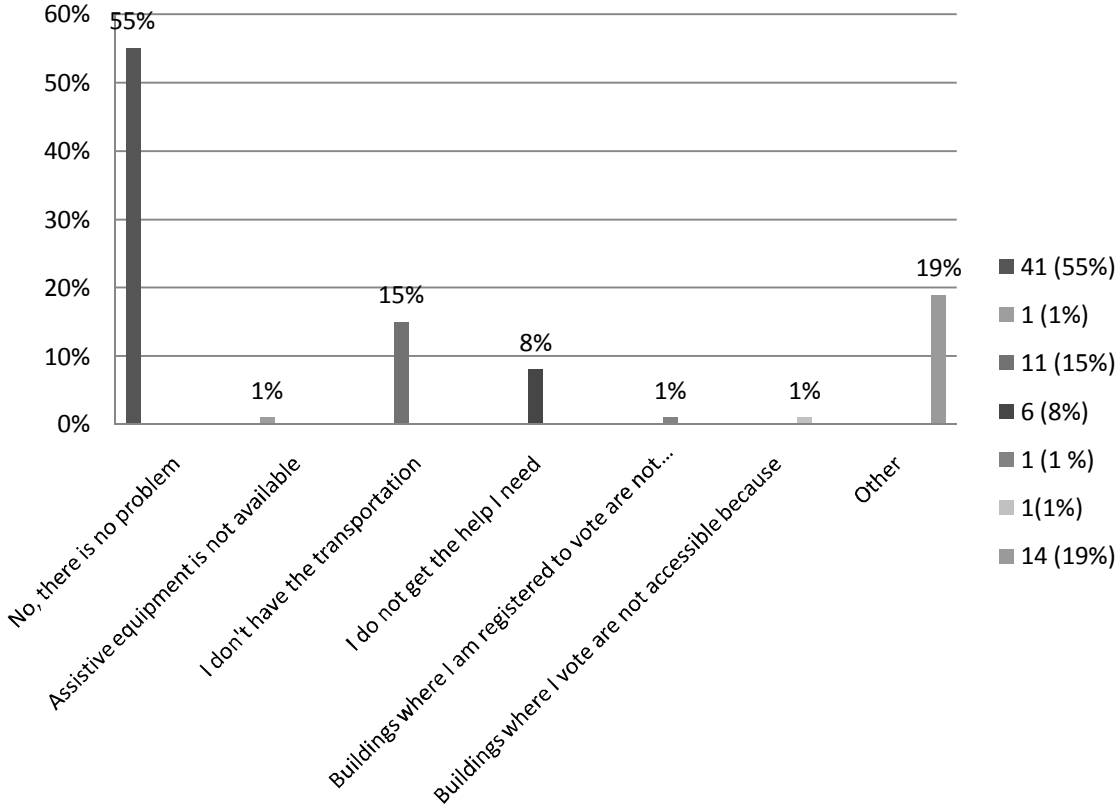

Have you voted in any election in the last four years?
(37 total cases)



Have you used special voting services such as vote by mail or early voting?
(30 total cases)

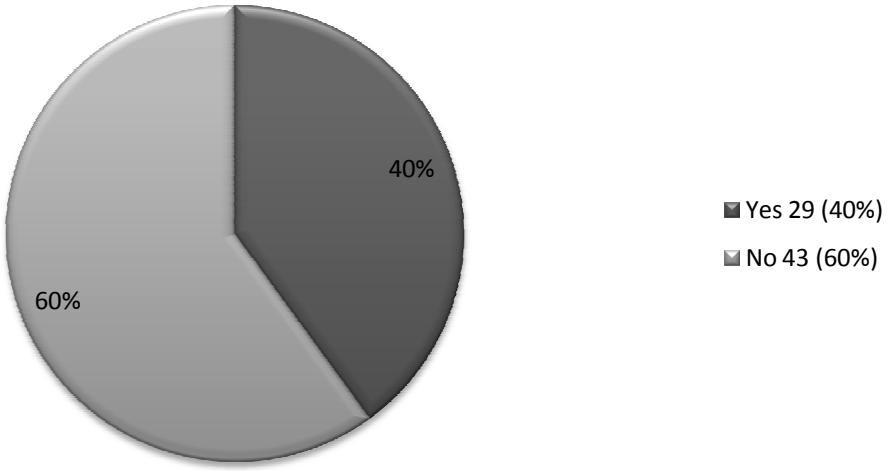



Is there anything that makes it hard for you to vote?
(75 total cases)

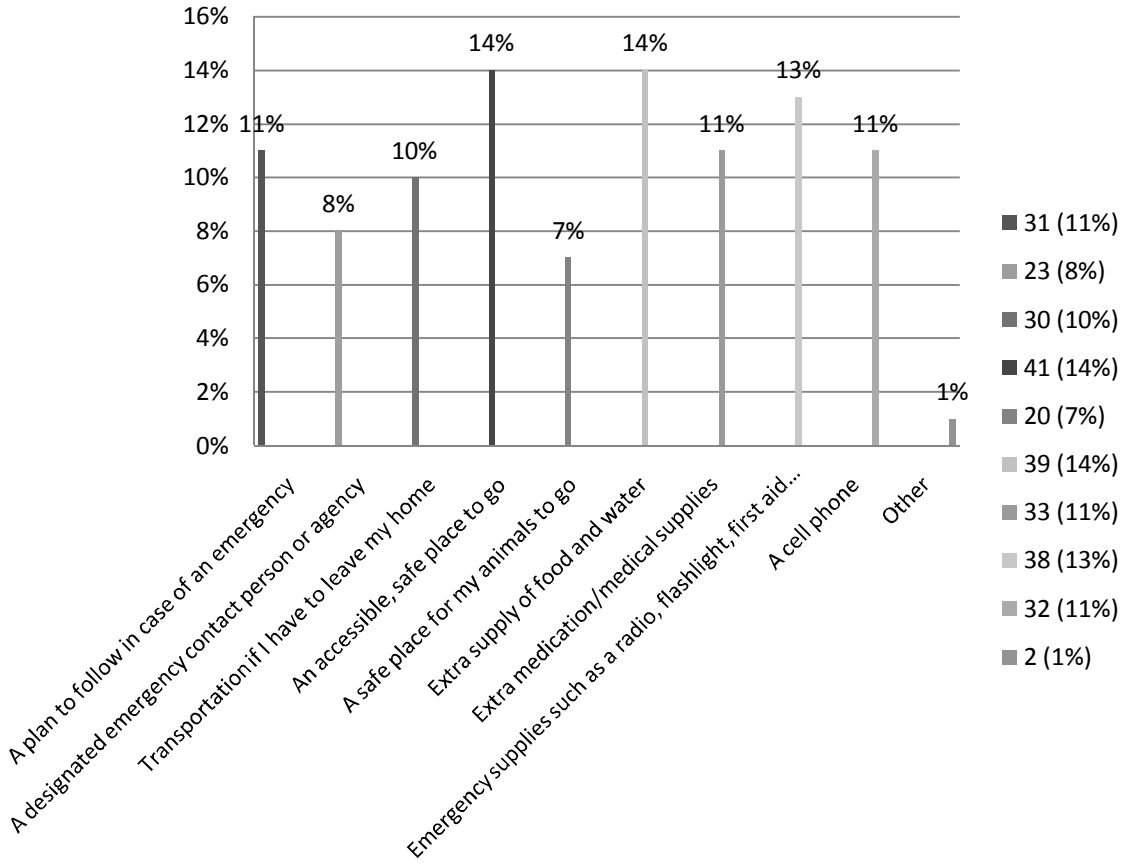


## EMERGENCY PREPAREDNESS

Do you have a plain in place to deal with an emergency situation?
(72 total cases)




What would you need to be prepared for a future emergency situation?
(289 total cases)



# Region VIII - Tables

## GENERAL INFORMATION

### Format of Survey

| | Number | Percent |
|---|---|---|
| Paper | 77 | 93% |
| Internet | 5 | 6% |
| Telephone | 1 | 1% |
| *Total Cases* | 83 | |

### Who is filling out this survey?

| | Number | Percent |
|---|---|---|
| A person with a disability | 38 | 46% |
| A helper or friend of a person with a disability | 12 | 15% |
| The parent or guardian of a minor child with a disability | 14 | 17% |
| The parent or guardian of an adult with a disability | 14 | 17% |
| A court appointed guardian, curator, tutor or agent | 0 | 0% |
| A professional or advocate | 4 | 5% |
| *Total Cases* | 82 | |

### Why is someone helping you fill out this survey?

| | Number | Percent |
|---|---|---|
| This doesn't apply to me- I am answering this survey by myself | 34 | 40% |
| I am providing the answers and this person is recording them | 17 | 20% |
| I am unable to answer this survey | 17 | 20% |
| I do not want to participate in this survey | 0 | 0% |
| I am under 18 and this person is my parent or guardian | 12 | 14% |
| Other | 5 | 6% |
| *Total Cases* | 85 | |

**What is the type of your disability?**

| | Number | Percent |
|---|---|---|
| Mental health/ Emotional disorder | 27 | 24% |
| Physical | 30 | 27% |
| Learning/ Cognitive | 20 | 18% |
| Speech Communication | 9 | 8% |
| Sensory | 4 | 4% |
| Chronic health condition | 21 | 19% |
| *Total Cases* | 111 | |

**How long have you lived with your disability?**

| | Number | Percent |
|---|---|---|
| 1-10 years | 22 | 28% |
| 11-20 years | 29 | 21% |
| 21-30 years | 19 | 21% |
| 31-40 years | 9 | 11% |
| 41-50 years | 5 | 5% |
| 51-60 years | 2 | 2% |
| 61-70 years | 0 | 0% |
| *Total Cases* | 77 | |

**How would you judge your condition?**

| | Number | Percent |
|---|---|---|
| It is getting better | 8 | 10% |
| It comes and goes | 8 | 10% |
| It only gets worse | 17 | 21% |
| It is ongoing with little or no change | 29 | 35% |
| It is ongoing with constant change | 17 | 21% |
| *Total Cases* | 83 | |

**How long is your disability expected to last?**

| | Number | Percent |
|---|---|---|
| It is permanent | 61 | 74% |
| It is temporary | 0 | 0% |
| I'm not sure | 21 | 25% |
| *Total Cases* | 82 | |

**What is your race or ethnicity?**

| | Number | Percent |
|---|---|---|
| African American/ Black | 47 | 56% |
| Asian/ Pacific Islander | 0 | 0% |
| Caucasian/ White | 36 | 43% |
| Hispanic/ Latino | 0 | 0% |
| Native American | 1 | 1% |
| Multi-racial | 0 | 0% |
| Other | 0 | 0% |
| *Total Cases* | 84 | |

**What is your gender?**

| | Number | Percent |
|---|---|---|
| Male | 37 | 45% |
| Female | 46 | 55% |
| *Total Cases* | 83 | |

**How old are you?**

| | Number | Percent |
|---|---|---|
| Under 18 | 11 | 11% |
| 18-21 | 6 | 7% |
| 22-30 | 12 | 13% |
| 31-40 | 11 | 11% |
| 41-50 | 14 | 14% |
| 51-60 | 21 | 24% |
| 61-70 | 7 | 8% |
| 71-79 | 0 | 0% |
| *Total Cases* | 82 | |

**Which of the following helps you find out about available services?**

| | Number | Percent |
|---|---|---|
| Agencies | 29 | 14% |
| Healthcare providers | 50 | 25% |
| Internet | 5 | 3% |
| Library | 5 | 3% |
| Magazines | 4 | 2% |
| Mail | 20 | 10% |
| Newsletters | 6 | 3% |
| Newspaper | 10 | 5% |
| Radio | 7 | 3% |
| Relatives/ friends | 41 | 20% |
| Television | 21 | 10% |
| Other | 6 | 3% |
| *Total Cases* | 204 | |

## HEALTH CARE

### What type of health insurance do you have?

| | Number | Percent |
|---|---|---|
| None | 8 | 7% |
| Insurance through an employer | 1 | 1% |
| Medicaid (blue & white card) | 58 | 53% |
| Medicare (red, white & blue card) | 18 | 16% |
| Medicare prescription drug coverage | 18 | 16% |
| Private insurance | 6 | 6% |
| Other | 1 | 1% |
| *Total Cases* | 110 | |

### About how much do you or your family pay each month for this insurance?

| | Number | Percent |
|---|---|---|
| $0 | 37 | 45% |
| $1-10 | 3 | 3% |
| $11-20 | 0 | 0% |
| $21-30 | 1 | 1% |
| $31-40 | 0 | 0% |
| $41-50 | 2 | 2% |
| $51-60 | 0 | 0% |
| $61-70 | 0 | 0% |
| $71-80 | 0 | 0% |
| $81-90 | 0 | 0% |
| $91-100 | 3 | 3% |
| $101-200 | 4 | 4% |
| $210-300 | 0 | 0% |
| More than $300 | 2 | 2% |
| Missing | 31 | 37% |
| *Total Cases* | 83 | |

**About how much of your own or your family's money is spent each month for medical expenses other than insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 19 | 23% |
| $1-10 | 4 | 4% |
| $11-20 | 6 | 6% |
| $21-30 | 7 | 8% |
| $31-40 | 0 | 0% |
| $41-50 | 6 | 7% |
| $51-60 | 1 | 1% |
| $61-70 | 0 | 0% |
| $71-80 | 0 | 0% |
| $81-90 | 0 | 0% |
| $91-100 | 2 | 2% |
| $101-200 | 3 | 3% |
| $210-300 | 3 | 3% |
| More than $300 | 2 | 2% |
| Missing | 30 | 36% |
| *Total Cases* | 83 | |

**What medical services do you use on a regular basis?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 67 | 25% |
| Specialist doctor | 23 | 9% |
| Medical supplies | 12 | 5% |
| Prescription medications | 61 | 23% |
| Mental health services | 11 | 4% |
| Hospital care | 9 | 3% |
| Home health services | 11 | 4% |
| Emergency care | 10 | 4% |
| Nutrition services | 1 | 1% |
| Substance abuse counseling | 0 | 0% |
| Nursing services | 4 | 2% |
| Dialysis | 0 | 0% |
| Hearing services | 2 | 1% |
| Dental services | 18 | 7% |
| Eye/vision | 23 | 9% |
| Therapy services | 8 | 3% |
| Rehabilitation services | 3 | 1% |
| Orthotics | 3 | 1% |
| None | 1 | 1% |
| Other | 1 | 1% |
| *Total Cases* | 268 | |

**What medical services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 5 | 4% |
| Specialist doctor | 7 | 5% |
| Medical supplies | 5 | 4% |
| Prescription medications | 5 | 4% |
| Mental health services | 4 | 3% |
| Hospital care | 1 | 1% |
| Home health services | 2 | 2% |
| Emergency care | 2 | 2% |
| Nutrition services | 6 | 4% |
| Substance abuse counseling | 0 | 0% |
| Nursing services | 1 | 1% |
| Dialysis | 0 | 0% |
| Hearing services | 5 | 45 |
| Dental services | 33 | 24% |
| Eye/vision | 23 | 17% |
| Therapy services | 9 | 7% |
| Rehabilitation services | 4 | 3% |
| Orthotics | 1 | 1% |
| None | 23 | 17% |
| Other | 1 | 1% |
| *Total Cases* | 137 | |

**Why don't you get the medical care you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 17 | 14% |
| It costs too much | 16 | 13% |
| It's not available where I live | 10 | 8% |
| I don't have transportation | 12 | 10% |
| Support services are limited | 4 | 3% |
| It's hard to find out where to get services | 17 | 14% |
| Care options are limited | 7 | 6% |
| Medical facilities/ offices are not accessible | 3 | 3% |
| I get the care I need so this doesn't apply to me | 31 | 26% |
| Other | 2 | 2% |
| *Total Cases* | 119 | |

## INDEPENDENT LIVING

### What services and supports do you use?

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 10 | 8% |
| Personal care attendant | 17 | 14% |
| Support/counseling from a peer or professional | 10 | 8% |
| Transportation services | 20 | 17% |
| Skills training to live independently | 10 | 8% |
| Financial assistance | 13 | 11% |
| Interpreter/communication services | 2 | 2% |
| Advocacy | 3 | 3% |
| Assistive technology devices | 3 | 3% |
| I do not use any of these | 30 | 25% |
| Other | 2 | 2% |
| *Total Cases* | 120 | |

### Who provides these supports and services to you?

| | Number | Percent |
|---|---|---|
| Office for Citizens with Developmental Disabilities (OCDD) | 16 | 15% |
| Office of aging and adult services (OAAS) | 2 | 2% |
| Office of Mental Health (OMH) | 9 | 9% |
| Louisiana Rehabilitation Services (LRS) | 2 | 2% |
| Governor's Office of Disability Affairs (GODA) | 2 | 2% |
| Independent living centers | 3 | 3% |
| Office for Addictive Disorders and Counseling (OADC) | 0 | 0% |
| Louisiana Assistive Technology Access Network (LATAN) | 2 | 2% |
| Work Incentive Planning Assistance (WIPA) | 0 | 0% |
| Louisiana Department of Education | 3 | 3% |
| Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) | 0 | 0% |
| Medicaid | 34 | 33% |
| Other | 8 | 8% |
| I don't receive any of these services | 23 | 22% |
| *Total Cases* | 104 | |

**What services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 16 | 17% |
| Personal care attendant | 1 | 1% |
| Support/counseling from a peer or professional | 3 | 3% |
| Transportation services | 9 | 10% |
| Skills training to live independently | 10 | 11% |
| Financial assistance | 16 | 17% |
| Interpreter/communication services | 2 | 2% |
| Advocacy | 1 | 1% |
| Assistive technology devices | 2 | 2% |
| I do not use any of these | 29 | 32% |
| Other | 3 | 3% |
| *Total Cases* | 92 | |

**Why don't you get the services and supports you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 14 | 15% |
| It costs too much | 11 | 12% |
| It's not available where I live | 5 | 5% |
| Transportation is not available | 8 | 8% |
| I don't know where to get services | 16 | 17% |
| Facilities/ offices are not accessible | 3 | 3% |
| Support services are limited | 8 | 8% |
| Available care options are limited | 6 | 6% |
| I live how I want to live so this does not apply to me | 21 | 22% |
| Other | 3 | 3% |
| *Total Cases* | 95 | |

**Who plans most of the care you get?**

| | Number | Percent |
|---|---|---|
| I do | 39 | 48% |
| A relative | 32 | 39% |
| A friend | 2 | 2% |
| An agency | 8 | 10% |
| Other | 1 | 1% |
| *Total Cases* | 82 | |

**How much choice do you have when planning for the services or care that you get?**

| | Number | Percent |
|---|---|---|
| I have most control | 41 | 53% |
| I do not get to participate in planning | 15 | 20% |
| I have little control | 21 | 27% |
| *Total Cases* | 77 | |

## ASSISTIVE TECHNOLOGY

**Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?**

| | Number | Percent |
|---|---|---|
| Yes | 19 | 28% |
| No | 49 | 72% |
| *Total Cases* | 68 | |

**What sort of assistive technology do you use?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 1 | 3% |
| Hearing | 3 | 9% |
| Environmental adaptations | 3 | 9% |
| Speech communication | 2 | 6% |
| Learning/cognitive/development | 4 | 12% |
| Daily living aids | 5 | 15% |
| Mobility/seating/positioning | 7 | 21% |
| Vision | 4 | 12% |
| Vehicle modification/transportation | 4 | 12% |
| Computers and related | 1 | 3% |
| Other | 0 | 0% |
| *Total Cases* | 34 | |

**What sort of assistive technology do you need but not get?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 4 | 11% |
| Hearing | 3 | 8% |
| Environmental adaptations | 2 | 5% |
| Speech communication | 2 | 5% |
| Learning/cognitive/development | 1 | 3% |
| Daily living aids | 2 | 5% |
| Mobility/seating/positioning | 3 | 8% |
| Vision | 4 | 11% |
| Vehicle modification/transportation | 4 | 11% |
| Computers and related | 8 | 21% |
| Other | 1 | 3% |
| *Total Cases* | 38 | |

**If you don't have access to assistive technology, what is the reason?**

| | Number | Percent |
|---|---|---|
| I can't afford it | 4 | 16% |
| I need help to use it | 4 | 16% |
| I need training to use it | 3 | 12% |
| It is not available in my community | 1 | 4% |
| It is not covered by my health insurance | 3 | 12% |
| This does not apply to me | 8 | 32% |
| Other | 2 | 8% |
| *Total Cases* | 25 | |

**How would you describe your use of assistive technology?**

| | Number | Percent |
|---|---|---|
| I have all the assistive technology I need | 3 | 14% |
| I have some but not all of the assistive technology I need | 3 | 14% |
| I do not have any of the assistive technology I need | 2 | 9% |
| The assistive technology I use is in good condition | 4 | 18% |
| The assistive technology I use is outdated or in need of repair | 1 | 5% |
| I don't think I know about the assistive technology available | 8 | 36% |
| I find it difficult to learn to use new assistive technology | 1 | 5% |
| *Total Cases* | 22 | |

## TRANSPORTATION

### What means of transportation are available to you?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 19 | 13% |
| I have my own vehicle | 20 | 14% |
| Rides from friends/ family | 51 | 36% |
| Public transportation | 14 | 10% |
| Para Transit | 5 | 4% |
| Taxi service | 8 | 6% |
| Medicaid transportation service | 17 | 12% |
| None | 1 | 1% |
| Other | 8 | 6% |
| *Total Cases* | 143 | |

### What means of transportation do you use?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 18 | 14% |
| I have my own vehicle | 20 | 16% |
| Rides from friends/ family | 49 | 38% |
| Public transportation | 12 | 9% |
| Para Transit | 4 | 3% |
| Taxi service | 6 | 5% |
| Medicaid transportation service | 2 | 2% |
| None | 12 | 9% |
| Other | 6 | 5% |
| *Total Cases* | 129 | |

**What problems do you have with transportation?**

| | Number | Percent |
|---|---|---|
| I don't have any problems with transportation | 51 | 53% |
| It's too far away | 5 | 5% |
| There are not enough options | 3 | 3% |
| It is not reliable | 8 | 8% |
| It is not available when I need it | 10 | 10% |
| It does not go where I need it to go | 3 | 3% |
| It costs too much | 11 | 12% |
| It is not available or accessible for someone with my disability | 1 | 1% |
| Other | 4 | 4% |
| *Total Cases* | 96 | |

**For which purposes do you use public transportation?**

| | Number | Percent |
|---|---|---|
| To go to work | 4 | 4% |
| To go to school/ training program | 7 | 7% |
| To go to social activities | 6 | 6% |
| To go to medical appointments | 21 | 20% |
| To do personal errands | 12 | 11% |
| To go to religious activities | 7 | 7% |
| I do not use public transportation | 47 | 45% |
| Other | 1 | 1% |
| *Total Cases* | 105 | |

## HOUSING

### Where do you live?

| | Number | Percent |
|---|---|---|
| House, apartment, or mobile home | 76 | 94% |
| Facility such as a nursing home, group home, or other institution | 4 | 5% |
| Shelter | 0 | 0% |
| Other | 1 | 1% |
| *Total Cases* | 81 | |

### Who do you live with?

| | Number | Percent |
|---|---|---|
| I live alone | 20 | 24% |
| Family | 46 | 56% |
| Spouse/significant other | 9 | 11% |
| Paid caretaker or care attendant | 1 | 1% |
| Unpaid caretaker or care attendant | 0 | 0% |
| Roommate(s)/ Friend(s) | 3 | 4% |
| Other residents or nursing home/ group home/ shelter or other institution | 3 | 4% |
| *Total Cases* | 82 | |

### How much do you pay for housing each month, not including utilities?

| | Number | Percent |
|---|---|---|
| $1-$250 | 25 | 30% |
| $251-$500 | 26 | 31% |
| $501-$750 | 1 | 1% |
| $750-$1,000 | 1 | 1% |
| More than $1,000 | 0 | 0% |
| I do not pay anything/ my family pays for my housing | 22 | 27% |
| Missing | 8 | 10% |
| *Total Cases* | 75 | |

**Are you currently living in your preferred living arrangement?**

| | Number | Percent |
|---|---|---|
| Yes | 62 | 84% |
| No | 12 | 16% |
| *Total Cases* | 74 | |

**What would you need to live where you want to live?**

| | Number | Percent |
|---|---|---|
| Accessible housing options | 3 | 21% |
| Personal care attendant | 0 | 0% |
| Assistive technology | 0 | 0% |
| Community support services | 0 | 0% |
| Independent living skills | 2 | 14% |
| Affordable housing options | 4 | 29% |
| More available housing options | 2 | 14% |
| Other | 3 | 21% |
| *Total Cases* | 14 | |

## EDUCATION

### What is the highest level of education or grade level that you have completed?

| | Number | Percent |
|---|---|---|
| Junior high or less | 22 | 28% |
| Some high school | 16 | 20% |
| High school certificate | 11 | 14% |
| GED | 6 | 8% |
| High school diploma | 11 | 14% |
| Business/ technical/ vocational school | 1 | 1% |
| Some college | 10 | 13% |
| College degree | 2 | 3% |
| Some postgraduate study | 0 | 0% |
| Graduate degree | 0 | 0% |
| *Total Cases* | 79 | |

### Do you want to or are you currently continuing your education?

| | Number | Percent |
|---|---|---|
| Yes | 27 | 37% |
| No | 46 | 63% |
| *Total Cases* | 73 | |

### What are you current educational goals?

| | Number | Percent |
|---|---|---|
| Get a high school diploma | 8 | 22% |
| Get a GED | 5 | 14% |
| Get a high school certificate | 6 | 17% |
| Get job training | 3 | 8% |
| Attend or complete business/vocational/technical school | 5 | 14% |
| Attend or complete college | 7 | 19% |
| Attend or complete graduate school | 2 | 6% |
| *Total Cases* | 36 | |

**Are you currently enrolled in school or in a training program?**

| | Number | Percent |
|---|---|---|
| Yes | 14 | 54% |
| No | 12 | 46% |
| *Total Cases* | 26 | |

**What type of school or program are you enrolled in?**

| | Number | Percent |
|---|---|---|
| Home school | 1 | 7% |
| Private school | 1 | 7% |
| Public school | 11 | 73% |
| College or university | 1 | 7% |
| Business/ vocational/ technical school | 1 | 7% |
| Correspondence courses or online instruction | 0 | 0% |
| *Total Cases* | 15 | |

**What keeps you from getting the education or training you need?**

| | Number | Percent |
|---|---|---|
| I don't have transportation | 8 | 18% |
| I don't know where I get it | 4 | 9% |
| I don't have assistive devices I need | 3 | 7% |
| I have trouble with tests | 5 | 11% |
| It costs too much | 8 | 18% |
| I don't know how to get it | 3 | 7% |
| I don't have any problems getting the education or training I need | 9 | 21% |
| Other | 4 | 9% |
| *Total Cases* | 44 | |

## EMPLOYMENT

### Which of the following describes your employment situation?

| | Number | Percent |
|---|---|---|
| I work full time | 1 | 1% |
| I am retired | 9 | 12% |
| I work part-time | 8 | 11% |
| I am unemployed | 33 | 45% |
| I am a student | 13 | 18% |
| I am currently looking for a job | 3 | 4% |
| I am not employed by volunteer regularly | 2 | 3% |
| I am self-employed | 1 | 1% |
| I work in a sheltered workshop, mobile crew, or enclave | 3 | 4% |
| *Total Cases* | 73 | |

### What problem(s) do you have finding or keeping a job?

| | Number | Percent |
|---|---|---|
| There are not enough jobs | 4 | 4% |
| There are not enough training opportunities | 5 | 5% |
| I do not have the assistive devices I need | 4 | 4% |
| I can't work as much as I need or want | 11 | 12% |
| I don't have transportation | 9 | 9% |
| I do not have the supports I need | 5 | 5% |
| I can't find a job that will let me use my existing skills | 6 | 6% |
| I am not looking for a job | 22 | 23% |
| I do not have a problem finding or keeping jobs | 8 | 8% |
| Other | 22 | 23% |
| *Total Cases* | 96 | |

## FINANCES

### How much is your individual (not family) monthly income?

| | Number | Percent |
|---|---|---|
| $1-$1,000 | 62 | 75% |
| $1,001- $2,000 | 7 | 8% |
| $2,001-$3,000 | 0 | 0% |
| More than $3,000 | 2 | 2% |
| I have no personal income | 4 | 5% |
| Missing | 8 | 10% |
| *Total Cases* | 75 | |

### What is the source of your individual (not family) income?

| | Number | Percent |
|---|---|---|
| Alimony or Child support | 2 | 2% |
| Earnings from employment or self-employment | 6 | 7% |
| FITAP (welfare) | 4 | 4% |
| Railroad Retirement Benefits | 0 | 0% |
| Veteran's benefits | 0 | 0% |
| Social Security/ Supplemental Security Income | 70 | 77% |
| Unemployment compensation benefits | 1 | 1% |
| Worker's compensation benefits | 0 | 0% |
| Other | 3 | 3% |
| None | 5 | 6% |
| *Total Cases* | 91 | |

### Do you personally get financial help from any of the following programs?

| | Number | Percent |
|---|---|---|
| Child care assistance | 0 | 0% |
| Food stamps | 35 | 35% |
| Help with Medicare costs | 11 | 11% |
| Help with utility costs | 8 | 8% |
| Housing assistance | 10 | 10% |
| Other | 4 | 4% |
| No, I don't get any of these | 31 | 31% |
| *Total Cases* | 99 | |

**Which of the following kinds of assets or resources do you personally own?**

| | Number | Percent |
|---|---|---|
| Annuities or Trusts | 1 | 1% |
| Bank accounts | 22 | 27% |
| Certificate of deposit | 1 | 1% |
| Property, including your home | 1 | 1% |
| Retirement accounts | 0 | 0% |
| Stocks or Bonds | 1 | 1% |
| Vehicles | 14 | 17% |
| I don't have any of these | 43 | 52% |
| Other | 0 | 0% |
| *Total Cases* | 83 | |

**How much are your personal resources worth, other than your home or vehicle?**

| | Number | Percent |
|---|---|---|
| $1-$2,5000 | 15 | 18% |
| $2,501-$5,000 | 2 | 2% |
| $5,001-$7,500 | 3 | 4% |
| $7,501-$10,000 | 0 | 0% |
| More than $10,000 | 2 | 2% |
| I don't own any additional assets | 50 | 60% |
| Missing | 11 | 13% |
| *Total Cases* | 72 | |

## COMMUNITY INVOLVEMENT

### What activities do you participate in within your community?

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 2 | 1% |
| Eating out | 38 | 17% |
| Entertainment activities | 10 | 4% |
| Fitness activities | 5 | 2% |
| School sponsored extracurricular activities | 11 | 5% |
| Shopping | 35 | 15% |
| Sporting events or activities | 10 | 4% |
| Social organizations | 5 | 2% |
| Visiting with family and friends | 51 | 22% |
| Volunteering | 4 | 2% |
| Support groups or centers | 7 | 3% |
| Religious activities | 37 | 16% |
| None | 14 | 6% |
| Other | 2 | 1% |
| *Total Cases* | 231 | |

### What activities would you like to participate in, but cannot?

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 4 | 3% |
| Eating out | 13 | 9% |
| Entertainment activities | 8 | 5% |
| Fitness activities | 15 | 10% |
| School sponsored extracurricular activities | 8 | 5% |
| Shopping | 21 | 14% |
| Sporting events or activities | 10 | 7% |
| Social organizations | 8 | 5% |
| Visiting with family and friends | 9 | 6% |
| Volunteering | 9 | 6% |
| Support groups or centers | 8 | 5% |
| Religious activities | 4 | 3% |
| None | 31 | 21% |
| Other | 2 | 1% |
| *Total Cases* | 150 | |

**Is there anything that makes it hard for you to do the things you want?**

| | Number | Percent |
|---|---|---|
| No, I do all that I Want to do | 17 | 14% |
| It costs too much | 13 | 10% |
| I don't have transportation | 16 | 13% |
| Locations are not accessible | 3 | 2% |
| I have no friends or family | 3 | 2% |
| I don't have the assistive devices I need | 9 | 7% |
| My medical condition/ disability makes it too hard | 39 | 31% |
| People treat me differently/ make me feel uncomfortable | 20 | 16% |
| I can't get the help or support I need to participate in community activities | 5 | 4% |
| Other | 1 | 1% |
| *Total Cases* | 126 | |

## CIVIC INVOLVEMENT

### Are you registered to vote?

| | Number | Percent |
|---|---|---|
| Yes, I am an adult who is registered to vote | 46 | 58% |
| No, I am an adult who is not registered to vote | 21 | 26% |
| No, I am a minor child and cannot vote | 13 | 16% |
| *Total Cases* | 80 | |

### Have you voted in any election in the last four years?

| | Number | Percent |
|---|---|---|
| Yes | 30 | 81% |
| No | 7 | 19% |
| *Total Cases* | 37 | |

### Have you used special voting services such as vote by mail or early vote?

| | Number | Percent |
|---|---|---|
| Yes | 10 | 33% |
| No | 20 | 67% |
| *Total Cases* | 30 | |

### Is there anything that makes it hard for you to vote?

| | Number | Percent |
|---|---|---|
| No, there is no problem | 41 | 55% |
| Assistive equipment is not available | 1 | 1% |
| I don't have the transportation | 11 | 15% |
| I do not get the help I need | 6 | 8% |
| Buildings where I am to register to vote are not accessible because | 1 | 1% |
| Buildings where I vote are not accessible because | 1 | 1% |
| Other | 14 | 19% |
| *Total Cases* | 75 | |

## EMERGENCY PREPAREDNESS

### Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?

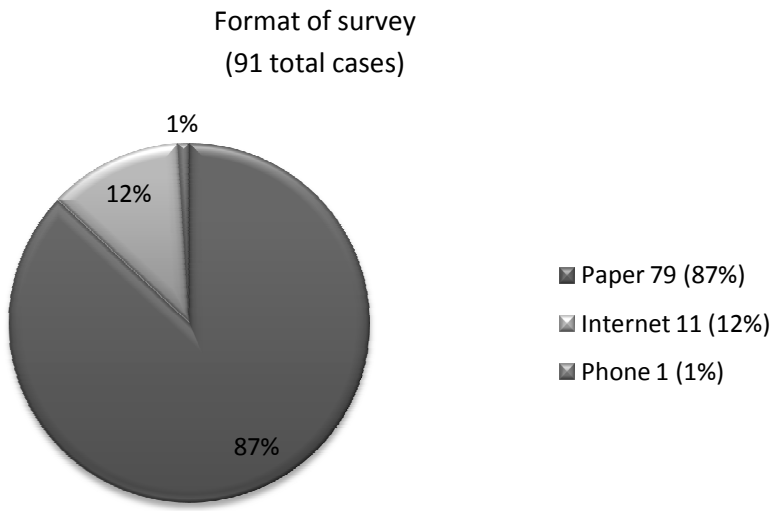
| | Number | Percent |
|---|---|---|
| Yes | 29 | 40% |
| No | 43 | 60% |
| *Total Cases* | 72 | |

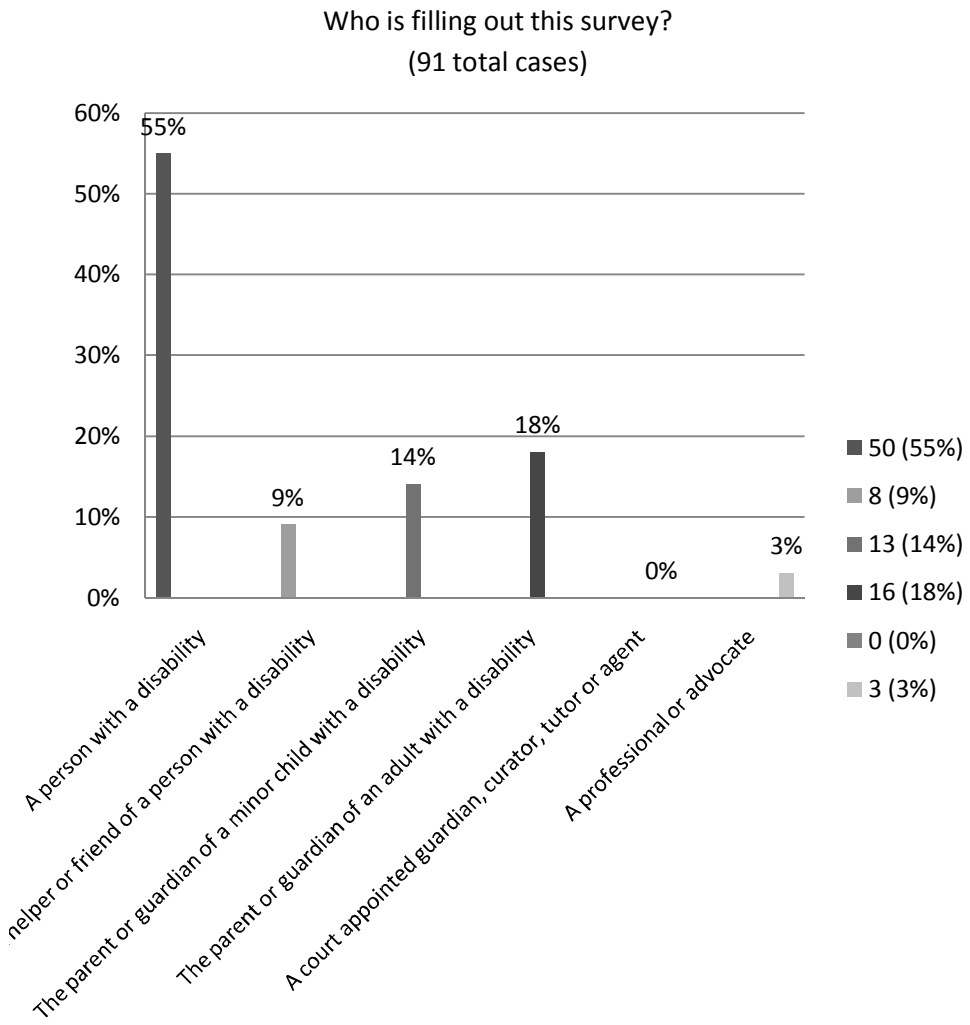
### What would you need to be prepared for a future emergency situation?

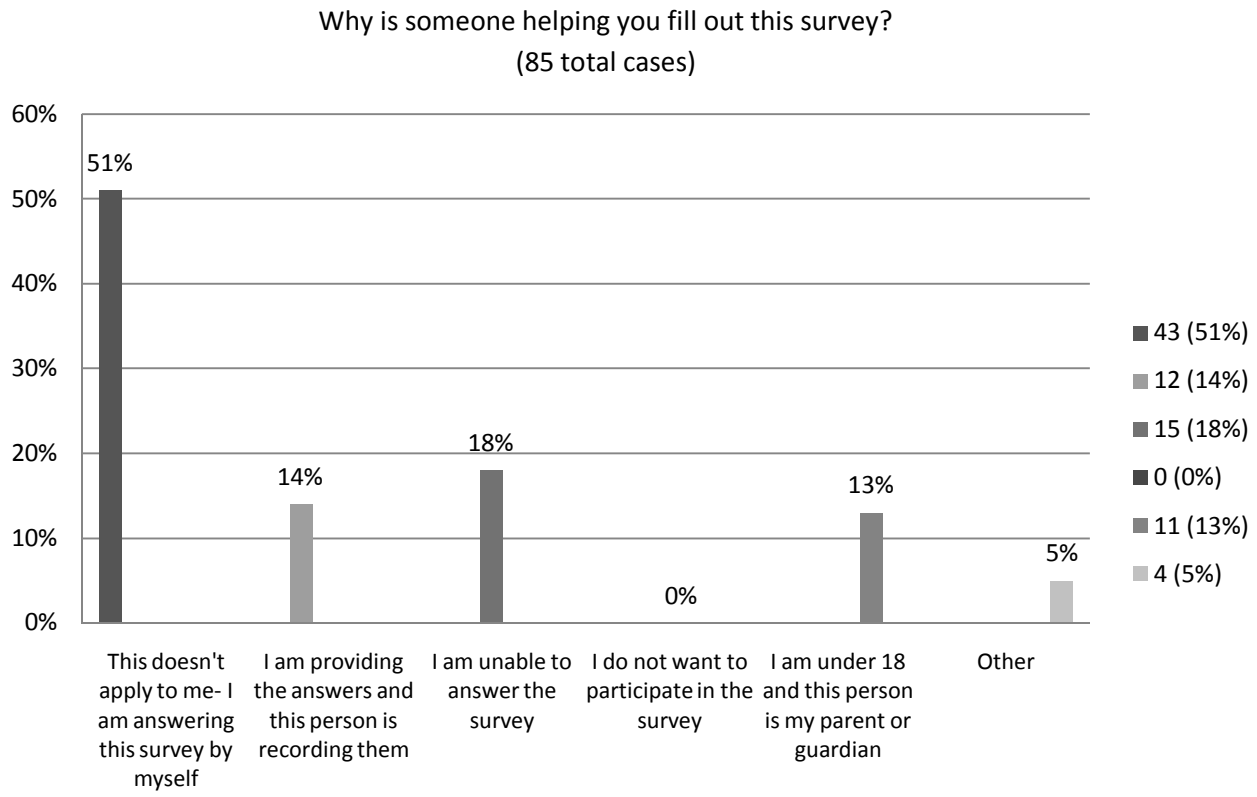
| | Number | Percent |
|---|---|---|
| A plan to follow in case of an emergency | 31 | 11% |
| A designated emergency contact person or agency | 23 | 8% |
| Transportation if I have to leave my home | 30 | 10% |
| An accessible, safe place to go | 41 | 14% |
| A safe place for my animals to go | 20 | 7% |
| Extra supply of food and water | 39 | 14% |
| Extra medication/ medical supplies | 33 | 11% |
| Emergency supplies such as a radio, flashlight, first aid kit, or generator | 38 | 13% |
| A cell phone | 32 | 11% |
| Other | 2 | 1% |
| *Total Cases* | 289 | |

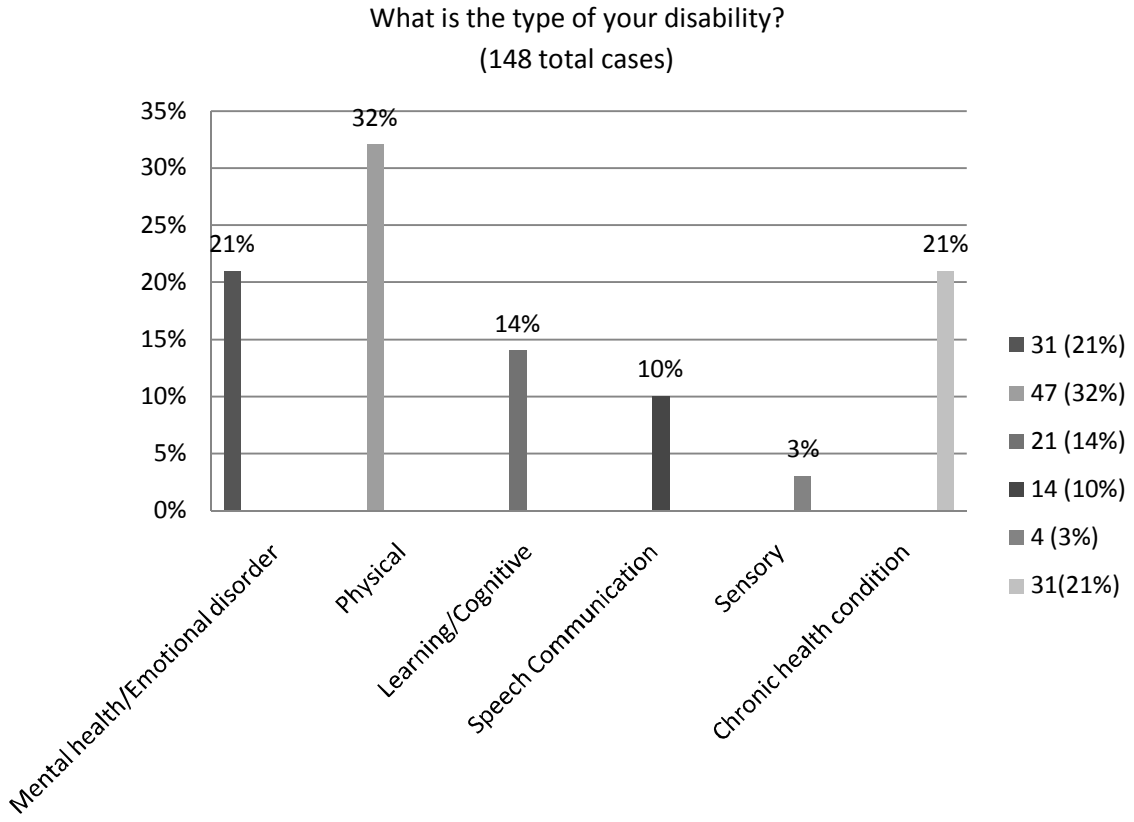
# Region IX - Graphs

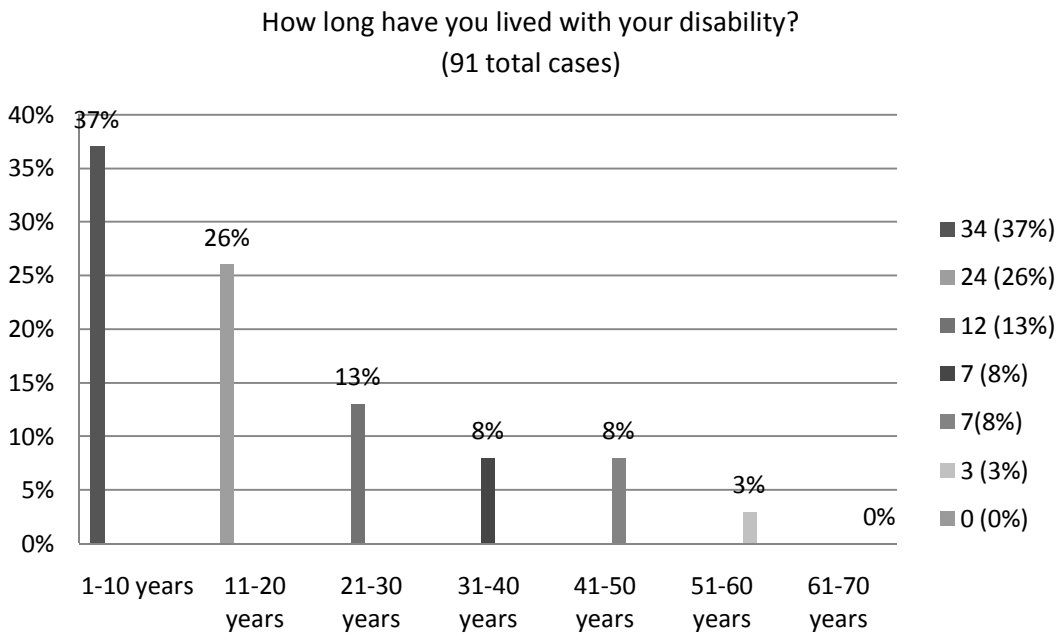
## GENERAL INFORMATION



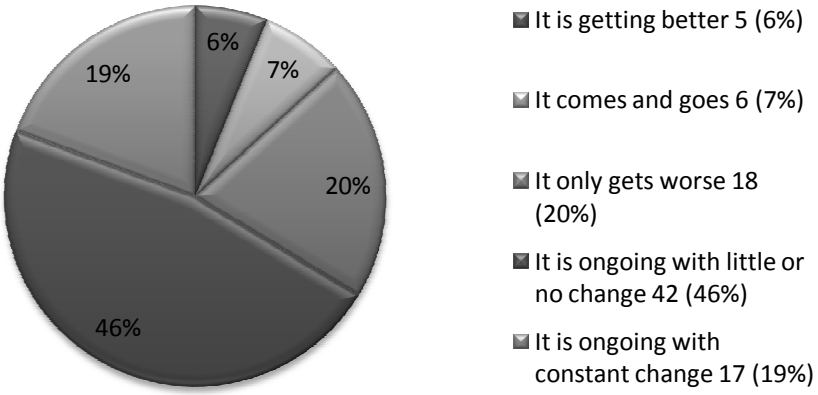




Why is someone helping you fill out this survey?
(85 total cases)
60%
50%
40%
30%
20%
10%
0%
51%
14%
18%
0%
13%
5%
This doesn't apply to me- I am answering this survey by myself
I am providing the answers and this person is recording them
I am unable to answer the survey
I do not want to participate in the survey
I am under 18 and this person is my parent or guardian
Other
43 (51%)
12 (14%)
15 (18%)
0 (0%)
11 (13%)
4 (5%)

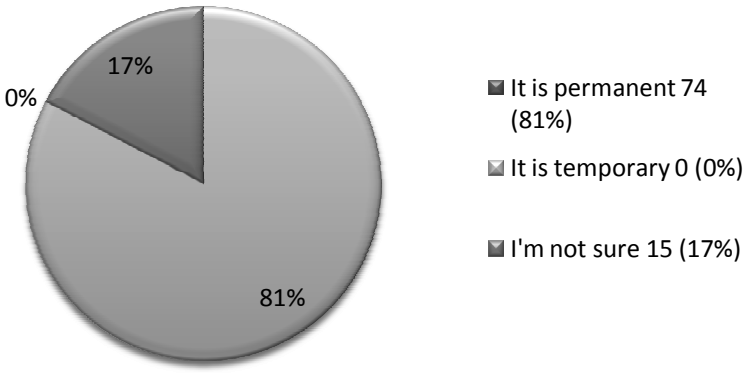

What is the type of your disability?
(148 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
21%
32%
14%
10%
3%
21%
Mental health/Emotional disorder
Physical
Learning/Cognitive
Speech Communication
Sensory
Chronic health condition
31 (21%)
47 (32%)
21 (14%)
14 (10%)
4 (3%)
31(21%)

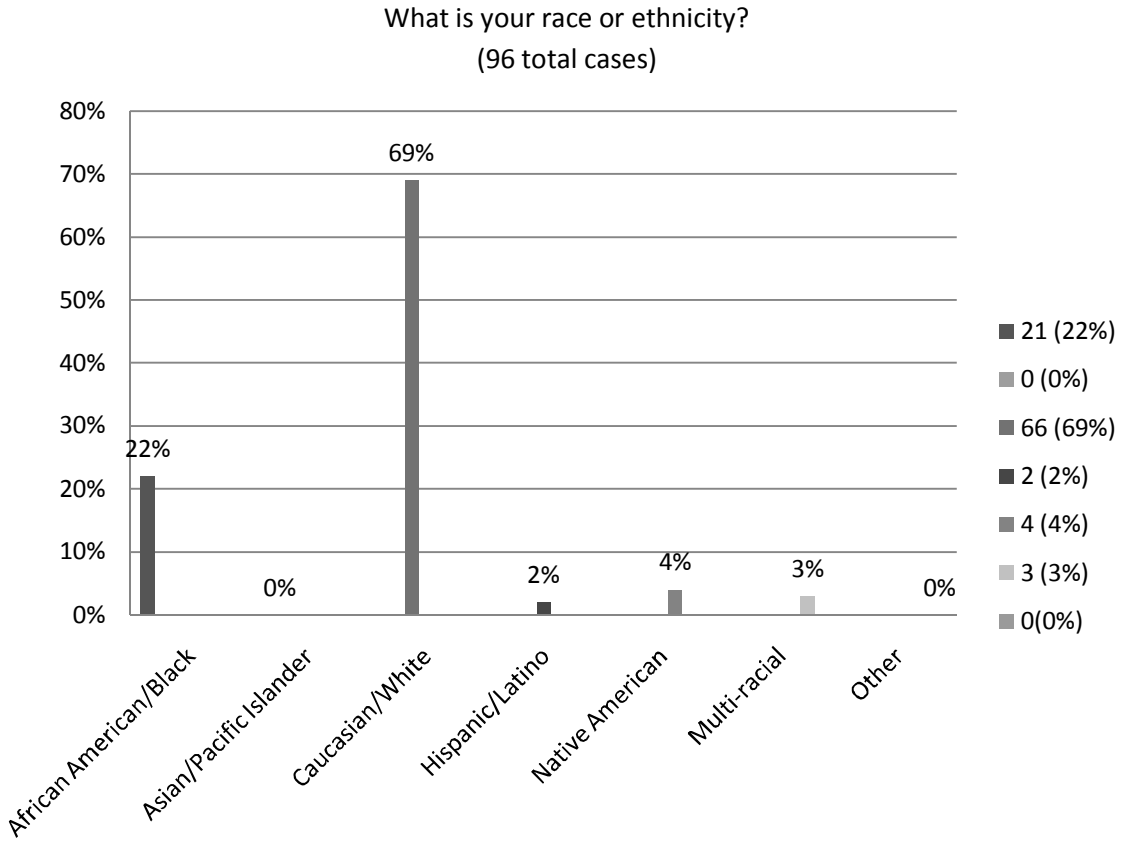

How long have you lived with your disability?
(91 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
37%
26%
13%
8%
8%
3%
0%
1-10 years
11-20 years
21-30 years
31-40 years
41-50 years
51-60 years
61-70 years
34 (37%)
24 (26%)
12 (13%)
7 (8%)
7(8%)
3 (3%)
0 (0%)

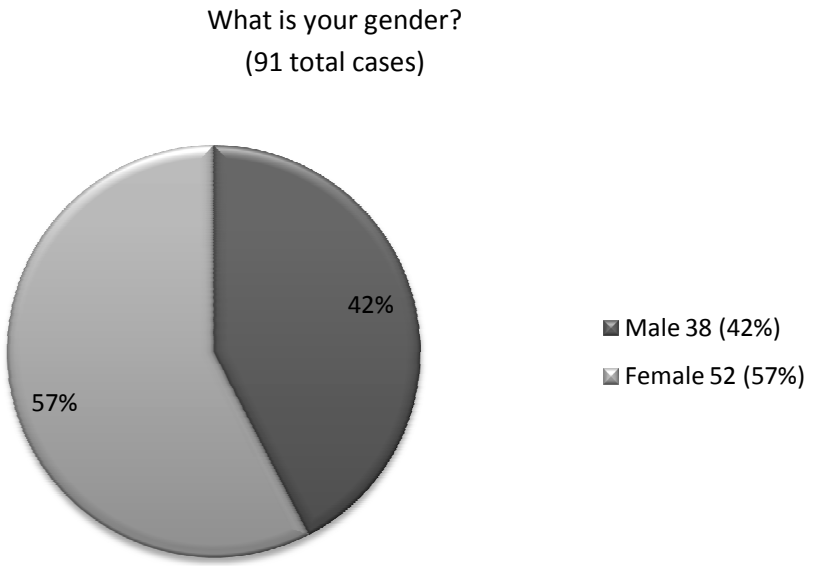
How would you judge your condition?
(91 total cases)



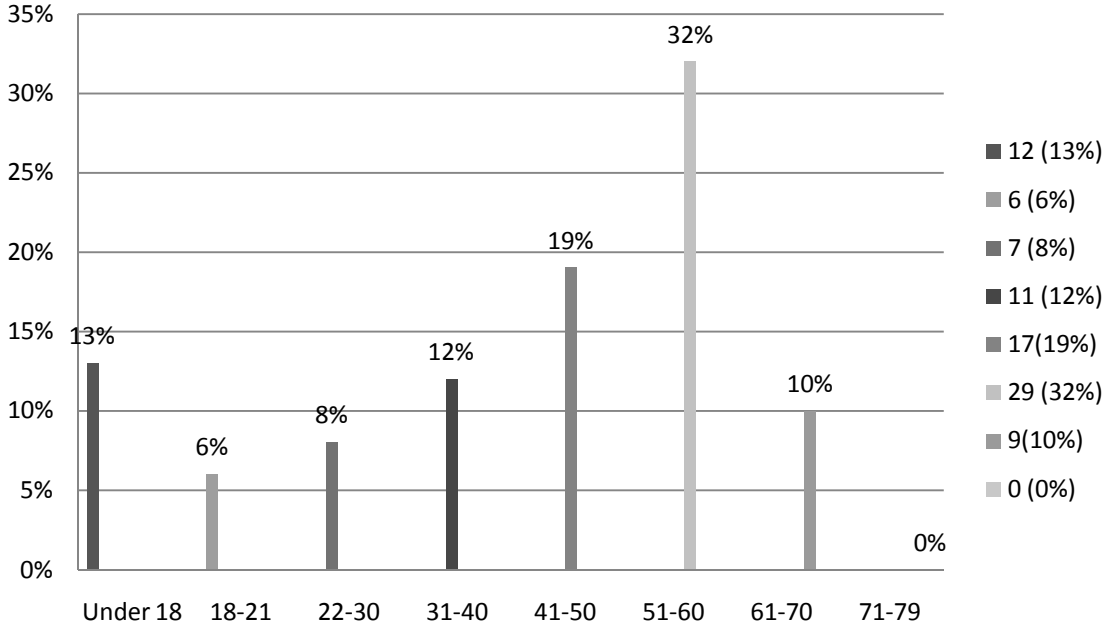

How long is your disability expected to last?
(91 total cases)



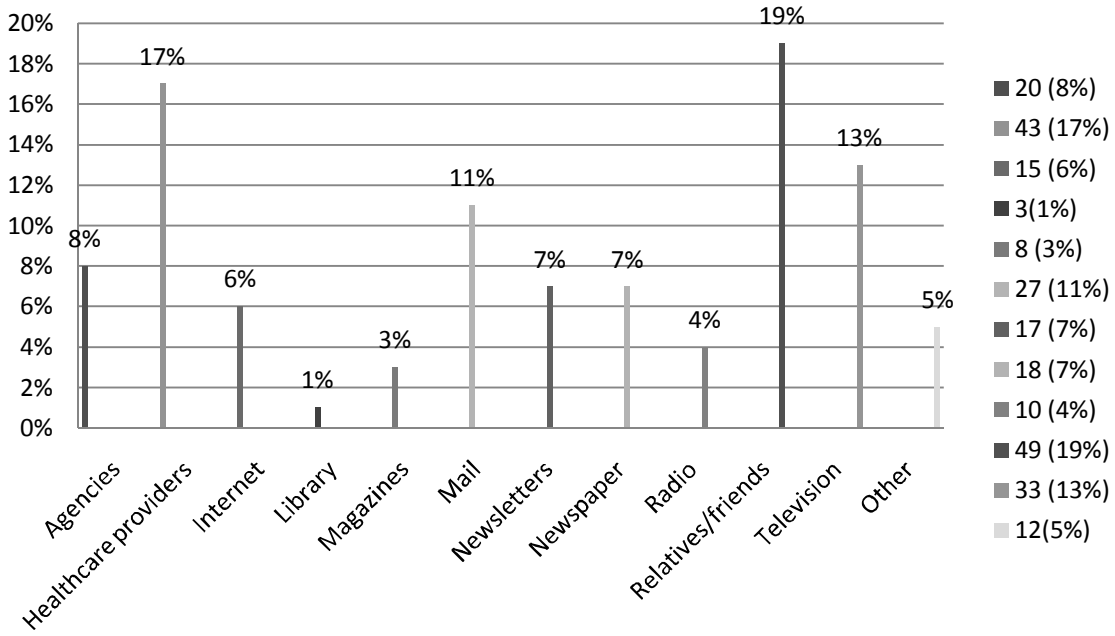

What is your race or ethnicity?
(96 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
22%
0%
69%
2%
4%
3%
0%
African American/Black
Asian/Pacific Islander
Caucasian/White
Hispanic/Latino
Native American
Multi-racial
Other
21 (22%)
0 (0%)
66 (69%)
2 (2%)
4 (4%)
3 (3%)
0(0%)


What is your gender?
(91 total cases)
42%
57%
Male 38 (42%)
Female 52 (57%)

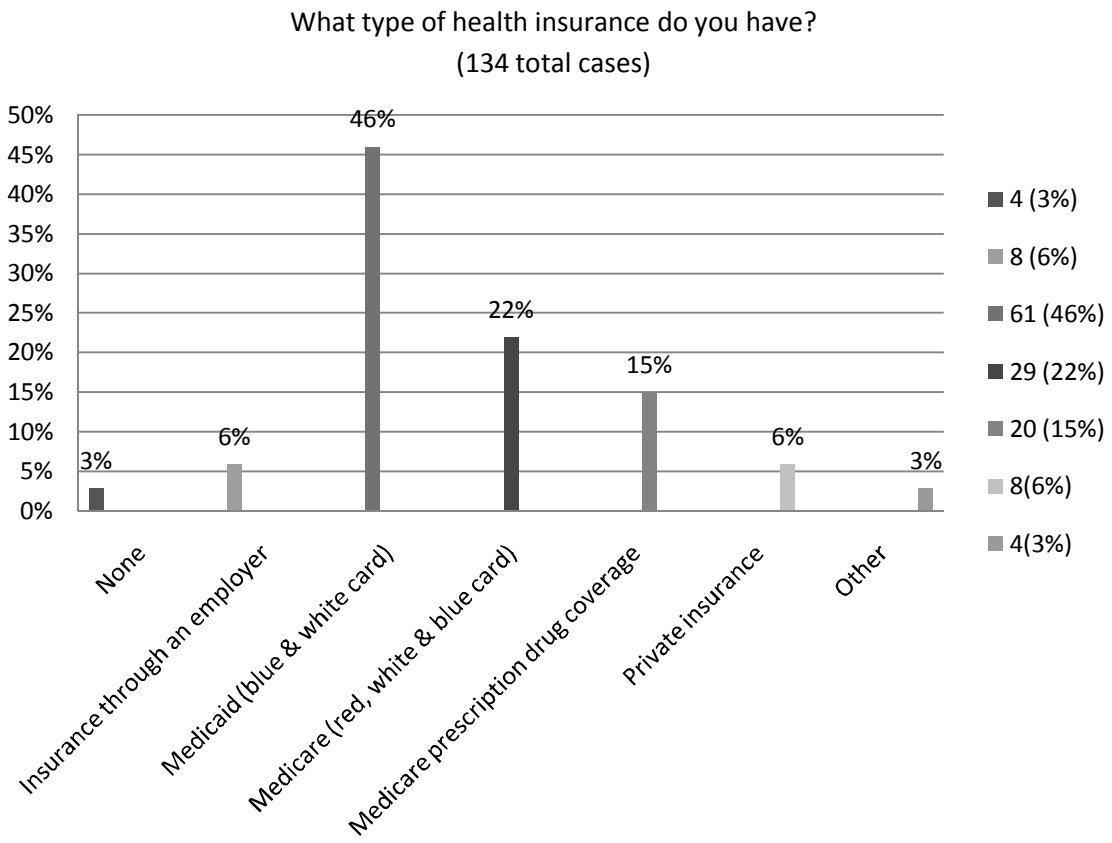
How old are you?
(91 total cases)

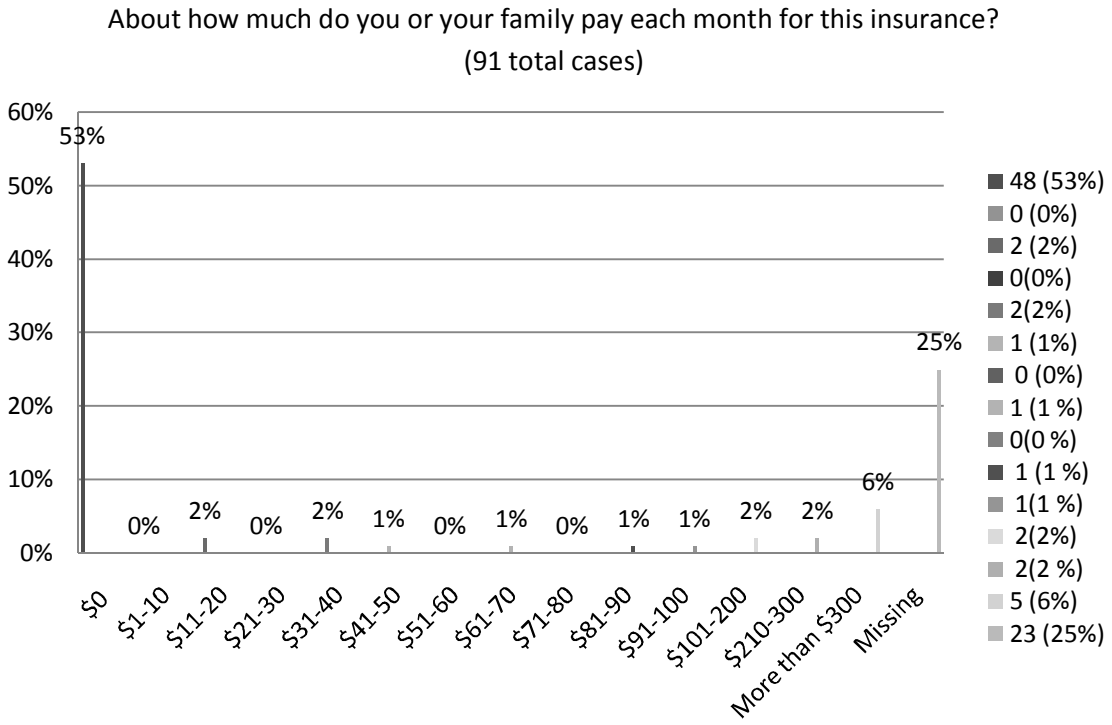



Which of the following helps you find out about available services?
(255 total cases)

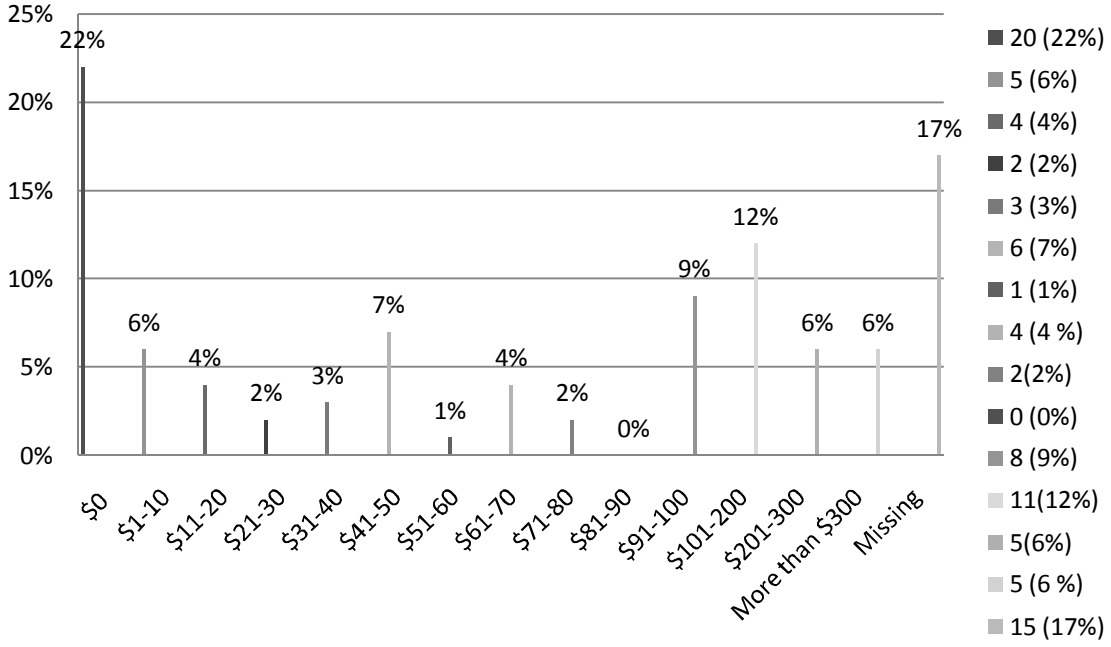


## HEALTH CARE

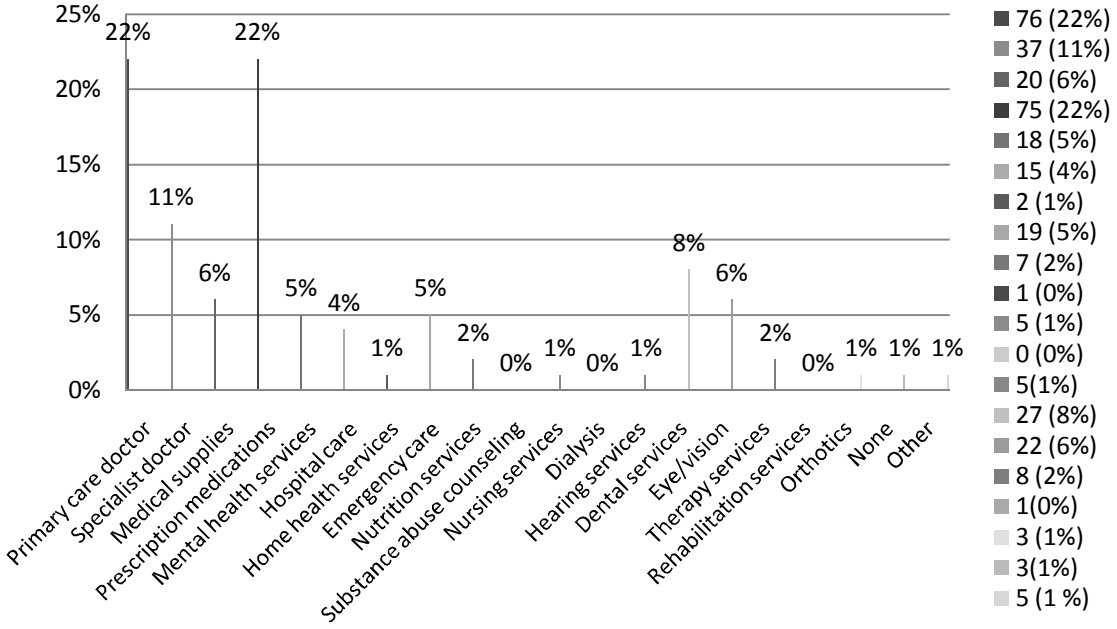

What type of health insurance do you have?
(134 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
3%
6%
46%
22%
15%
6%
3%
None
Insurance through an employer
Medicaid (blue & white card)
Medicare (red, white & blue card)
Medicare prescription drug coverage
Private insurance
Other
4 (3%)
8 (6%)
61 (46%)
29 (22%)
20 (15%)
8(6%)
4(3%)


About how much do you or your family pay each month for this insurance?
(91 total cases)
60%
50%
40%
30%
20%
10%
0%
53%
0%
2%
0%
2%
1%
0%
1%
0%
1%
1%
2%
2%
6%
25%
$0
$1-10
$11-20
$21-30
$31-40
$41-50
$51-60
$61-70
$71-80
$81-90
$91-100
$101-200
$210-300
More than $300
Missing
48 (53%)
0 (0%)
2 (2%)
0(0%)
2(2%)
1 (1%)
0 (0%)
1 (1 %)
0(0 %)
1 (1 %)
1(1 %)
2(2%)
2(2 %)
5 (6%)
23 (25%)

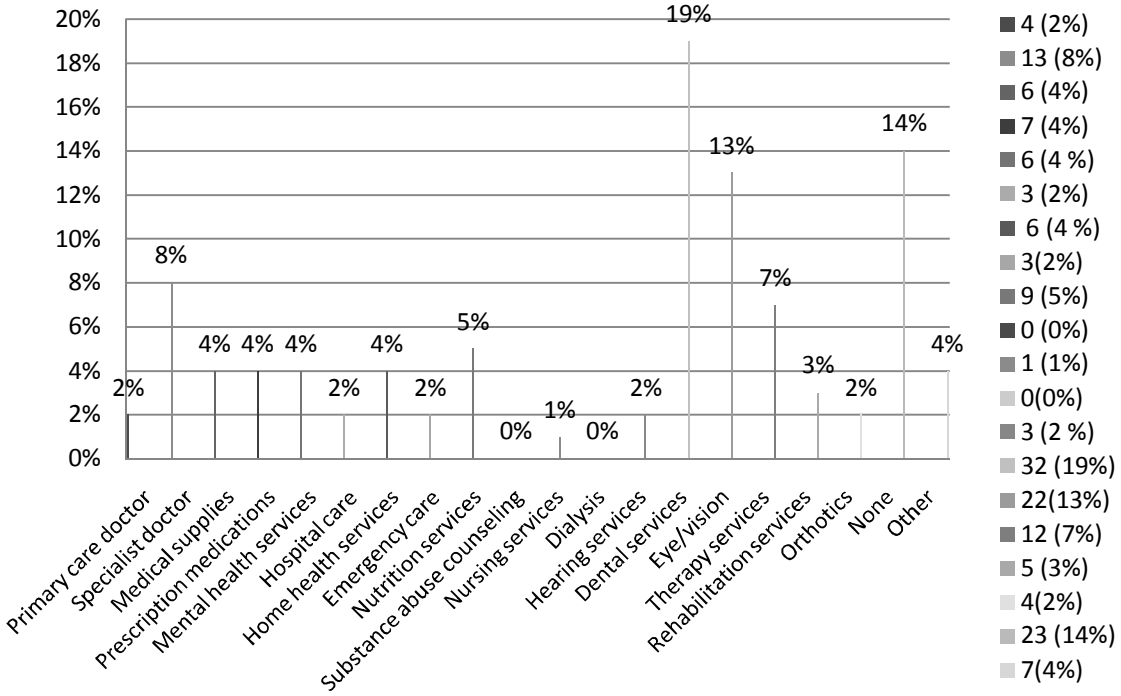
About how much of your own or your family's money is spent each month for medical expenses other than insurance?
(91 total cases)



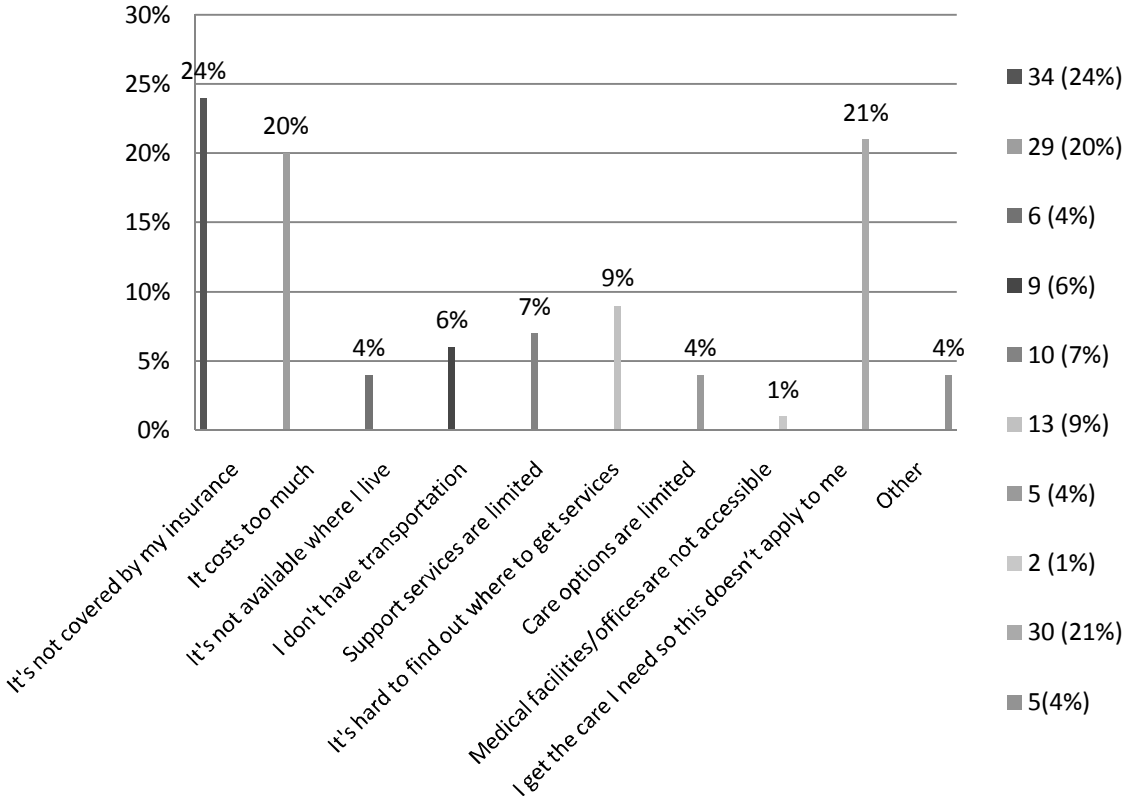

What medical services do you use on a regular basis?
(349 total cases)



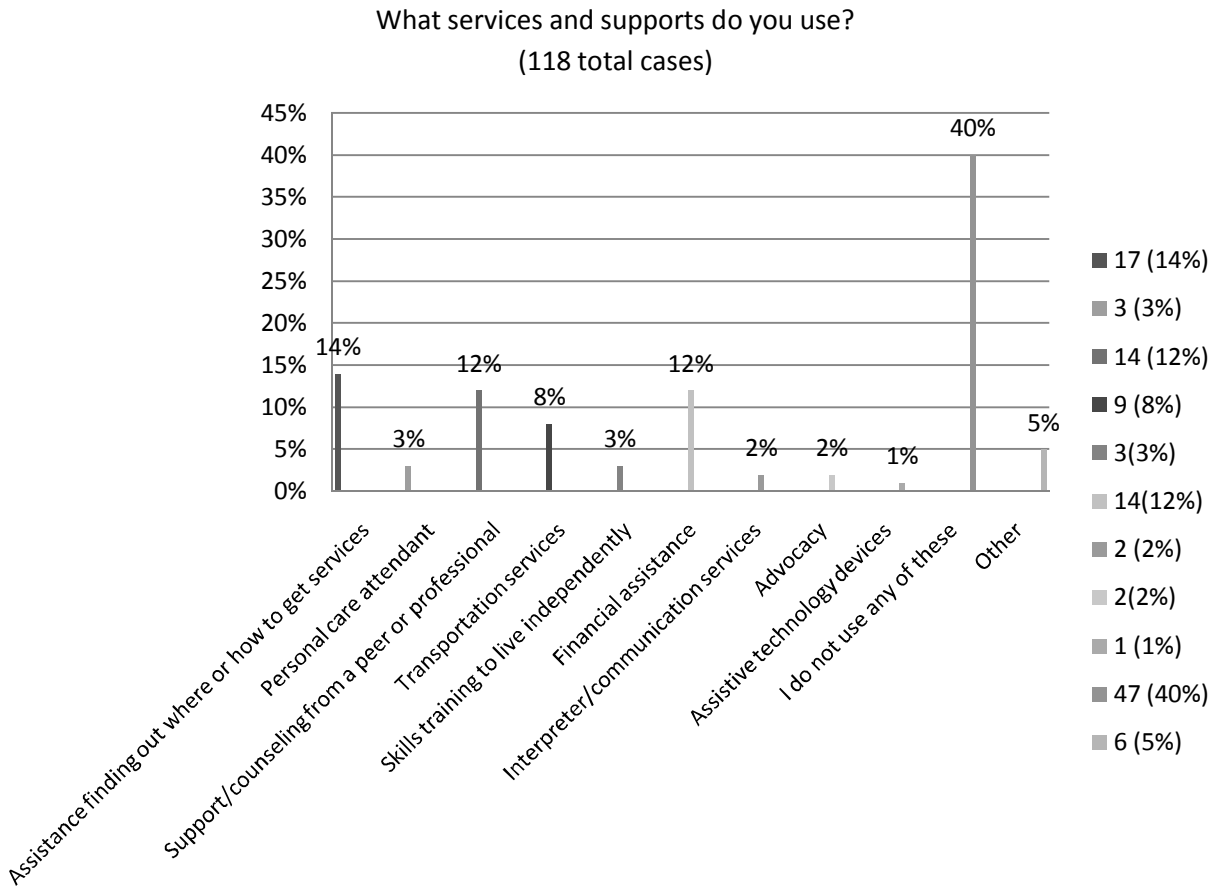
What medical services do you need but do not get?
(166 total cases)

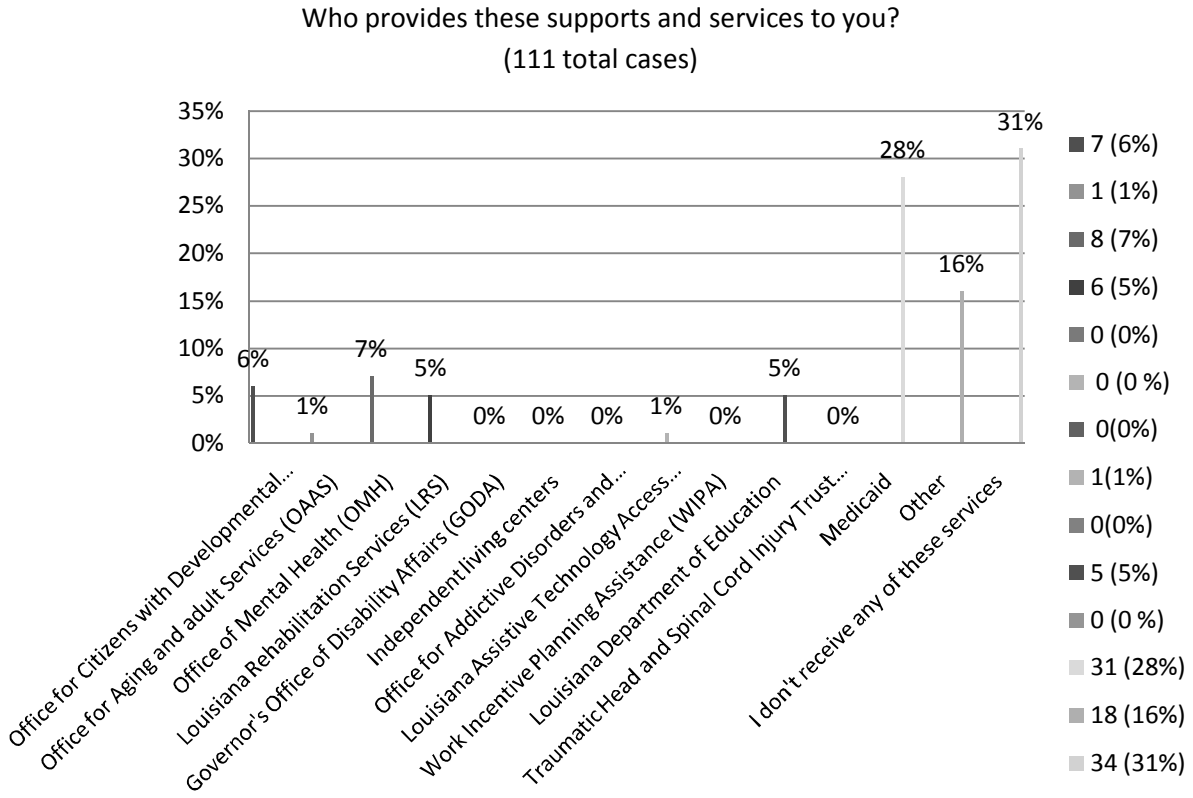


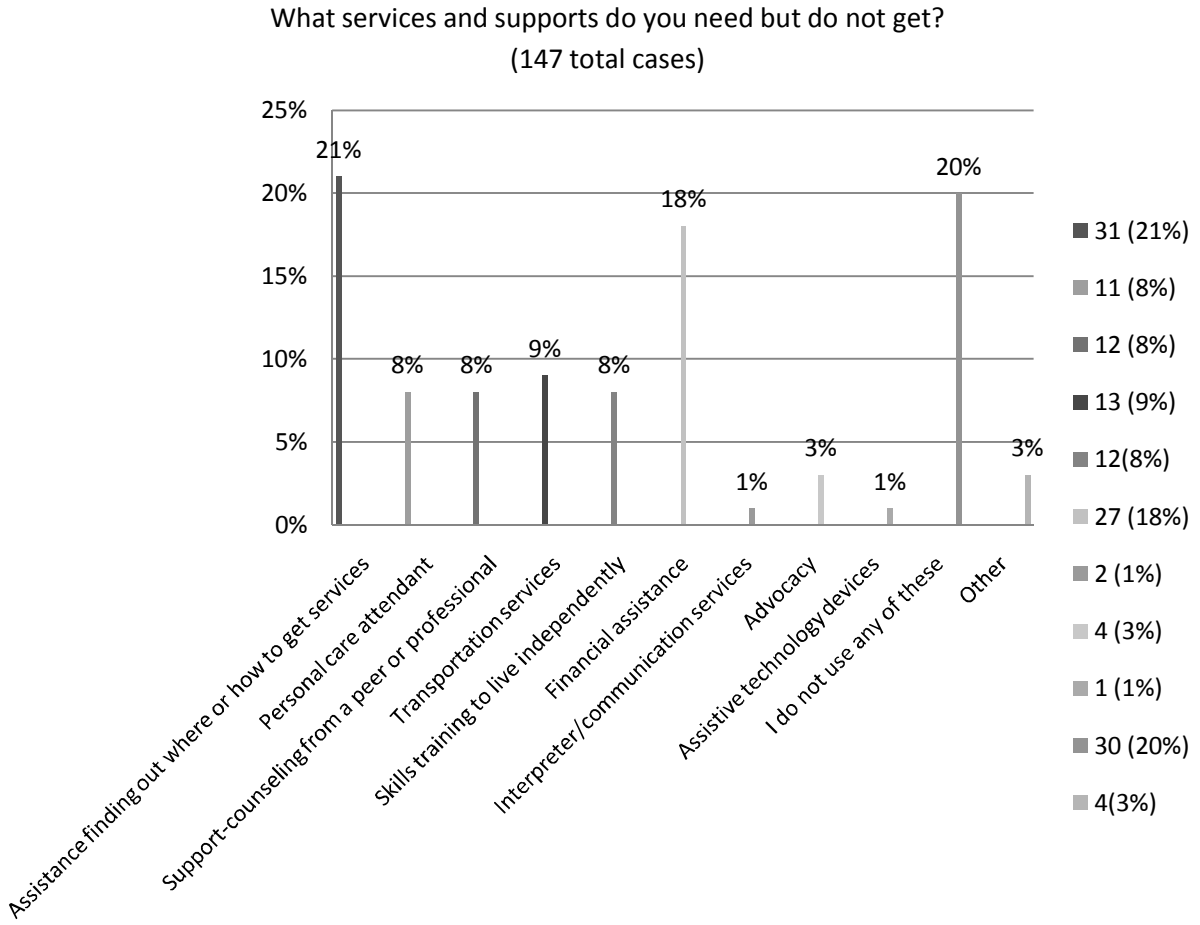

Why don't you get the medical care you need?
(143 total cases)

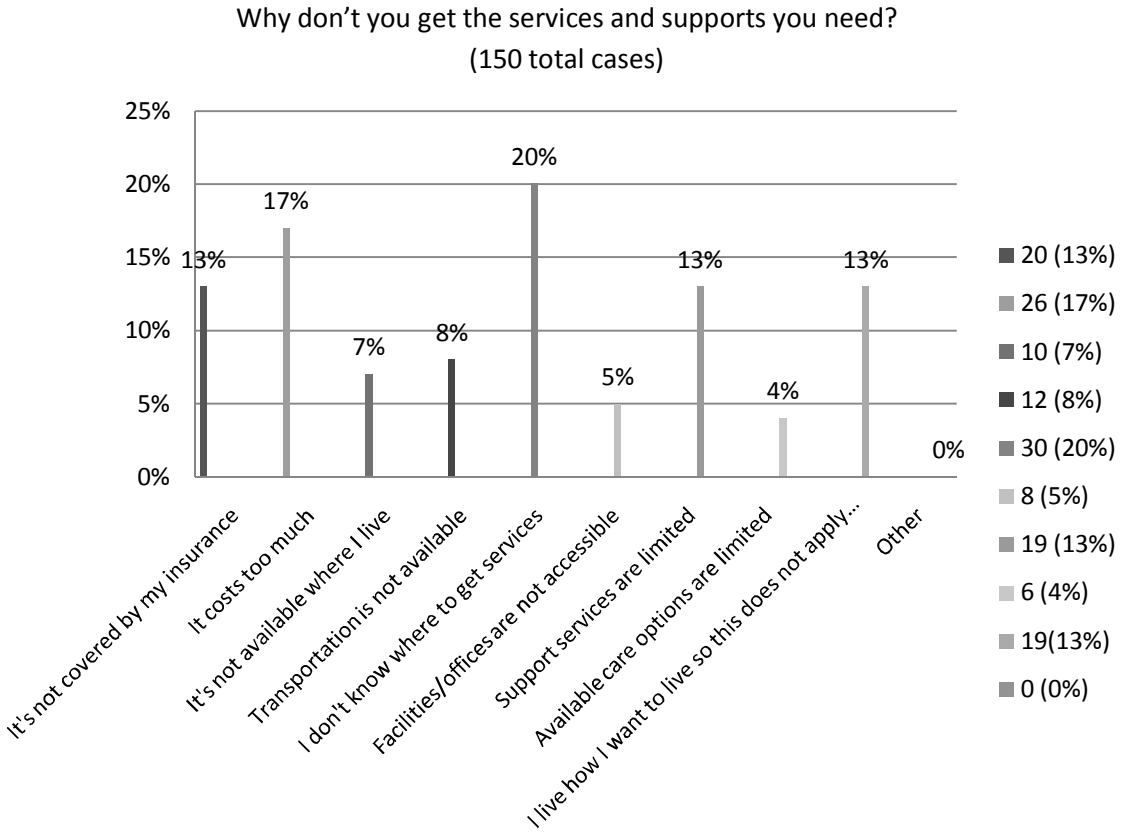


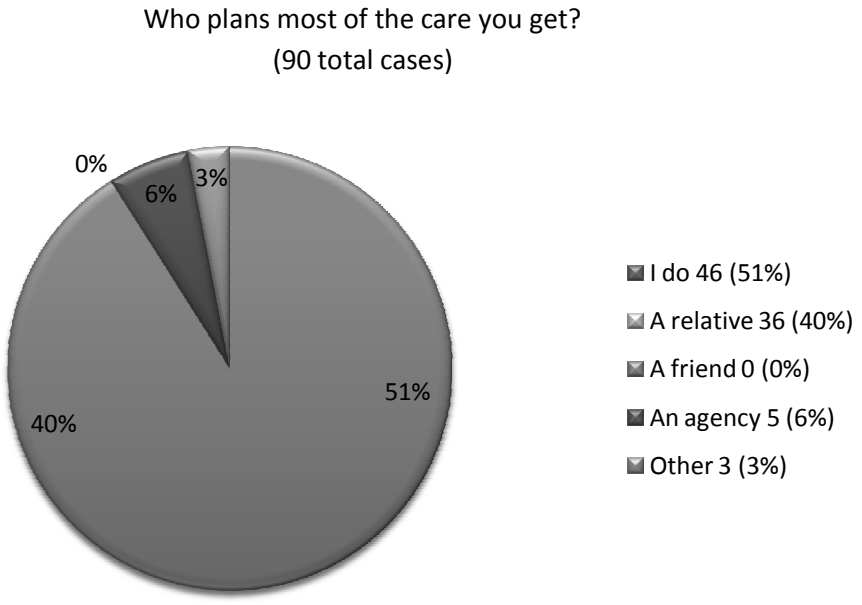
**INDEPENDENT LIVING**



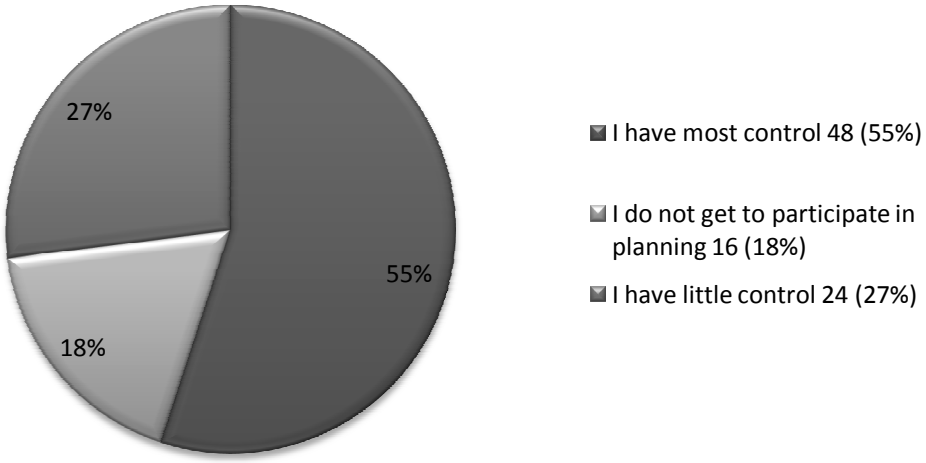

Who provides these supports and services to you?
(111 total cases)
35%
30%
25%
20%
15%
10%
5%
0%
6%
1%
7%
5%
0%
0%
0%
1%
0%
5%
0%
28%
16%
31%
Office for Citizens with Developmental...
Office for Aging and adult Services (OAAS)
Office of Mental Health (OMH)
Louisiana Rehabilitation Services (LRS)
Governor's Office of Disability Affairs (GODA)
Independent living centers
Office for Addictive Disorders and...
Louisiana Assistive Technology Access...
Work Incentive Planning Assistance (WIPA)
Louisiana Department of Education
Traumatic Head and Spinal Cord Injury Trust...
Medicaid
Other
I don't receive any of these services
7 (6%)
1 (1%)
8 (7%)
6 (5%)
0 (0%)
0 (0 %)
0(0%)
1(1%)
0(0%)
5 (5%)
0 (0 %)
31 (28%)
18 (16%)
34 (31%)


What services and supports do you need but do not get?
(147 total cases)
25%
20%
15%
10%
5%
0%
21%
8%
8%
9%
8%
18%
1%
3%
1%
20%
3%
Assistance finding out where or how to get services
Personal care attendant
Support-counseling from a peer or professional
Transportation services
Skills training to live independently
Financial assistance
Interpreter/communication services
Advocacy
Assistive technology devices
I do not use any of these
Other
31 (21%)
11 (8%)
12 (8%)
13 (9%)
12(8%)
27 (18%)
2 (1%)
4 (3%)
1 (1%)
30 (20%)
4(3%)

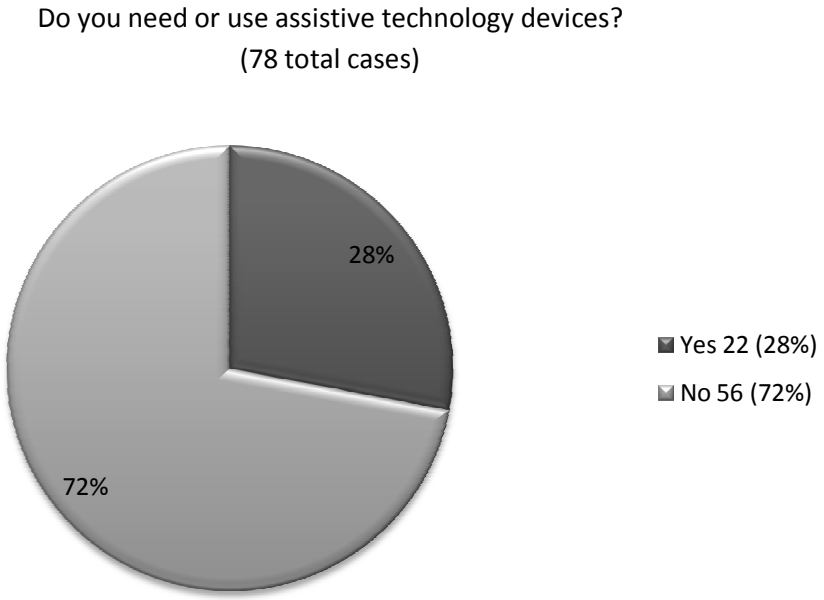

Why don't you get the services and supports you need?
(150 total cases)
25%
20%
15%
10%
5%
0%
13%
17%
7%
8%
20%
5%
13%
4%
13%
0%
It's not covered by my insurance
It costs too much
It's not available where I live
Transportation is not available
I don't know where to get services
Facilities/offices are not accessible
Support services are limited
Available care options are limited
I live how I want to live so this does not apply...
Other
20 (13%)
26 (17%)
10 (7%)
12 (8%)
30 (20%)
8 (5%)
19 (13%)
6 (4%)
19(13%)
0 (0%)

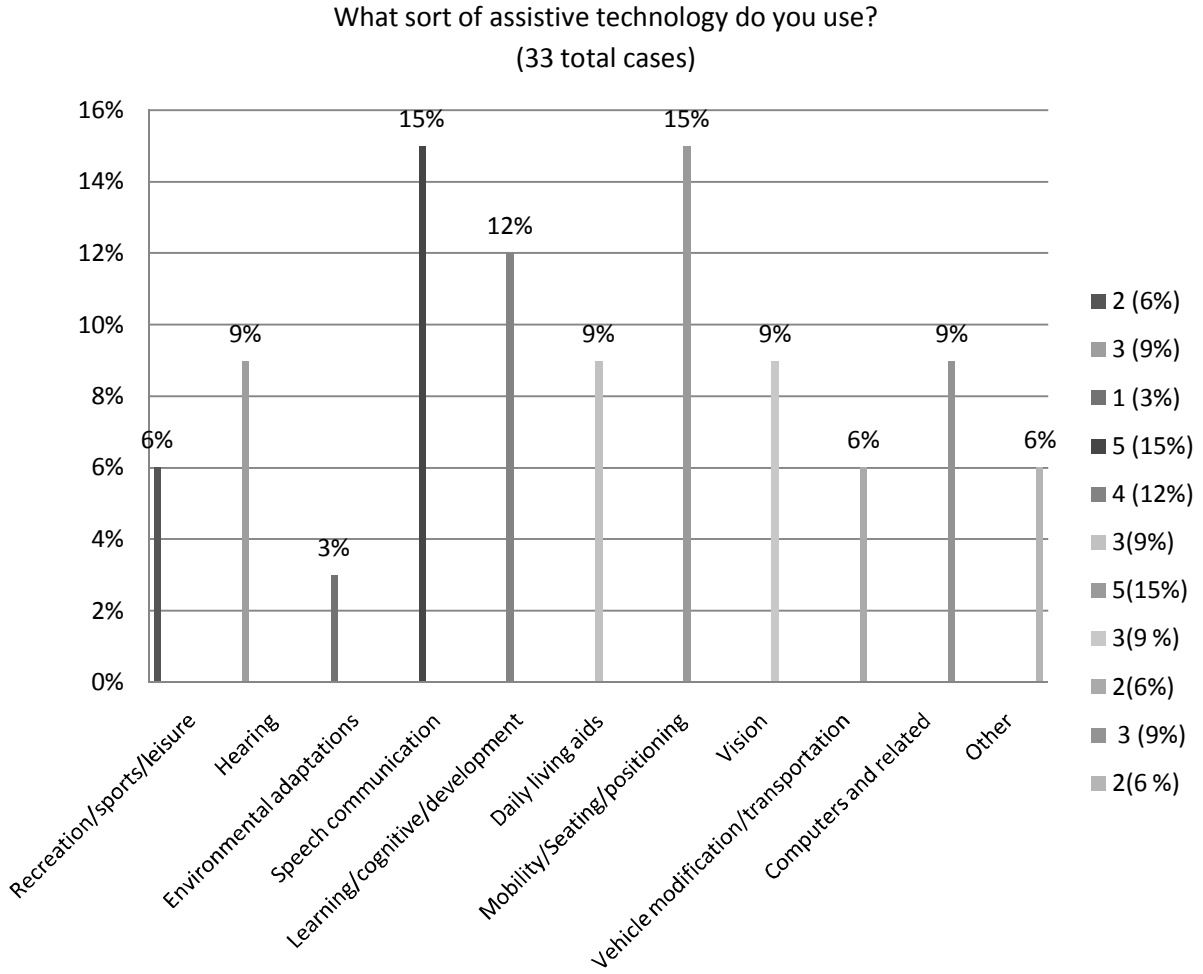

Who plans most of the care you get?
(90 total cases)
0%
6%
3%
51%
40%
I do 46 (51%)
A relative 36 (40%)
A friend 0 (0%)
An agency 5 (6%)
Other 3 (3%)

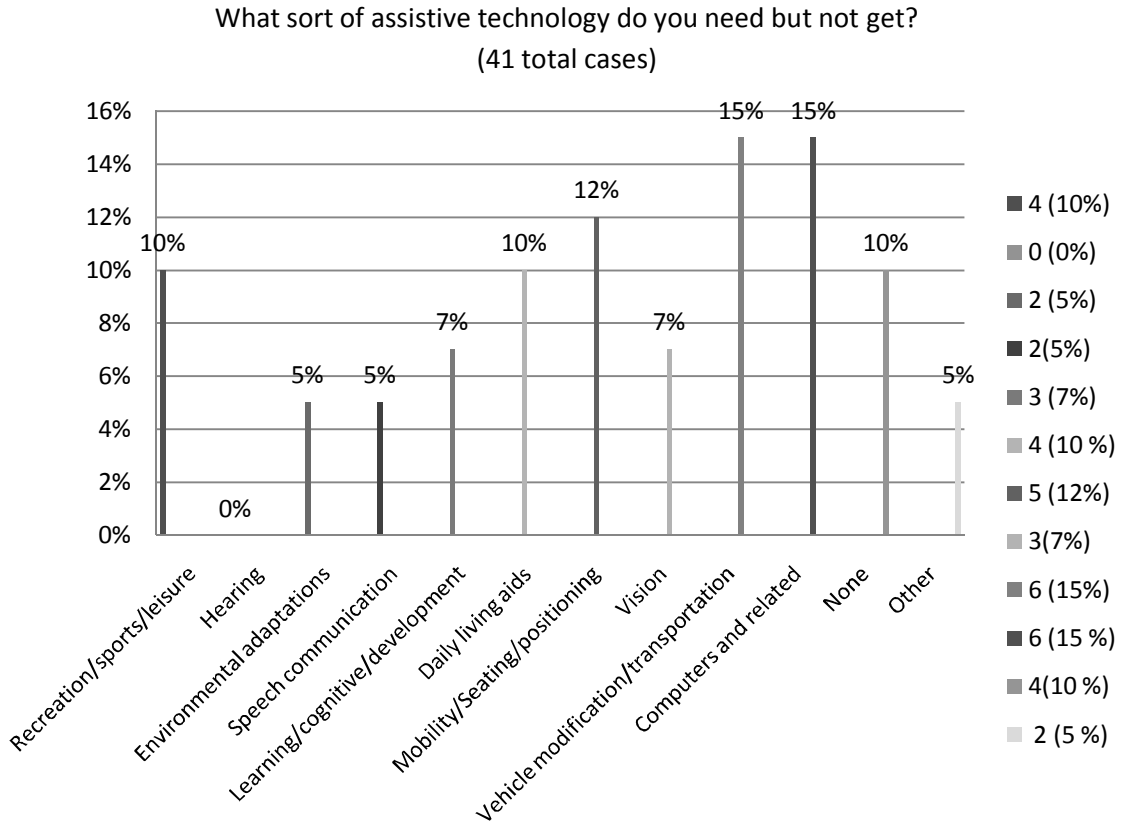
How much choice do you have when planning for the services or care that you get?
(88 total cases)

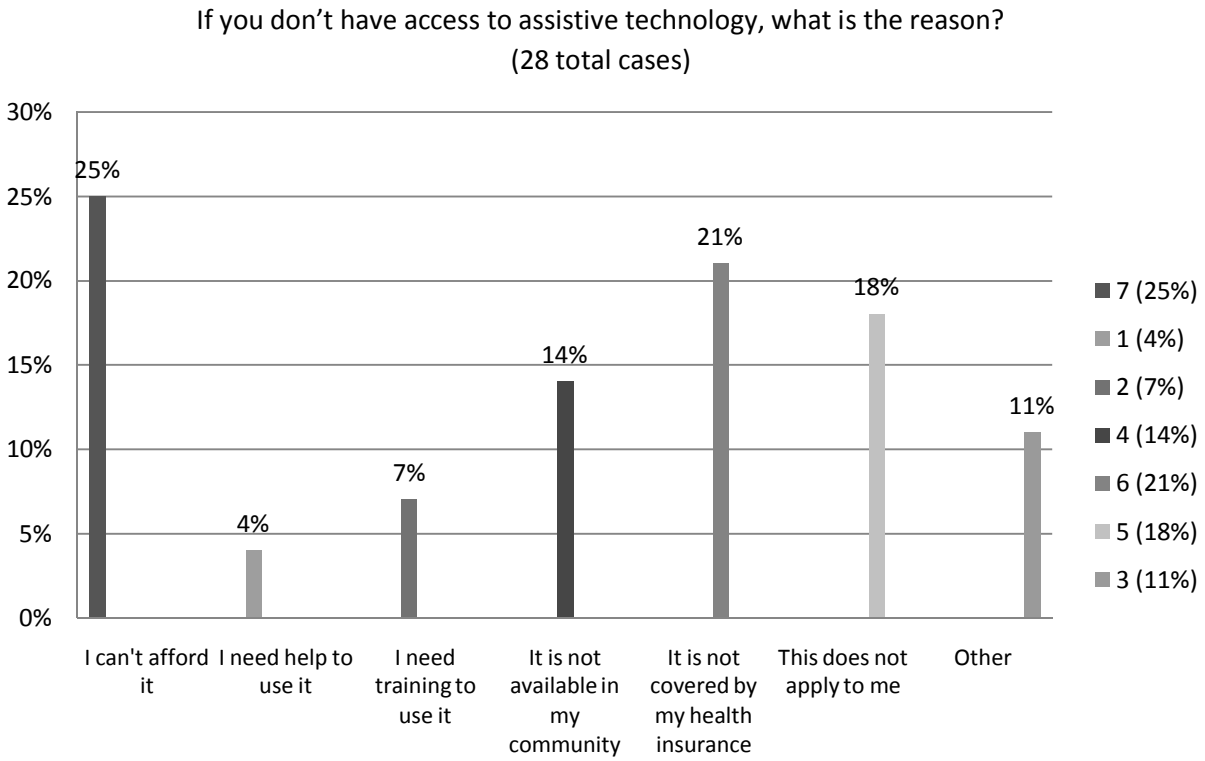


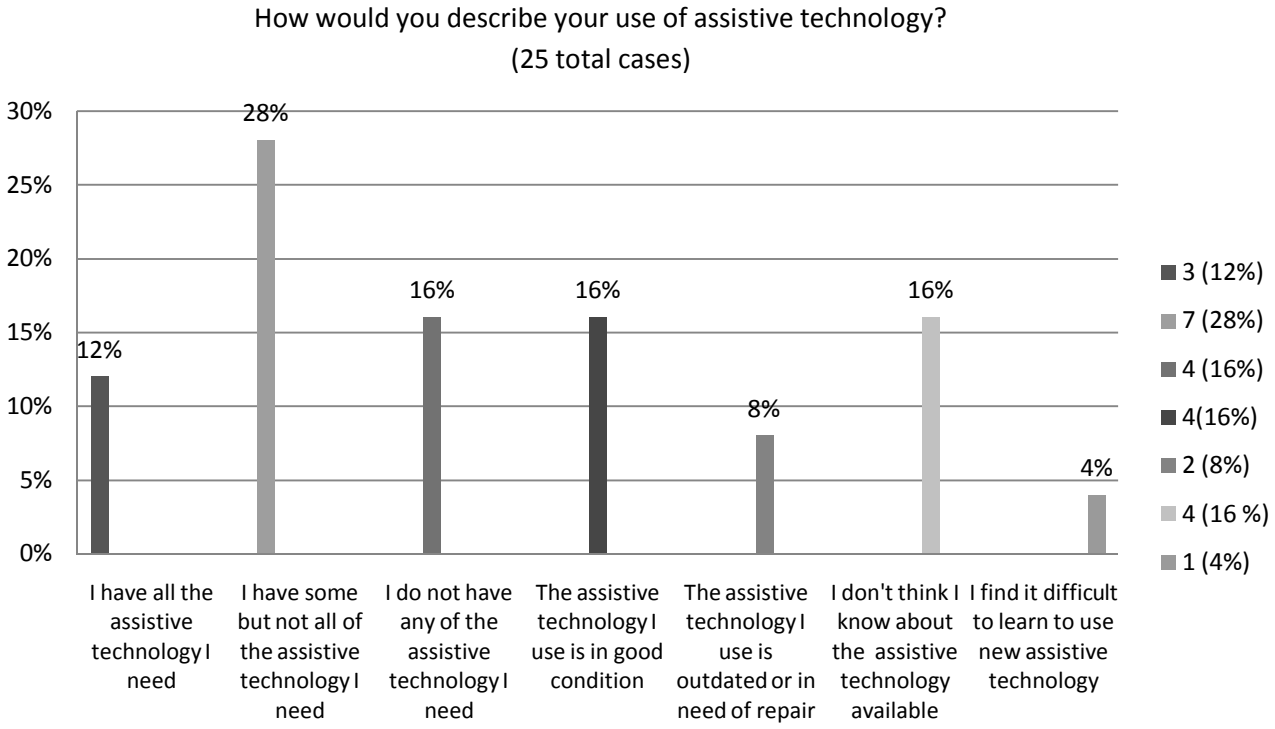
## ASSISTIVE TECHNOLOGY



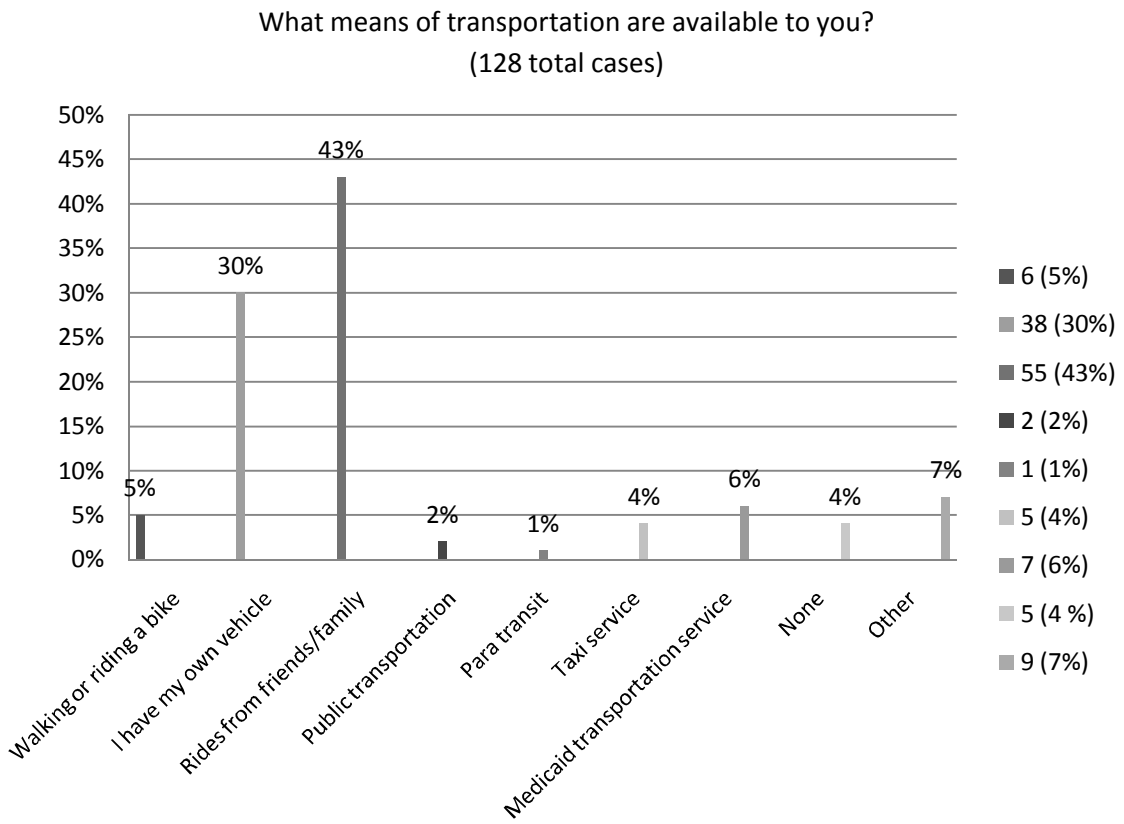



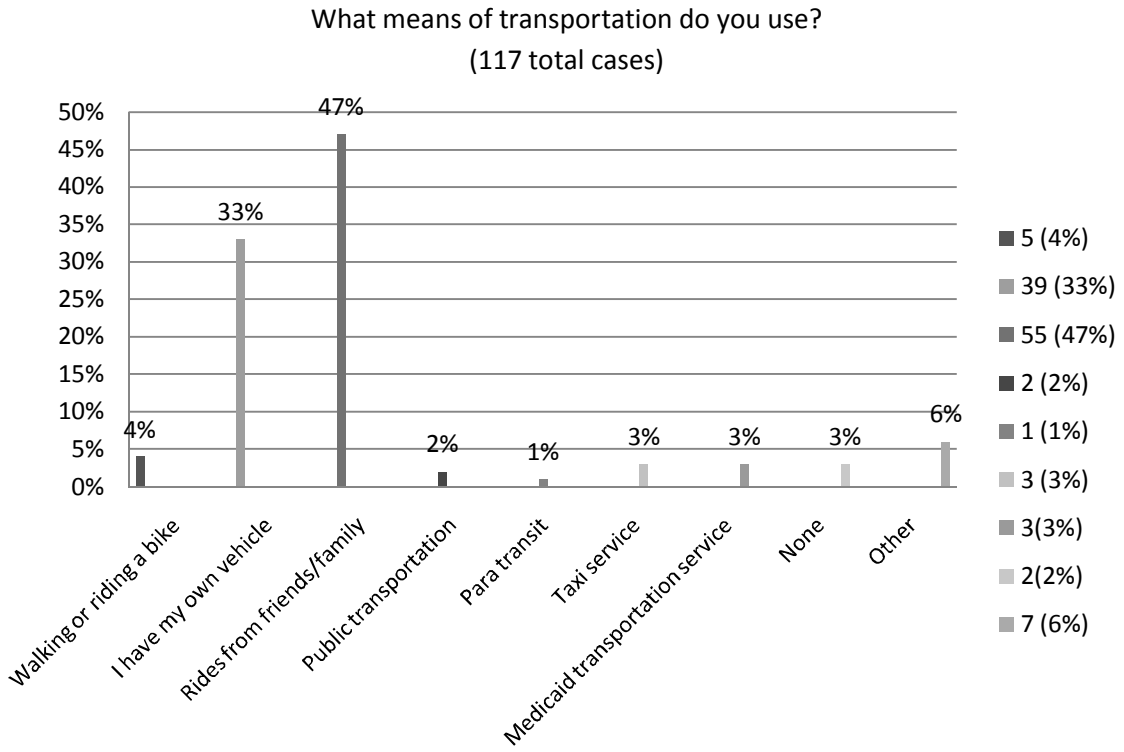

What sort of assistive technology do you need but not get?
(41 total cases)
16%
14%
12%
10%
8%
6%
4%
2%
0%
10%
0%
5%
5%
7%
10%
12%
7%
15%
15%
10%
5%
Recreation/sports/leisure
Hearing
Environmental adaptations
Speech communication
Learning/cognitive/development
Daily living aids
Mobility/Seating/positioning
Vision
Vehicle modification/transportation
Computers and related
None
Other
4 (10%)
0 (0%)
2 (5%)
2(5%)
3 (7%)
4 (10 %)
5 (12%)
3(7%)
6 (15%)
6 (15 %)
4(10 %)
2 (5 %)

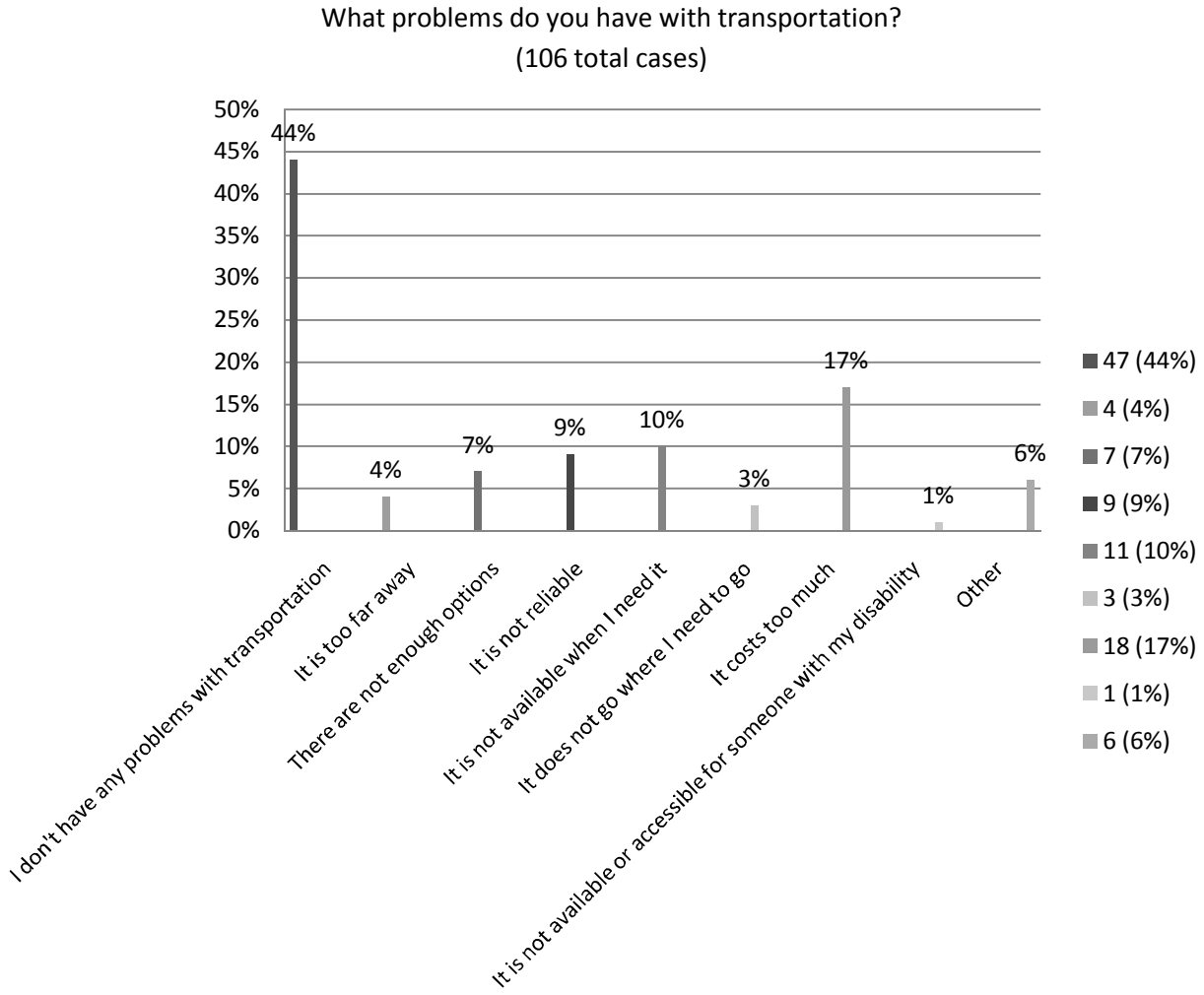

If you don't have access to assistive technology, what is the reason?
(28 total cases)
30%
25%
20%
15%
10%
5%
0%
25%
4%
7%
14%
21%
18%
11%
I can't afford it
I need help to use it
I need training to use it
It is not available in my community
It is not covered by my health insurance
This does not apply to me
Other
7 (25%)
1 (4%)
2 (7%)
4 (14%)
6 (21%)
5 (18%)
3 (11%)

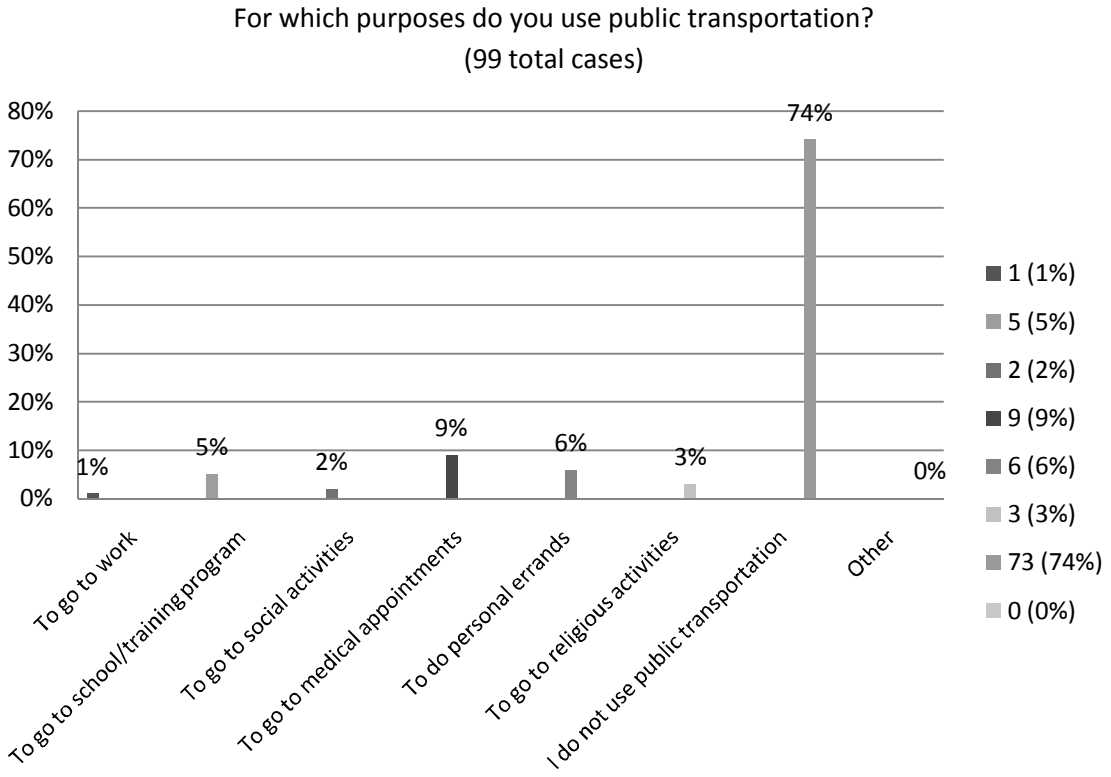

How would you describe your use of assistive technology?
(25 total cases)
30%
25%
20%
15%
10%
5%
0%
12%
28%
16%
16%
8%
16%
4%
I have all the assistive technology I need
I have some but not all of the assistive technology I need
I do not have any of the assistive technology I need
The assistive technology I use is in good condition
The assistive technology I use is outdated or in need of repair
I don't think I know about the assistive technology available
I find it difficult to learn to use new assistive technology
3 (12%)
7 (28%)
4 (16%)
4(16%)
2 (8%)
4 (16 %)
1 (4%)

**TRANSPORTATION**

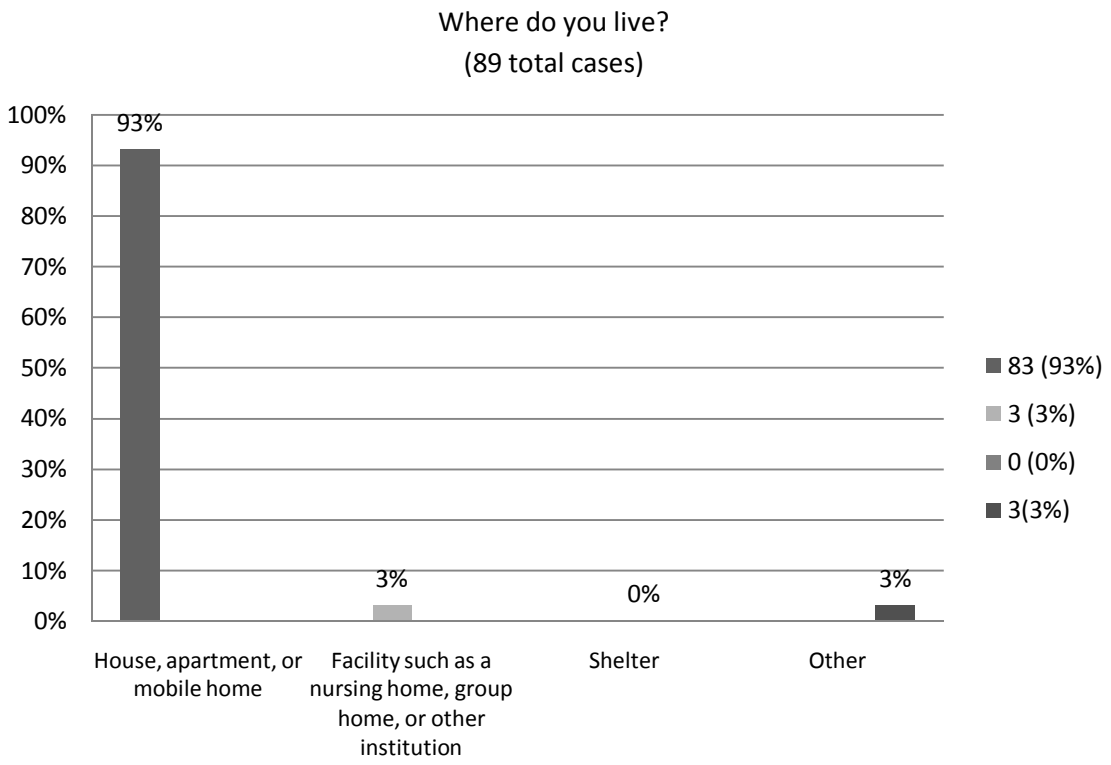


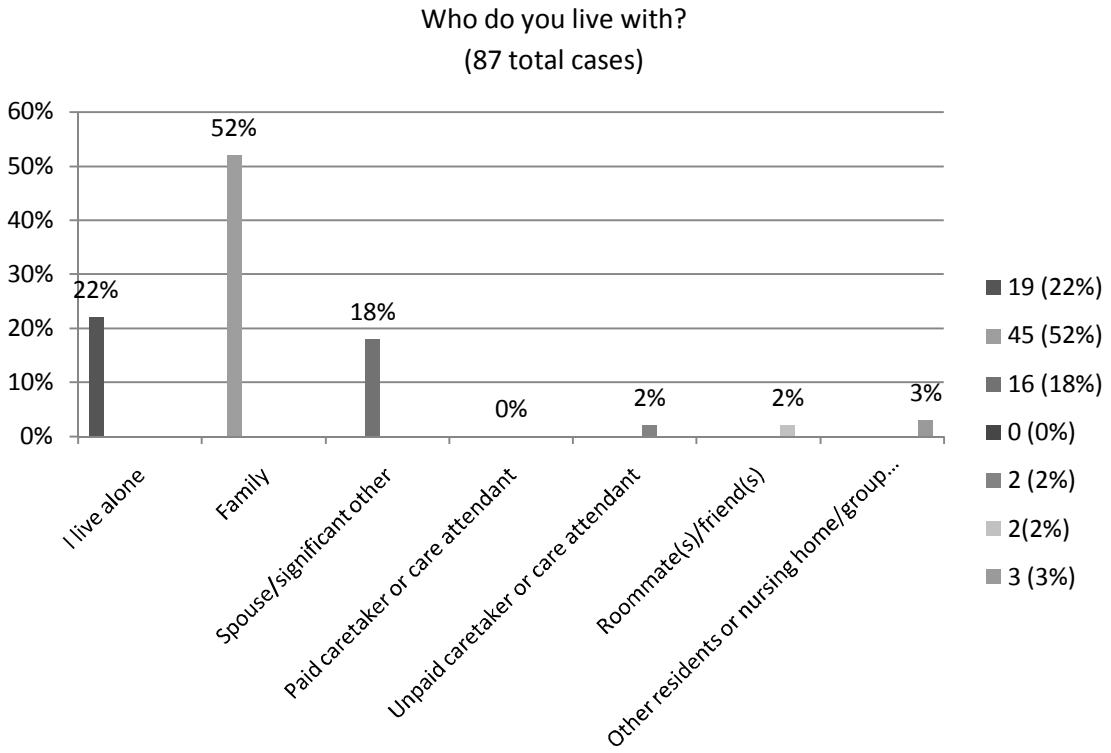




What problems do you have with transportation?
(106 total cases)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
44%
4%
7%
9%
10%
3%
17%
1%
6%
I don't have any problems with transportation
It is too far away
There are not enough options
It is not reliable
It is not available when I need it
It does not go where I need to go
It costs too much
It is not available or accessible for someone with my disability
Other
47 (44%)
4 (4%)
7 (7%)
9 (9%)
11 (10%)
3 (3%)
18 (17%)
1 (1%)
6 (6%)

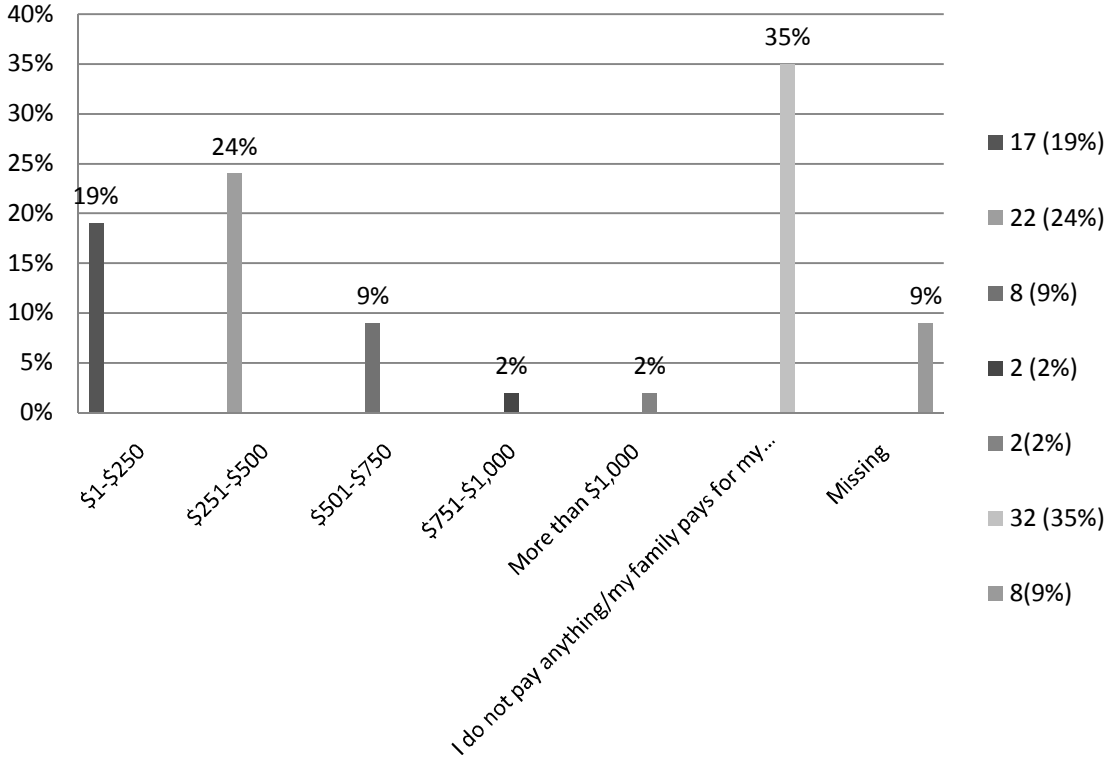

For which purposes do you use public transportation?
(99 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
1%
5%
2%
9%
6%
3%
74%
0%
To go to work
To go to school/training program
To go to social activities
To go to medical appointments
To do personal errands
To go to religious activities
I do not use public transportation
Other
1 (1%)
5 (5%)
2 (2%)
9 (9%)
6 (6%)
3 (3%)
73 (74%)
0 (0%)

## HOUSING

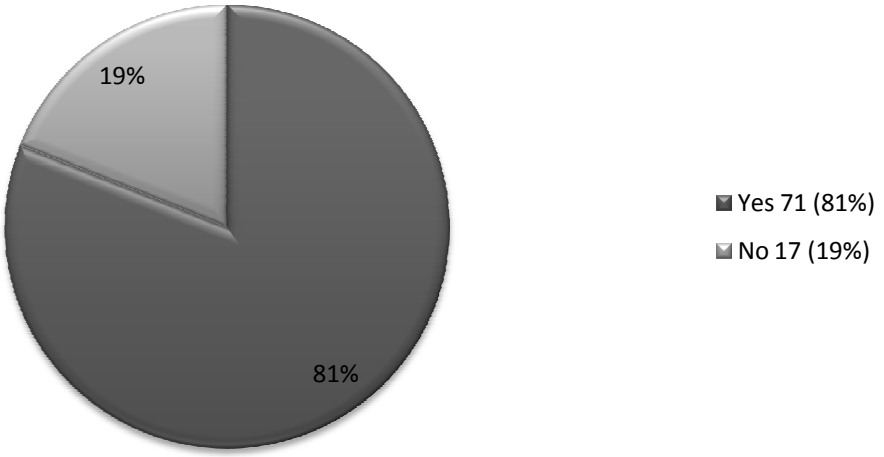

Where do you live?
(89 total cases)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
93%
3%
0%
3%
House, apartment, or mobile home
Facility such as a nursing home, group home, or other institution
Shelter
Other
83 (93%)
3 (3%)
0 (0%)
3(3%)

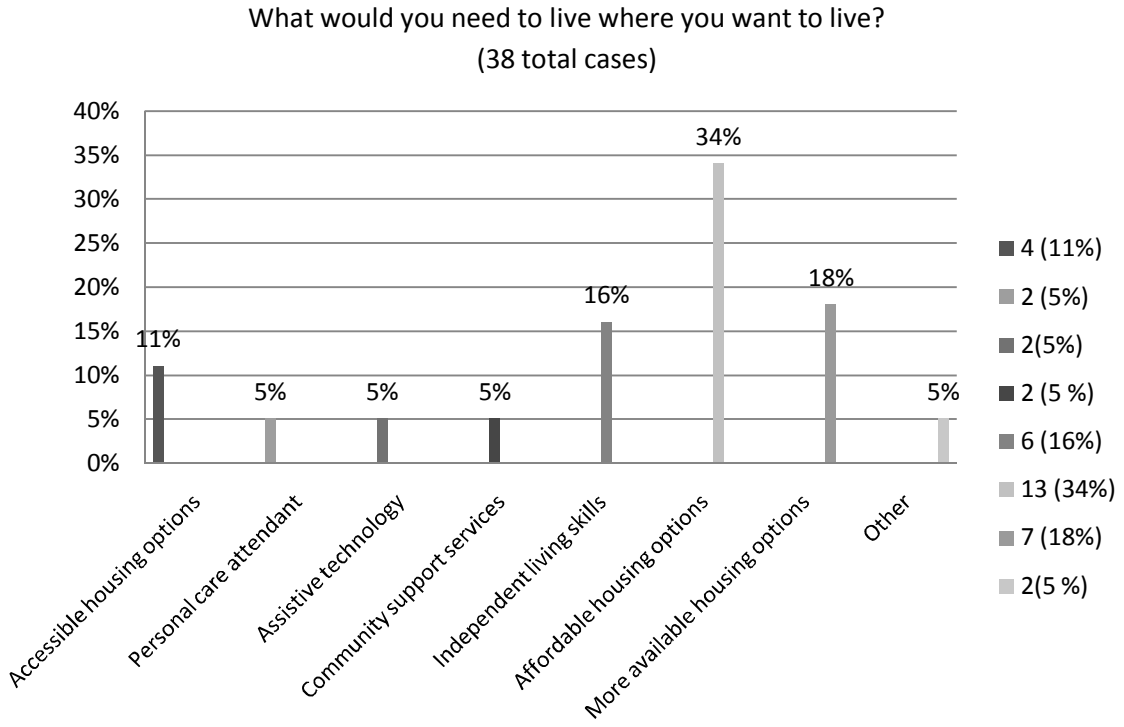

Who do you live with?
(87 total cases)
60%
50%
40%
30%
20%
10%
0%
22%
52%
18%
0%
2%
2%
3%
I live alone
Family
Spouse/significant other
Paid caretaker or care attendant
Unpaid caretaker or care attendant
Roommate(s)/friend(s)
Other residents or nursing home/group...
19 (22%)
45 (52%)
16 (18%)
0 (0%)
2 (2%)
2(2%)
3 (3%)

How much do you pay for housing each month, not including utilities?
(83 total cases)



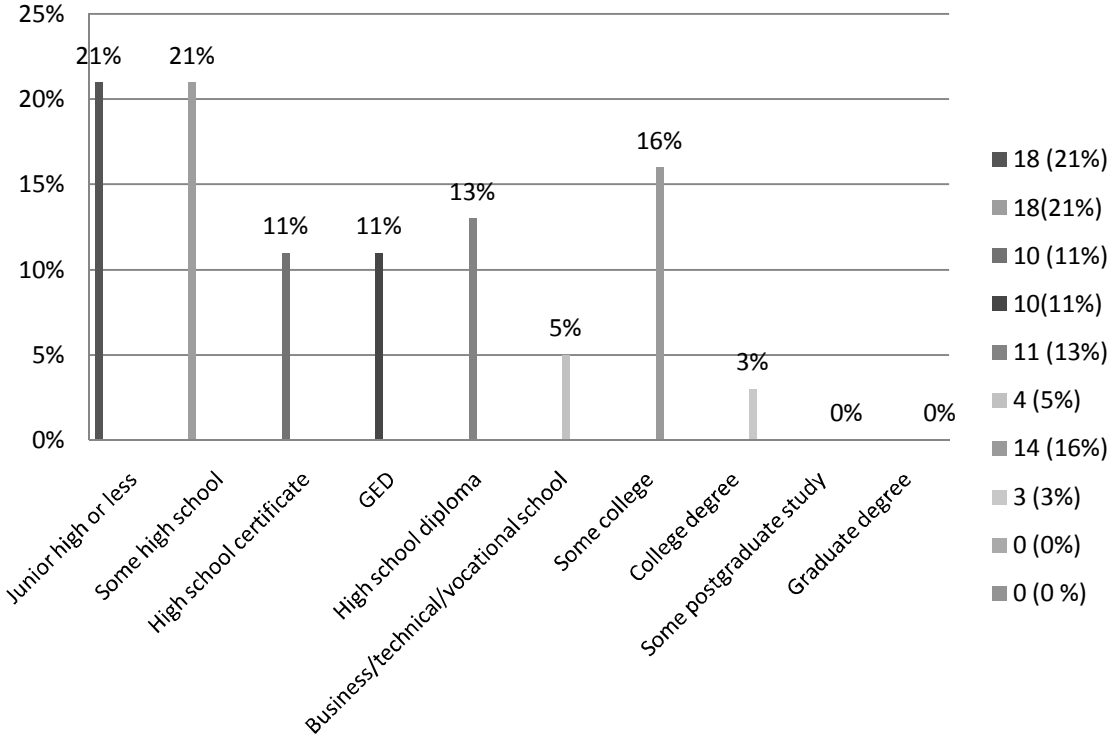

Are you currently living in your preferred living arrangement?
(88 total cases)



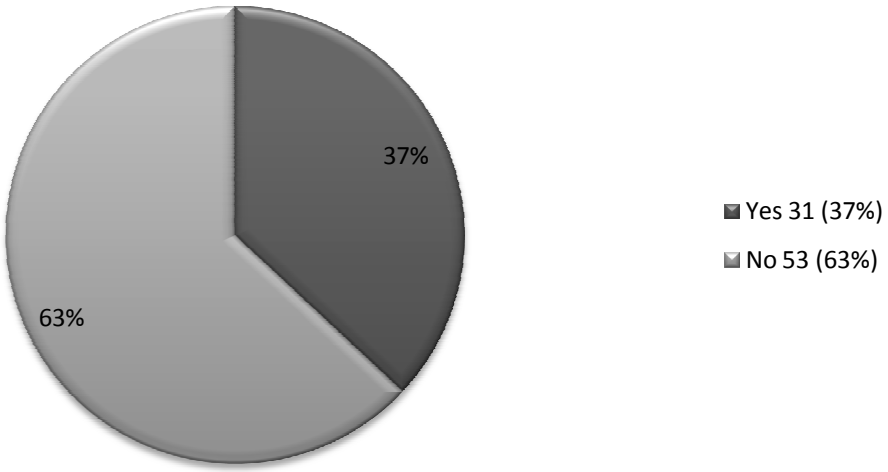

What would you need to live where you want to live?
(38 total cases)
40%
35%
30%
25%
20%
15%
10%
5%
0%
11%
5%
5%
5%
16%
34%
18%
5%
Accessible housing options
Personal care attendant
Assistive technology
Community support services
Independent living skills
Affordable housing options
More available housing options
Other
4 (11%)
2 (5%)
2(5%)
2 (5 %)
6 (16%)
13 (34%)
7 (18%)
2(5 %)

## EDUCATION

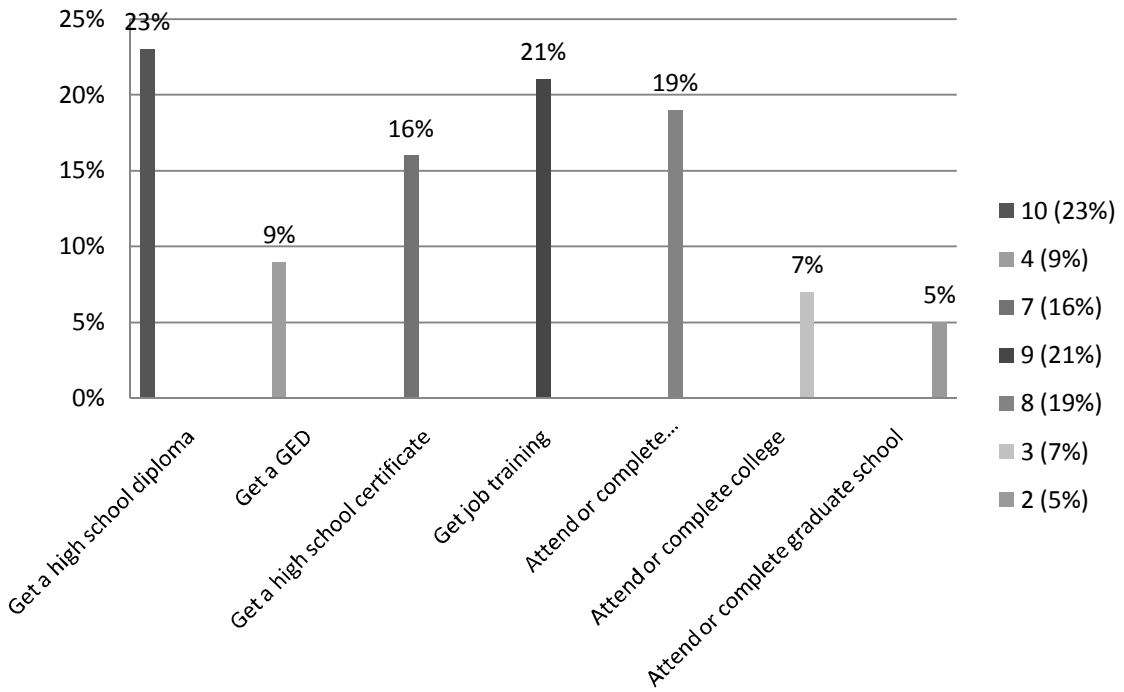
What is the highest level of education or grade level that you have completed?
(88 total cases)



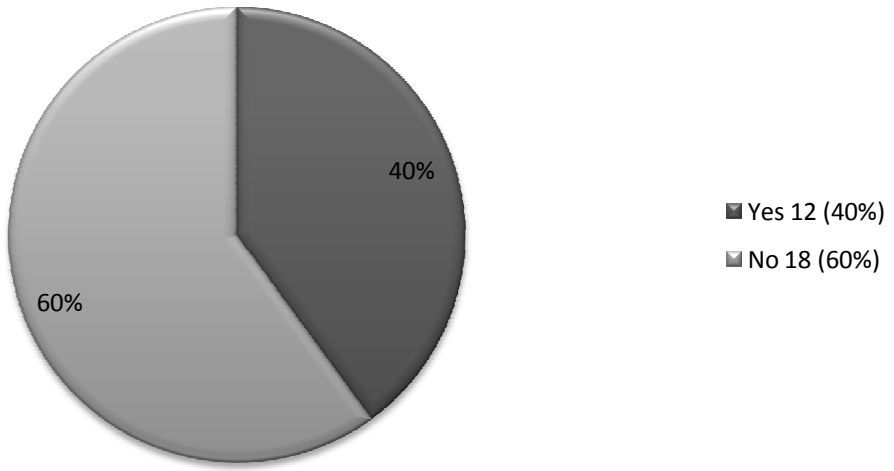

Do you want to or are you currently continuing your education?
(84 total cases)

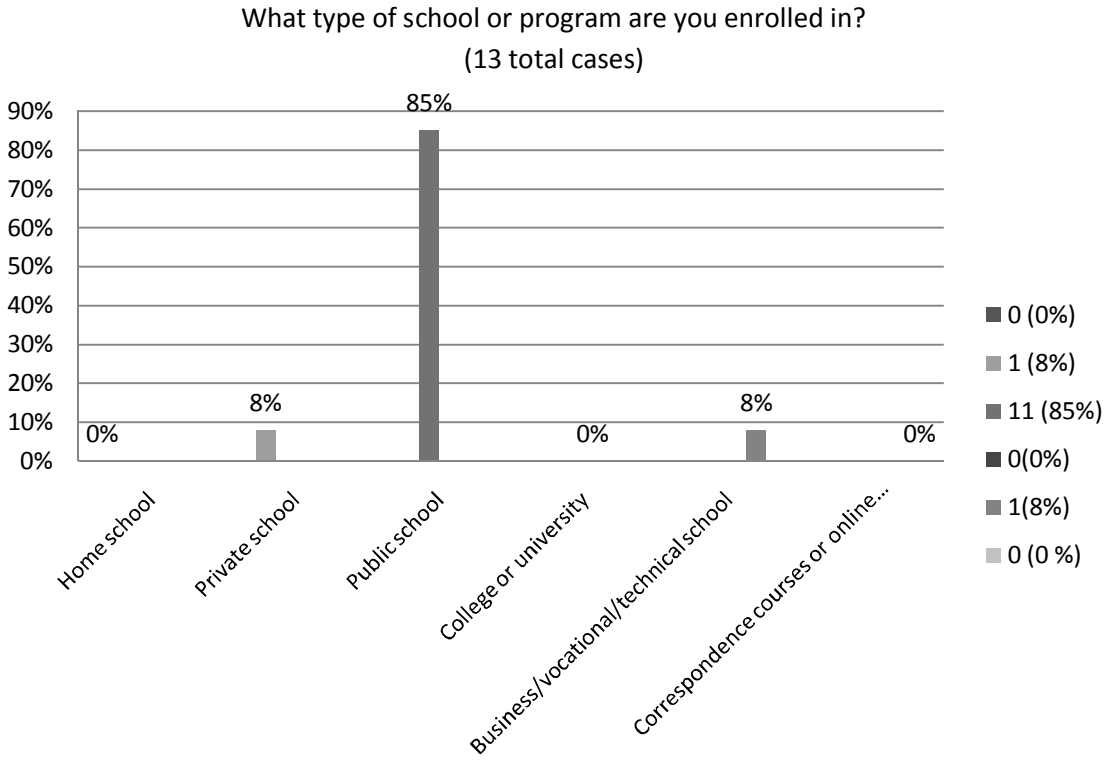


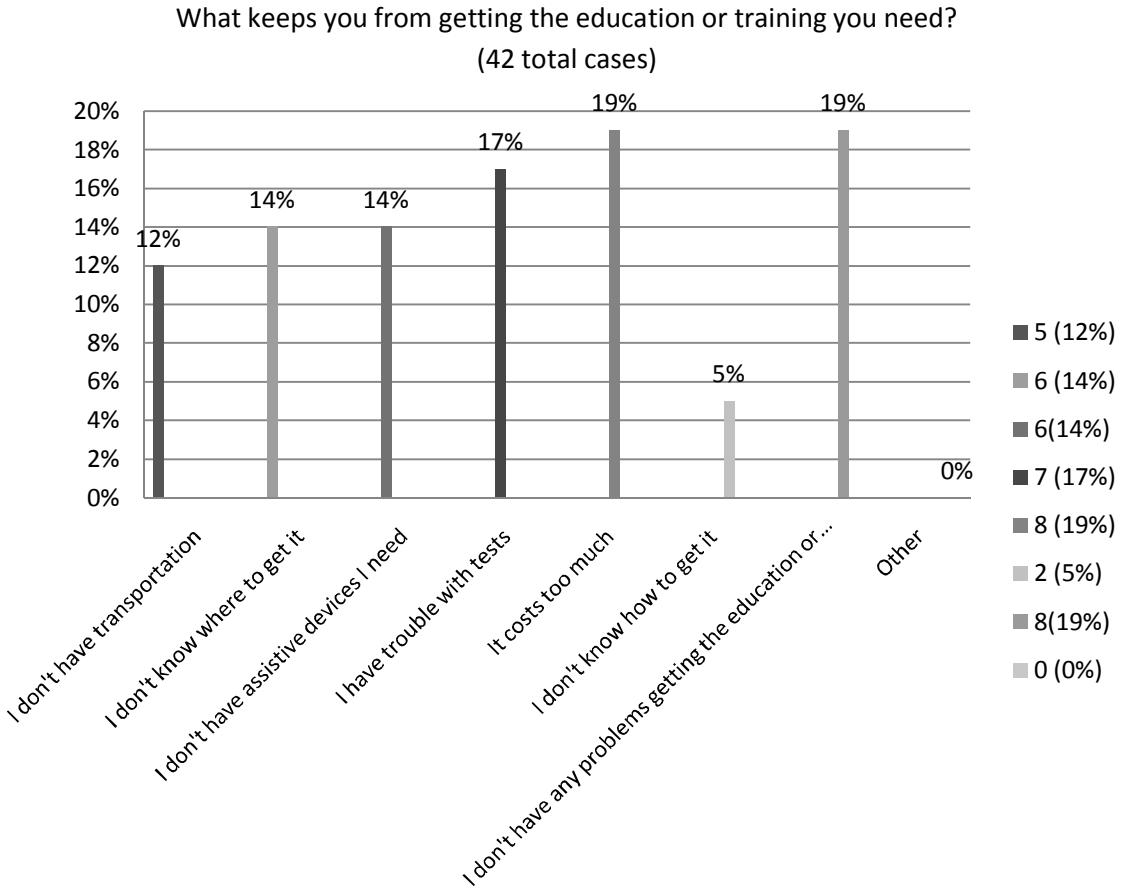
What are your current educational goals?
(43 total cases)



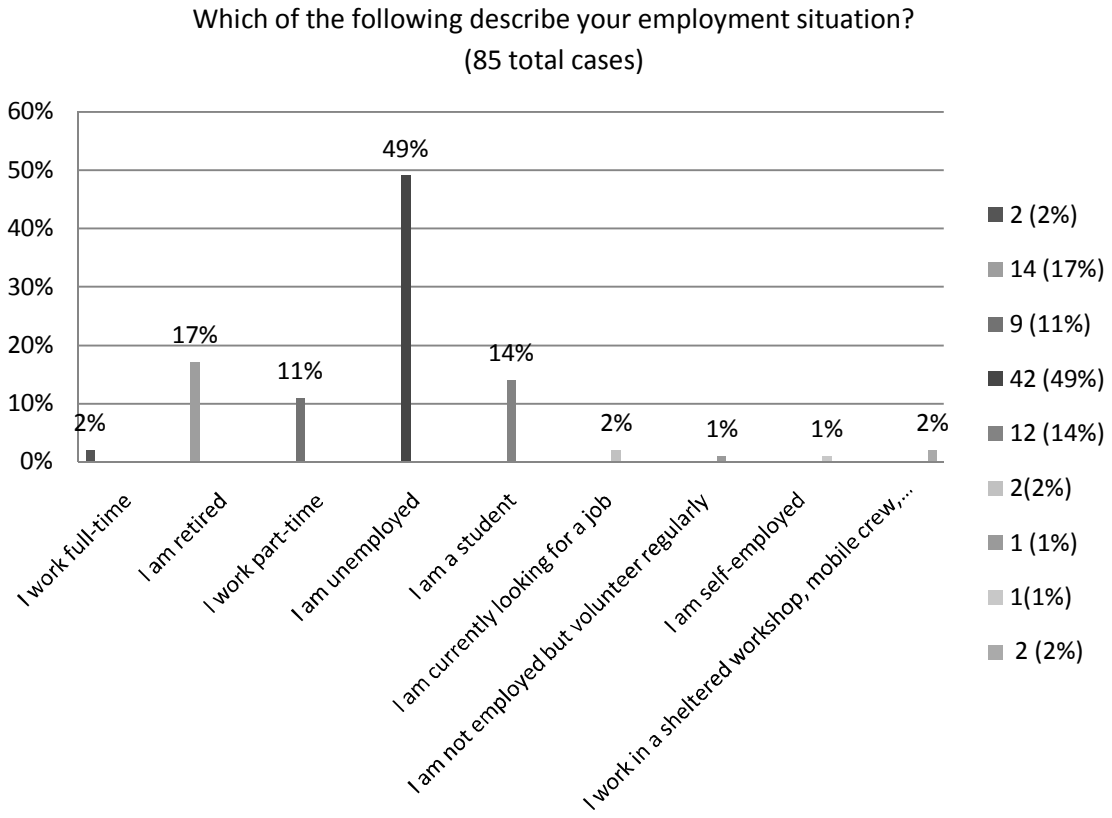

Are you currently enrolled in school or in a training program?
(30 total cases)

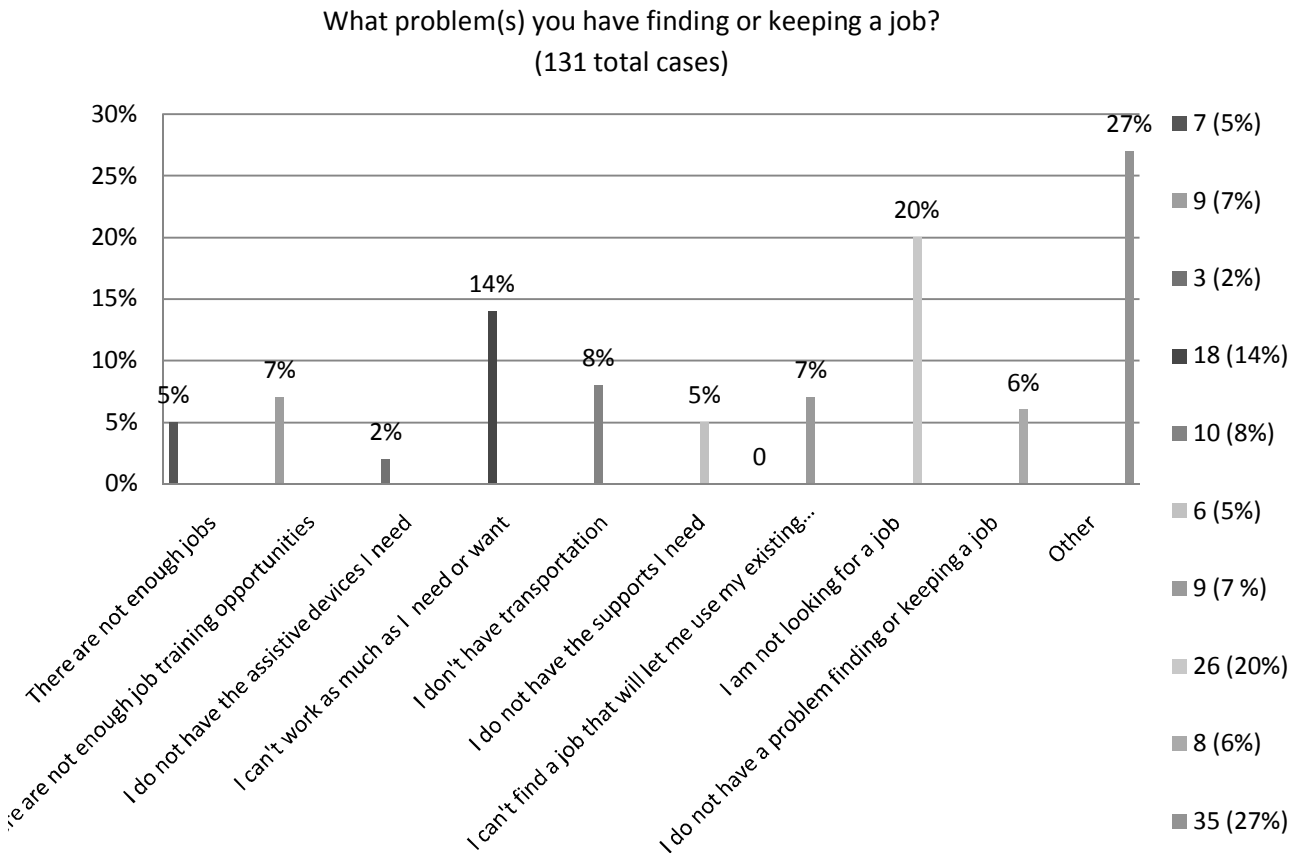



What type of school or program are you enrolled in?
(13 total cases)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0%
8%
85%
0%
8%
0%
Home school
Private school
Public school
College or university
Business/vocational/technical school
Correspondence courses or online...
0 (0%)
1 (8%)
11 (85%)
0(0%)
1(8%)
0 (0 %)

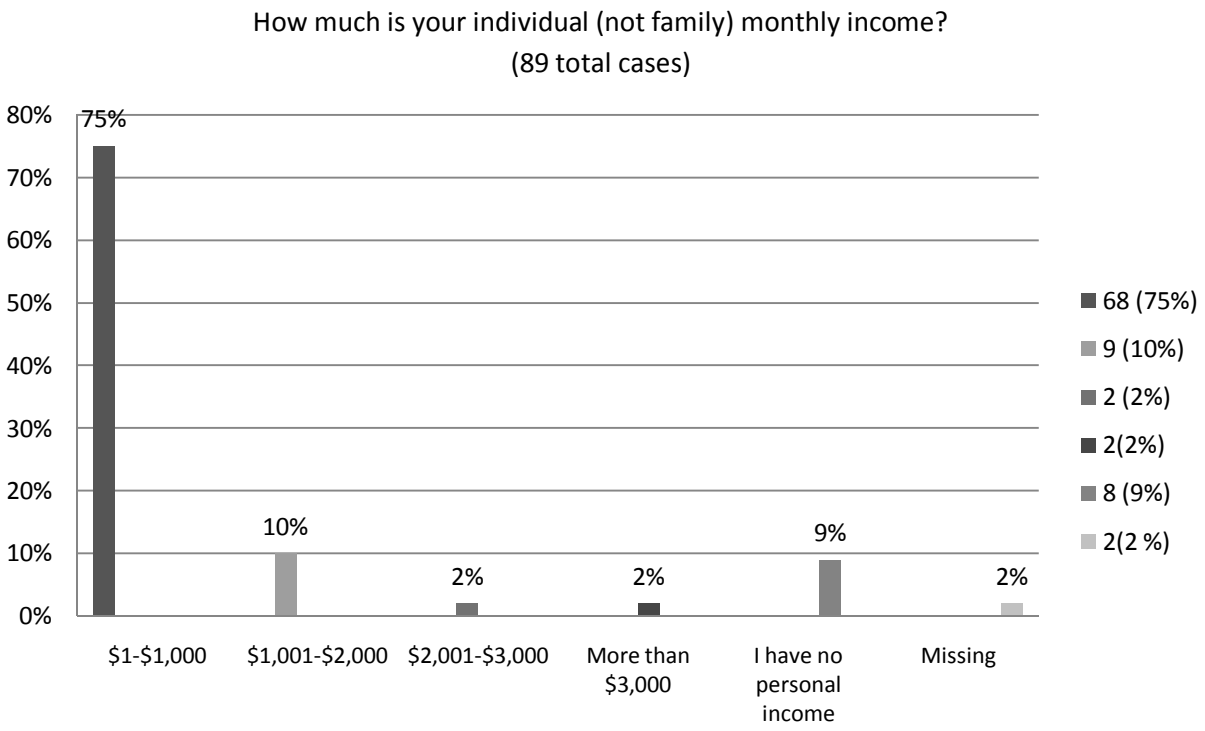

What keeps you from getting the education or training you need?
(42 total cases)
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
12%
14%
14%
17%
19%
5%
19%
0%
I don't have transportation
I don't know where to get it
I don't have assistive devices I need
I have trouble with tests
It costs too much
I don't know how to get it
I don't have any problems getting the education or ...
Other
5 (12%)
6 (14%)
6(14%)
7 (17%)
8 (19%)
2 (5%)
8(19%)
0 (0%)

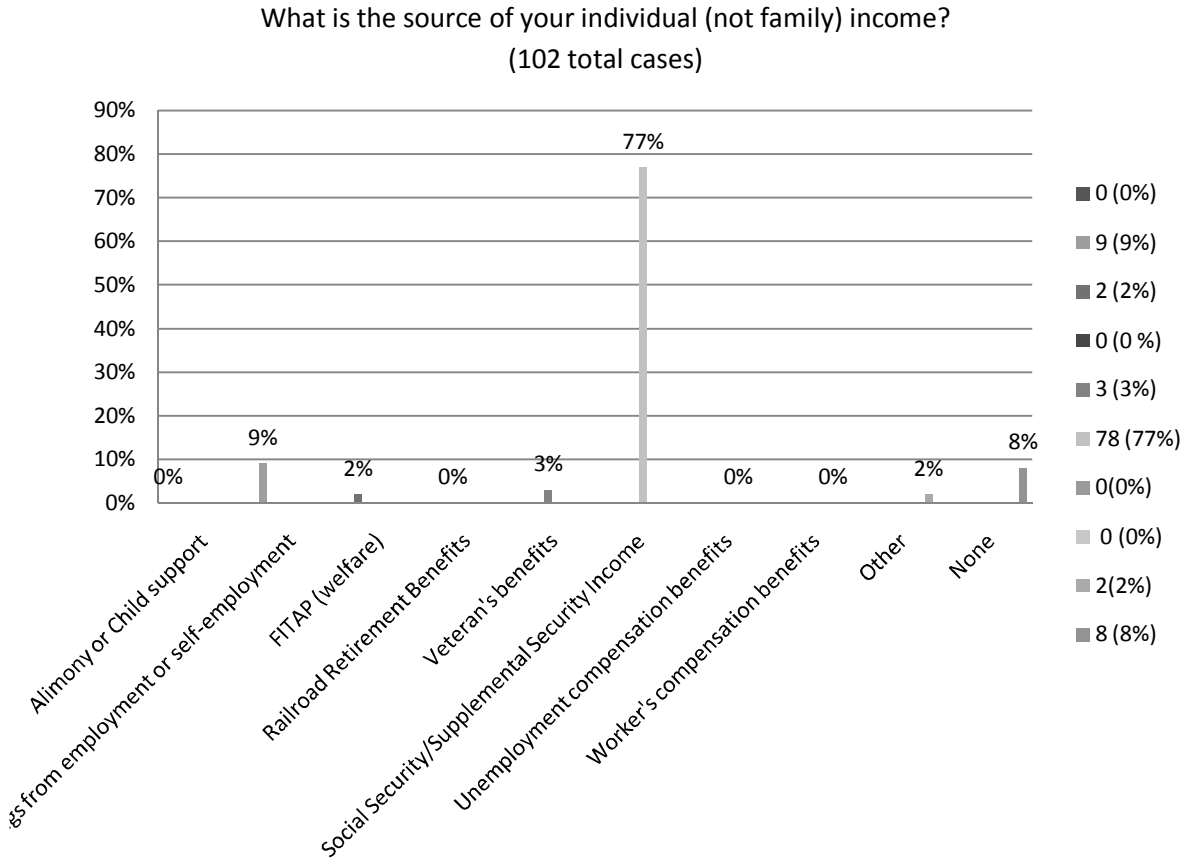
**EMPLOYMENT**


Which of the following describe your employment situation?
(85 total cases)
60%
50%
40%
30%
20%
10%
0%
2%
17%
11%
49%
14%
2%
1%
1%
2%
I work full-time
I am retired
I work part-time
I am unemployed
I am a student
I am currently looking for a job
I am not employed but volunteer regularly
I am self-employed
I work in a sheltered workshop, mobile crew,...
2 (2%)
14 (17%)
9 (11%)
42 (49%)
12 (14%)
2(2%)
1 (1%)
1(1%)
2 (2%)

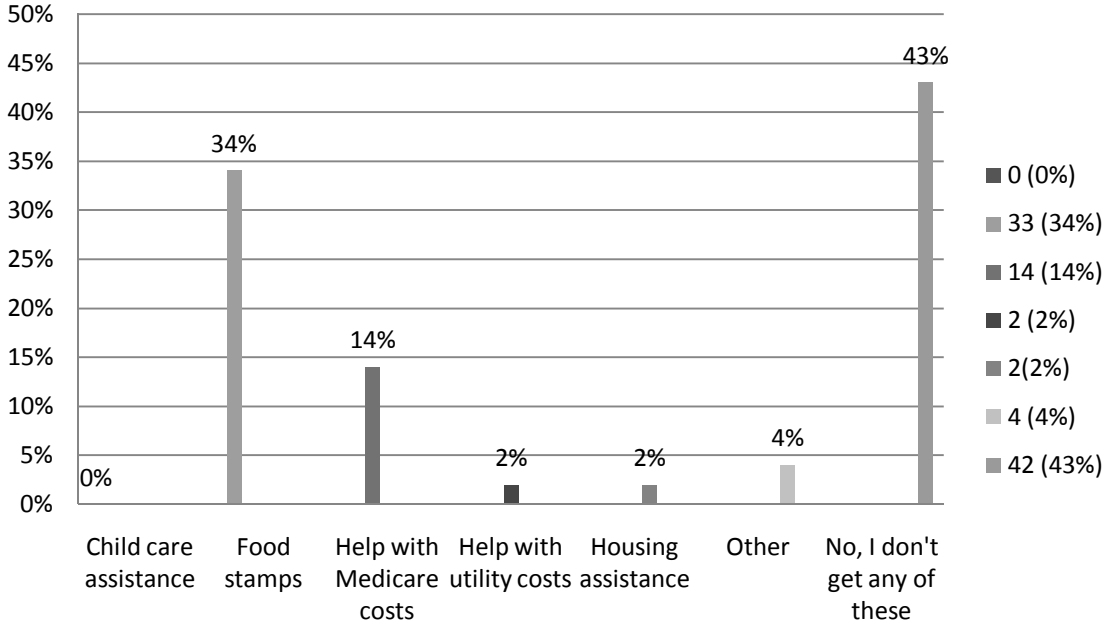

What problem(s) you have finding or keeping a job?
(131 total cases)
30%
25%
20%
15%
10%
5%
0%
5%
7%
2%
14%
8%
5%
0
7%
20%
6%
27%
There are not enough jobs
re are not enough job training opportunities
I do not have the assistive devices I need
I can't work as much as I need or want
I don't have transportation
I do not have the supports I need
I can't find a job that will let me use my existing...
I am not looking for a job
I do not have a problem finding or keeping a job
Other
7 (5%)
9 (7%)
3 (2%)
18 (14%)
10 (8%)
6 (5%)
9 (7 %)
26 (20%)
8 (6%)
35 (27%)

**FINANCES**

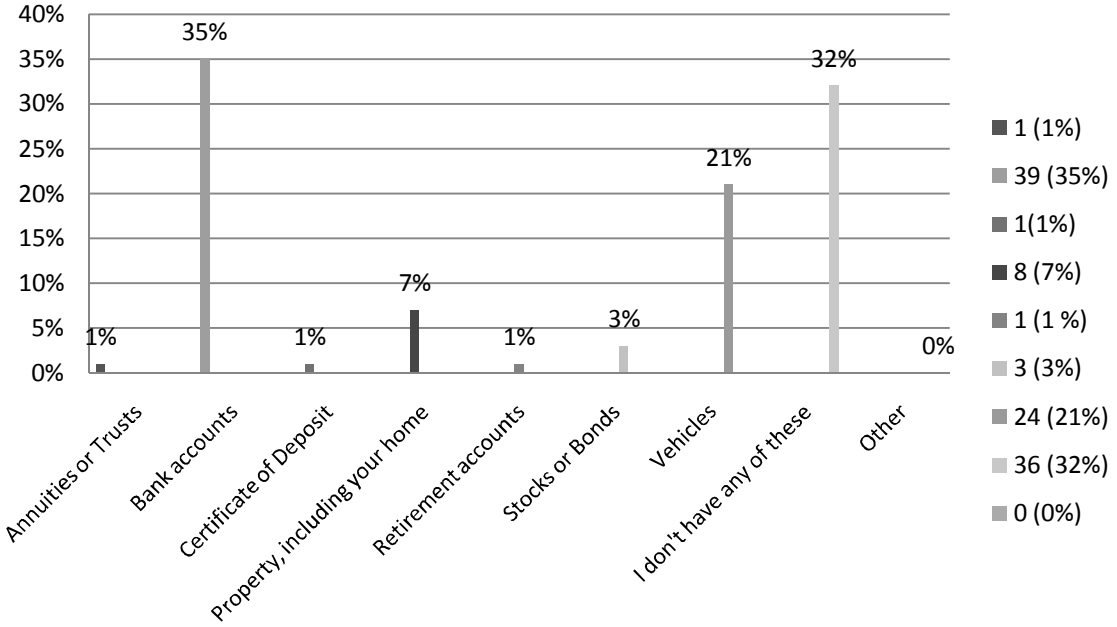

How much is your individual (not family) monthly income?
(89 total cases)
80%
70%
60%
50%
40%
30%
20%
10%
0%
75%
10%
2%
2%
9%
2%
$1-$1,000
$1,001-$2,000
$2,001-$3,000
More than $3,000
I have no personal income
Missing
68 (75%)
9 (10%)
2 (2%)
2(2%)
8 (9%)
2(2 %)


What is the source of your individual (not family) income?
(102 total cases)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0%
9%
2%
0%
3%
77%
0%
0%
2%
8%
Alimony or Child support
gs from employment or self-employment
FITAP (welfare)
Railroad Retirement Benefits
Veteran's benefits
Social Security/Supplemental Security Income
Unemployment compensation benefits
Worker's compensation benefits
Other
None
0 (0%)
9 (9%)
2 (2%)
0 (0 %)
3 (3%)
78 (77%)
0(0%)
0 (0%)
2(2%)
8 (8%)

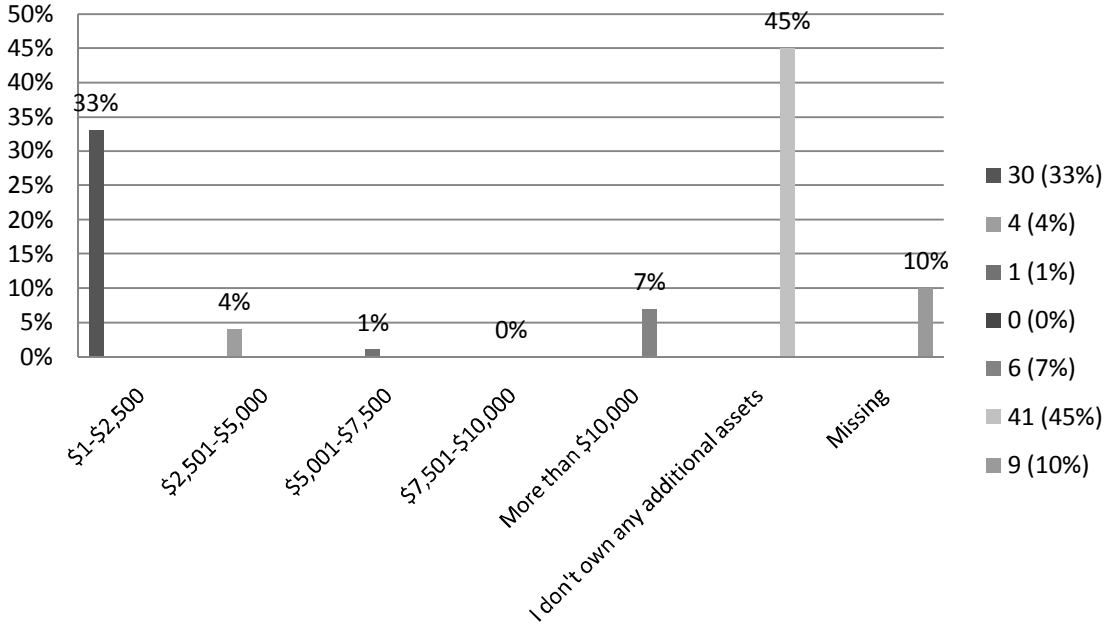
Do you personally get financial help from any of the following programs?
(97 total cases)



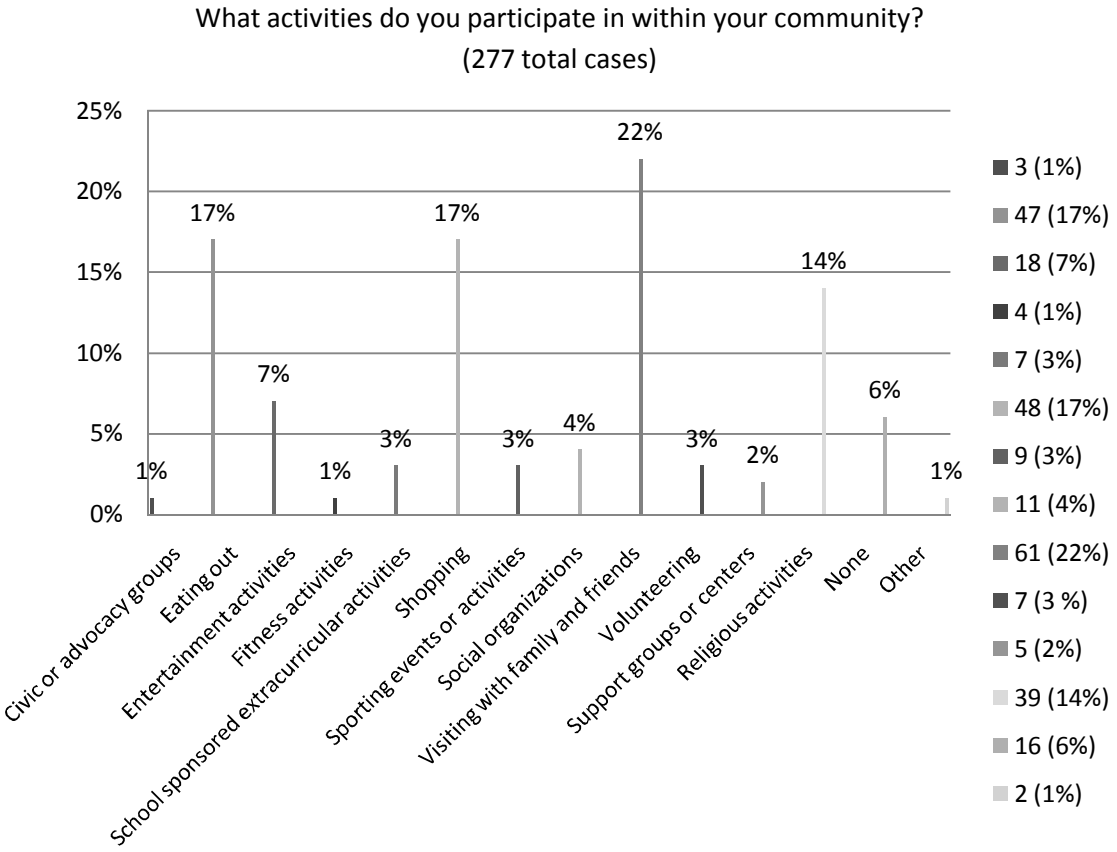

Which of the following kinds of assets or resources do you personally own?
(113 total cases)



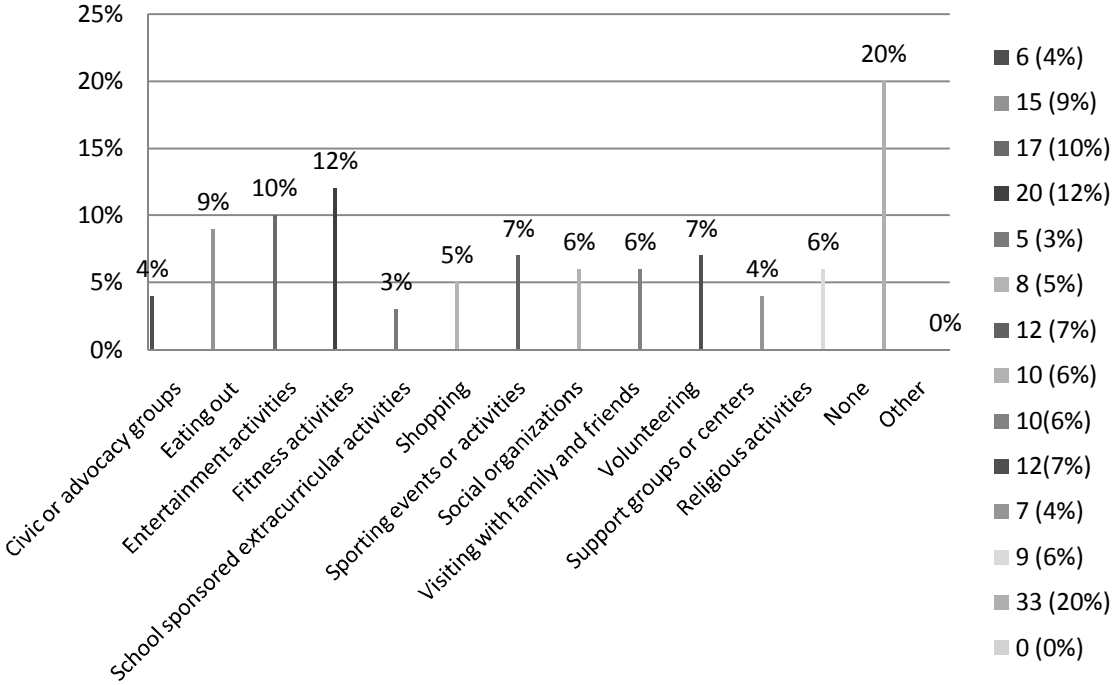
How much are your personal resources worth, other than your home or vehicle?
(82 total cases)



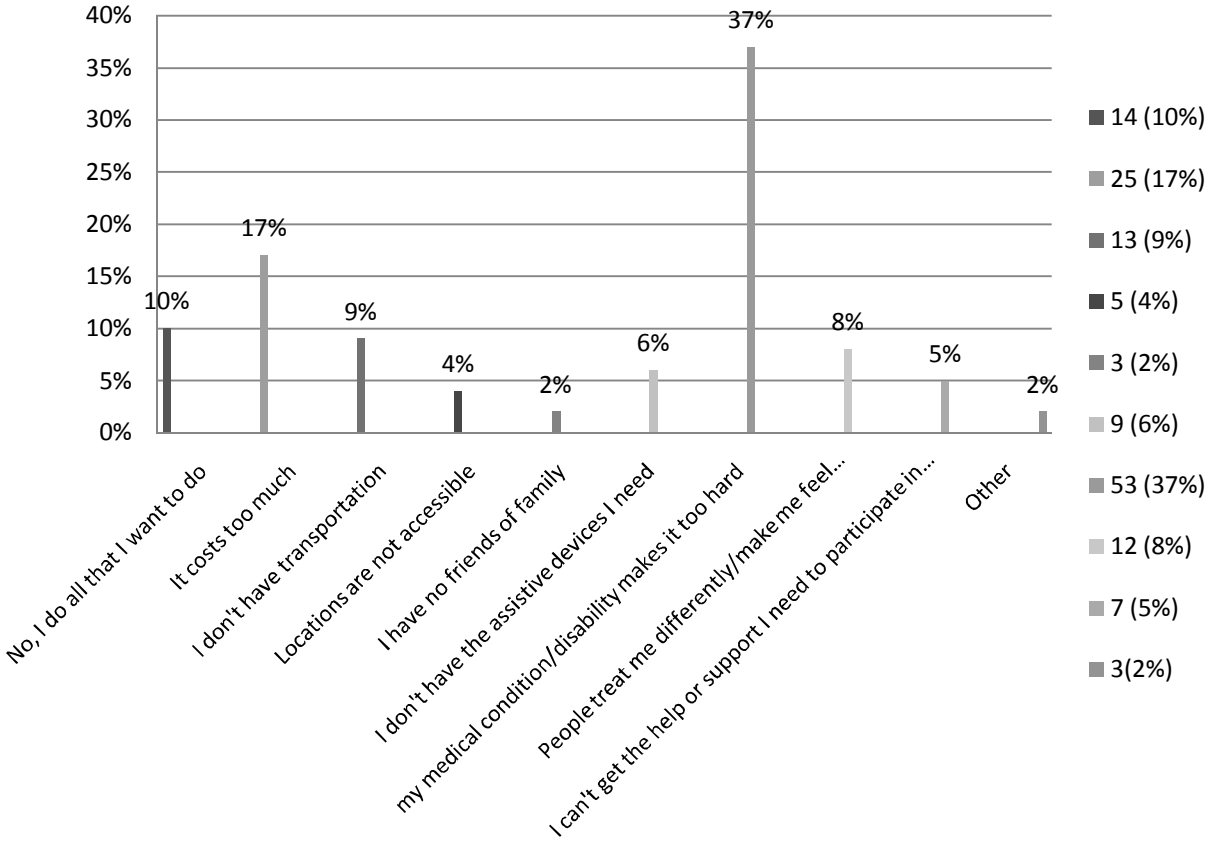
## COMMUNITY INVOLVEMENT



What activities would you like to participate in, but cannot?
(164 total cases)

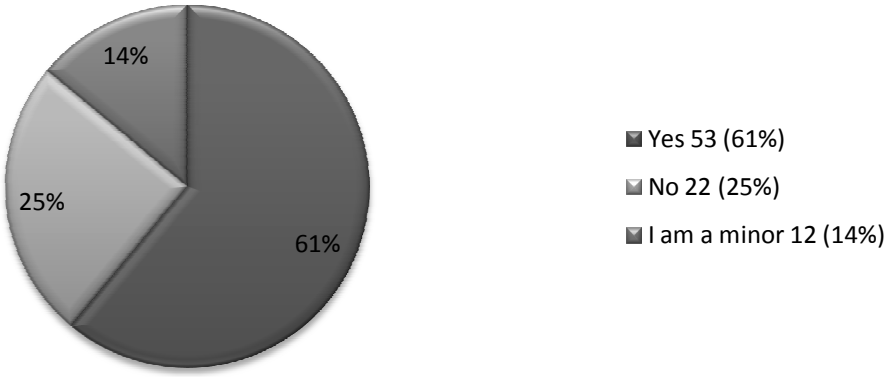



Is there anything that makes it hard for you to do the things you want?
(144 total cases)

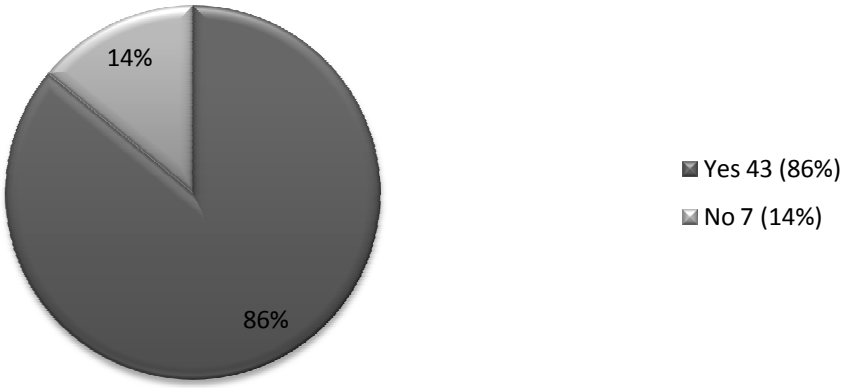


**CIVIC INVOLVEMENT**

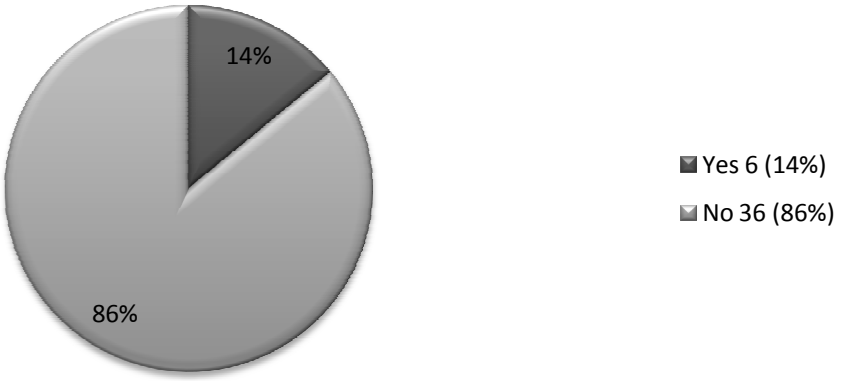
Are you registered to vote?
(87 total cases)



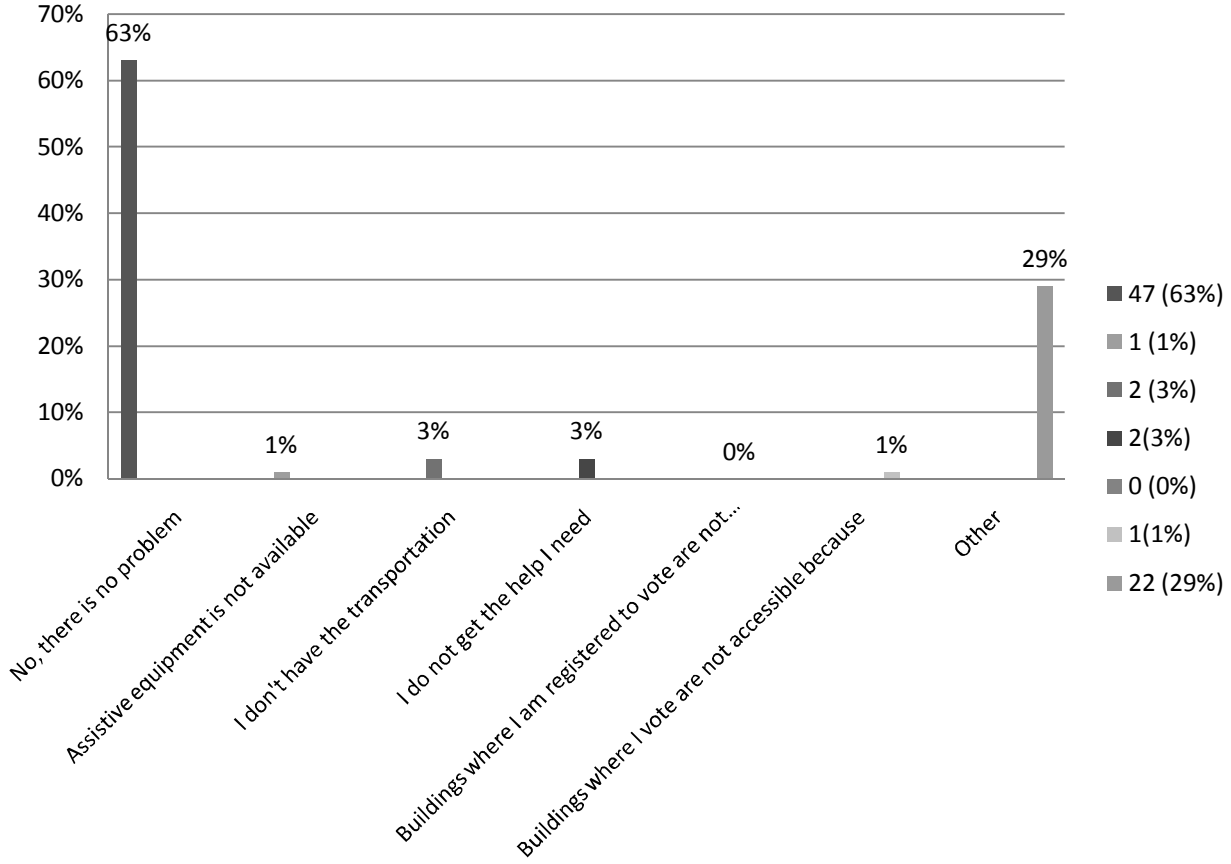

Have you voted in any election in the last four years?
(50 total cases)



Have you used special voting services such as vote by mail or early voting?
(42 total cases)

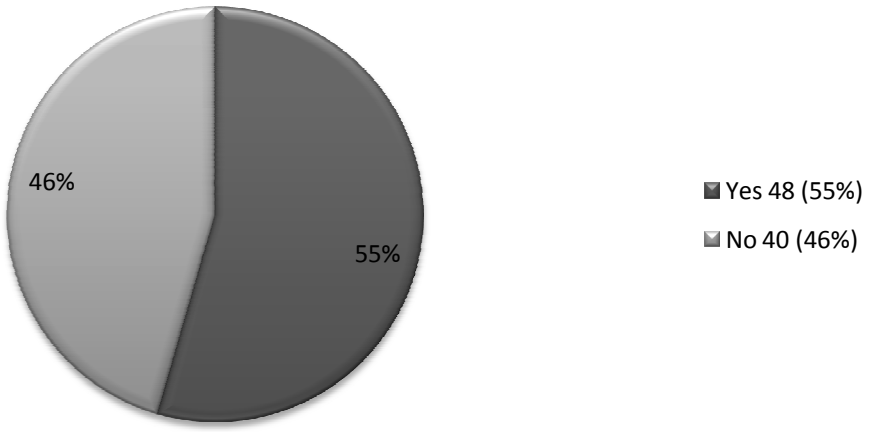



Is there anything that makes it hard for you to vote?
(75 total cases)

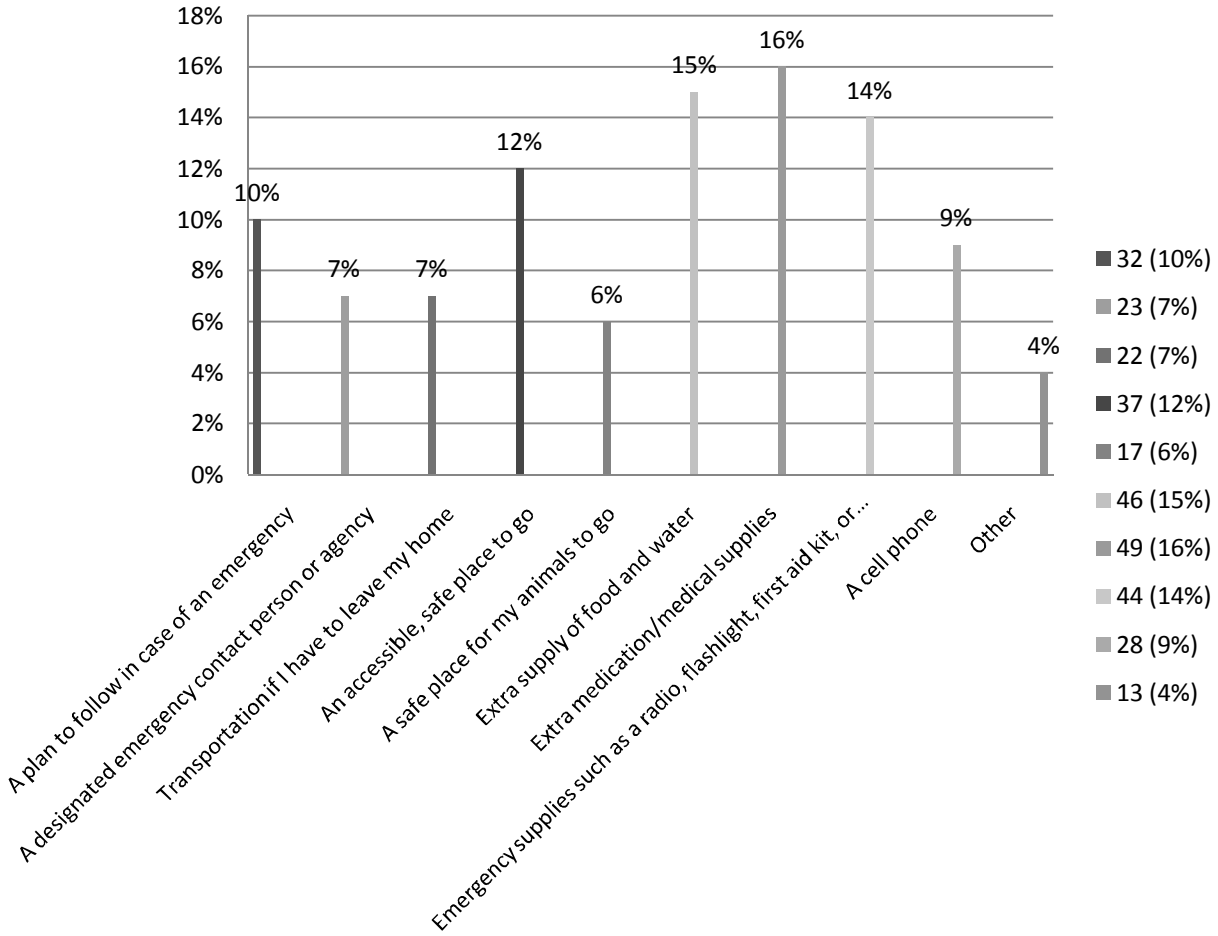


## EMERGENCY PREPAREDNESS

Do you have a plain in place to deal with an emergency situation?
(88 total cases)




What would you need to be prepared for a future emergency situation?
(311 total cases)



# REGION IX - TABLES

## GENERAL INFORMATION

### Format of Survey

| | Number | Percent |
|---|---|---|
| Paper | 79 | 87% |
| Internet | 11 | 12% |
| Telephone | 1 | 1% |
| *Total Cases* | 91 | |

### Who is filling out this survey?

| | Number | Percent |
|---|---|---|
| A person with a disability | 50 | 55% |
| A helper or friend of a person with a disability | 8 | 9% |
| The parent or guardian of a minor child with a disability | 13 | 14% |
| The parent or guardian of an adult with a disability | 16 | 18% |
| A court appointed guardian, curator, tutor or agent | 0 | 0% |
| A professional or advocate | 3 | 3% |
| *Total Cases* | 91 | |

### Why is someone helping you fill out this survey?

| | Number | Percent |
|---|---|---|
| This doesn't apply to me- I am answering this survey by myself | 43 | 51% |
| I am providing the answers and this person is recording them | 12 | 14% |
| I am unable to answer this survey | 15 | 18% |
| I do not want to participate in this survey | 0 | 0% |
| I am under 18 and this person is my parent or guardian | 11 | 13% |
| Other | 4 | 5% |
| *Total Cases* | 85 | |

**What is the type of your disability?**

| | Number | Percent |
|---|---|---|
| Mental health/ Emotional disorder | 31 | 21% |
| Physical | 47 | 32% |
| Learning/ Cognitive | 21 | 14% |
| Speech Communication | 14 | 10% |
| Sensory | 4 | 3% |
| Chronic health condition | 31 | 21% |
| *Total Cases* | 148 | |

**How long have you lived with your disability?**

| | Number | Percent |
|---|---|---|
| 1-10 years | 34 | 37% |
| 11-20 years | 24 | 26% |
| 21-30 years | 12 | 13% |
| 31-40 years | 7 | 8% |
| 41-50 years | 7 | 8% |
| 51-60 years | 3 | 3% |
| 61-70 years | 0 | 0% |
| *Total Cases* | 91 | |

**How would you judge your condition?**

| | Number | Percent |
|---|---|---|
| It is getting better | 5 | 6% |
| It comes and goes | 6 | 7% |
| It only gets worse | 18 | 20% |
| It is ongoing with little or no change | 42 | 46% |
| It is ongoing with constant change | 17 | 19% |
| *Total Cases* | 91 | |

**How long is your disability expected to last?**

| | Number | Percent |
|---|---|---|
| It is permanent | 74 | 81% |
| It is temporary | 0 | 0% |
| I'm not sure | 15 | 17% |
| *Total Cases* | 91 | |

**What is your race or ethnicity?**

| | Number | Percent |
|---|---|---|
| African American/ Black | 21 | 22% |
| Asian/ Pacific Islander | 0 | 0% |
| Caucasian/ White | 66 | 69% |
| Hispanic/ Latino | 2 | 2% |
| Native American | 4 | 4% |
| Multi-racial | 3 | 3% |
| Other | 0 | 0% |
| *Total Cases* | 96 | |

**What is your gender?**

| | Number | Percent |
|---|---|---|
| Male | 38 | 42% |
| Female | 52 | 57% |
| *Total Cases* | 91 | |

**How old are you?**

| | Number | Percent |
|---|---|---|
| Under 18 | 12 | 13% |
| 18-21 | 6 | 6% |
| 22-30 | 7 | 8% |
| 31-40 | 11 | 12% |
| 41-50 | 17 | 19% |
| 51-60 | 29 | 32% |
| 61-70 | 9 | 10% |
| 71-79 | 0 | 0% |
| *Total Cases* | 91 | |

**Which of the following helps you find out about available services?**

| | Number | Percent |
|---|---|---|
| Agencies | 20 | 8% |
| Healthcare providers | 43 | 17% |
| Internet | 15 | 6% |
| Library | 3 | 1% |
| Magazines | 8 | 3% |
| Mail | 27 | 11% |
| Newsletters | 17 | 7% |
| Newspaper | 18 | 7% |
| Radio | 10 | 4% |
| Relatives/ friends | 49 | 19% |
| Television | 33 | 13% |
| Other | 12 | 5% |
| *Total Cases* | 255 | |

## HEALTH CARE

### What type of health insurance do you have?

| | Number | Percent |
|---|---|---|
| None | 4 | 3% |
| Insurance through an employer | 8 | 6% |
| Medicaid (blue & white card) | 61 | 46% |
| Medicare (red, white & blue card) | 29 | 22% |
| Medicare prescription drug coverage | 20 | 15% |
| Private insurance | 8 | 6% |
| Other | 4 | 3% |
| *Total Cases* | 134 | |

### About how much do you or your family pay each month for this insurance?

| | Number | Percent |
|---|---|---|
| $0 | 48 | 53% |
| $1-10 | 0 | 0% |
| $11-20 | 2 | 2% |
| $21-30 | 0 | 0% |
| $31-40 | 2 | 2% |
| $41-50 | 1 | 1% |
| $51-60 | 0 | 0% |
| $61-70 | 1 | 1% |
| $71-80 | 0 | 0% |
| $81-90 | 1 | 1% |
| $91-100 | 1 | 1% |
| $101-200 | 2 | 2% |
| $210-300 | 2 | 2% |
| More than $300 | 5 | 6% |
| Missing | 23 | 25% |
| *Total Cases* | 91 | |

**About how much of your own or your family's money is spent each month for medical expenses other than insurance?**

| | Number | Percent |
|---|---|---|
| $0 | 20 | 22% |
| $1-10 | 5 | 6% |
| $11-20 | 4 | 4% |
| $21-30 | 2 | 2% |
| $31-40 | 3 | 3% |
| $41-50 | 6 | 7% |
| $51-60 | 1 | 1% |
| $61-70 | 4 | 4% |
| $71-80 | 2 | 2% |
| $81-90 | 0 | 0% |
| $91-100 | 8 | 9% |
| $101-200 | 11 | 12% |
| $210-300 | 5 | 6% |
| More than $300 | 5 | 6% |
| Missing | 15 | 17% |
| *Total Cases* | 91 | |

**What medical services do you use on a regular basis?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 76 | 22% |
| Specialist doctor | 37 | 11% |
| Medical supplies | 20 | 6% |
| Prescription medications | 75 | 22% |
| Mental health services | 18 | 5% |
| Hospital care | 15 | 4% |
| Home health services | 2 | 1% |
| Emergency care | 19 | 5% |
| Nutrition services | 7 | 2% |
| Substance abuse counseling | 1 | 0% |
| Nursing services | 5 | 1% |
| Dialysis | 0 | 0% |
| Hearing services | 5 | 1% |
| Dental services | 27 | 8% |
| Eye/vision | 22 | 6% |
| Therapy services | 8 | 2% |
| Rehabilitation services | 1 | 0% |
| Orthotics | 3 | 1% |
| None | 3 | 1% |
| Other | 5 | 1% |
| *Total Cases* | 349 | |

**What medical services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Primary care doctor | 4 | 2% |
| Specialist doctor | 13 | 8% |
| Medical supplies | 6 | 4% |
| Prescription medications | 7 | 4% |
| Mental health services | 6 | 4% |
| Hospital care | 3 | 2% |
| Home health services | 6 | 4% |
| Emergency care | 3 | 2% |
| Nutrition services | 9 | 5% |
| Substance abuse counseling | 0 | 0% |
| Nursing services | 1 | 1% |
| Dialysis | 0 | 0% |
| Hearing services | 3 | 2% |
| Dental services | 32 | 19% |
| Eye/vision | 22 | 13% |
| Therapy services | 12 | 7% |
| Rehabilitation services | 5 | 3% |
| Orthotics | 4 | 2% |
| None | 23 | 14% |
| Other | 7 | 4% |
| *Total Cases* | 166 | |

## INDEPENDENT LIVING

### What services and supports do you use?

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 17 | 14% |
| Personal care attendant | 3 | 3% |
| Support/counseling from a peer or professional | 14 | 12% |
| Transportation services | 9 | 8% |
| Skills training to live independently | 3 | 3% |
| Financial assistance | 14 | 12% |
| Interpreter/communication services | 2 | 2% |
| Advocacy | 2 | 2% |
| Assistive technology devices | 1 | 1% |
| I do not use any of these | 47 | 40% |
| Other | 6 | 5% |
| *Total Cases* | 118 | |

### Who provides these supports and services to you?

| | Number | Percent |
|---|---|---|
| Office for Citizens with Developmental Disabilities (OCDD) | 7 | 6% |
| Office of aging and adult services (OAAS) | 1 | 1% |
| Office of Mental Health (OMH) | 8 | 7% |
| Louisiana Rehabilitation Services (LRS) | 6 | 5% |
| Governor's Office of Disability Affairs (GODA) | 0 | 0% |
| Independent living centers | 0 | 0% |
| Office for Addictive Disorders and Counseling (OADC) | 0 | 0% |
| Louisiana Assistive Technology Access Network (LATAN) | 1 | 1% |
| Work Incentive Planning Assistance (WIPA) | 0 | 0% |
| Louisiana Department of Education | 5 | 5% |
| Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) | 0 | 0% |
| Medicaid | 31 | 28% |
| Other | 18 | 16% |
| I don't receive any of these services | 34 | 31% |
| *Total Cases* | 111 | |

**What services do you need but do not get?**

| | Number | Percent |
|---|---|---|
| Assistance finding out where or how to get services | 31 | 21% |
| Personal care attendant | 11 | 8% |
| Support/counseling from a peer or professional | 12 | 8% |
| Transportation services | 13 | 9% |
| Skills training to live independently | 12 | 8% |
| Financial assistance | 27 | 18% |
| Interpreter/communication services | 2 | 1% |
| Advocacy | 4 | 3% |
| Assistive technology devices | 1 | 1% |
| I do not use any of these | 30 | 20% |
| Other | 4 | 3% |
| *Total Cases* | 147 | |

**Why don't you get the services and supports you need?**

| | Number | Percent |
|---|---|---|
| It's not covered by my insurance | 20 | 13% |
| It costs too much | 26 | 17% |
| It's not available where I live | 10 | 7% |
| Transportation is not available | 12 | 8% |
| I don't know where to get services | 30 | 20% |
| Facilities/ offices are not accessible | 8 | 5% |
| Support services are limited | 19 | 13% |
| Available care options are limited | 6 | 4% |
| I live how I want to live so this does not apply to me | 19 | 13% |
| Other | 0 | 0% |
| *Total Cases* | 150 | |

**Who plans most of the care you get?**

| | Number | Percent |
|---|---|---|
| I do | 46 | 51% |
| A relative | 36 | 40% |
| A friend | 0 | 0% |
| An agency | 5 | 6% |
| Other | 3 | 3% |
| *Total Cases* | 90 | |

**How much choice do you have when planning for the services or care that you get?**

| | Number | Percent |
|---|---|---|
| I have most control | 48 | 55% |
| I do not get to participate in planning | 16 | 18% |
| I have little control | 24 | 27% |
| *Total Cases* | 88 | |

## ASSISTIVE TECHNOLOGY

**Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?**

| | Number | Percent |
|---|---|---|
| Yes | 22 | 28% |
| No | 56 | 72% |
| *Total Cases* | 78 | |

**What sort of assistive technology do you use?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 2 | 6% |
| Hearing | 3 | 9% |
| Environmental adaptations | 1 | 3% |
| Speech communication | 5 | 15% |
| Learning/cognitive/development | 4 | 12% |
| Daily living aids | 3 | 9% |
| Mobility/seating/positioning | 5 | 15% |
| Vision | 3 | 9% |
| Vehicle modification/transportation | 2 | 6% |
| Computers and related | 3 | 9% |
| Other | 2 | 6% |
| *Total Cases* | 33 | |

**What sort of assistive technology do you need but not get?**

| | Number | Percent |
|---|---|---|
| Recreation/ sports/ leisure | 4 | 10% |
| Hearing | 0 | 0% |
| Environmental adaptations | 2 | 5% |
| Speech communication | 2 | 5% |
| Learning/cognitive/development | 3 | 7% |
| Daily living aids | 4 | 10% |
| Mobility/seating/positioning | 5 | 12% |
| Vision | 3 | 7% |
| Vehicle modification/transportation | 6 | 15% |
| Computers and related | 6 | 15% |
| None | 4 | 10% |
| Other | 2 | 5% |
| *Total Cases* | 41 | |

**If you don't have access to assistive technology, what is the reason?**

| | Number | Percent |
|---|---|---|
| I can't afford it | 7 | 25% |
| I need help to use it | 1 | 4% |
| I need training to use it | 2 | 7% |
| It is not available in my community | 4 | 14 |
| It is not covered by my health insurance | 6 | 21% |
| This does not apply to me | 5 | 18% |
| Other | 3 | 11% |
| *Total Cases* | 28 | |

**How would you describe your use of assistive technology?**

| | Number | Percent |
|---|---|---|
| I have all the assistive technology I need | 3 | 12% |
| I have some but not all of the assistive technology I need | 7 | 28% |
| I do not have any of the assistive technology I need | 4 | 16% |
| The assistive technology I use is in good condition | 4 | 16% |
| The assistive technology I use is outdated or in need of repair | 2 | 8% |
| I don't think I know about the assistive technology available | 4 | 16% |
| I find it difficult to learn to use new assistive technology | 1 | 4% |
| *Total Cases* | 25 | |

## TRANSPORTATION

### What means of transportation are available to you?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 6 | 5% |
| I have my own vehicle | 38 | 30% |
| Rides from friends/ family | 55 | 43% |
| Public transportation | 2 | 2% |
| Para Transit | 1 | 1% |
| Taxi service | 5 | 4% |
| Medicaid transportation service | 7 | 6% |
| None | 5 | 4% |
| Other | 9 | 7% |
| *Total Cases* | 128 | |

### What means of transportation do you use?

| | Number | Percent |
|---|---|---|
| Walking or riding a bike | 5 | 4% |
| I have my own vehicle | 39 | 33% |
| Rides from friends/ family | 55 | 47% |
| Public transportation | 2 | 2% |
| Para Transit | 1 | 1% |
| Taxi service | 3 | 3% |
| Medicaid transportation service | 3 | 3% |
| None | 2 | 2% |
| Other | 7 | 6% |
| *Total Cases* | 117 | |

**What problems do you have with transportation?**

| | Number | Percent |
|---|---|---|
| I don't have any problems with transportation | 47 | 44% |
| It's too far away | 4 | 4% |
| There are not enough options | 7 | 7% |
| It is not reliable | 9 | 9% |
| It is not available when I need it | 11 | 10% |
| It does not go where I need it to go | 3 | 3% |
| It costs too much | 18 | 17% |
| It is not available or accessible for someone with my disability | 1 | 1% |
| Other | 6 | 6% |
| *Total Cases* | 106 | |

**For which purposes do you use public transportation?**

| | Number | Percent |
|---|---|---|
| To go to work | 1 | 1% |
| To go to school/ training program | 5 | 5% |
| To go to social activities | 2 | 2% |
| To go to medical appointments | 9 | 9% |
| To do personal errands | 6 | 6% |
| To go to religious activities | 3 | 3% |
| I do not use public transportation | 73 | 74% |
| Other | 0 | 0% |
| *Total Cases* | 99 | |

## HOUSING

### Where do you live?

| | Number | Percent |
|---|---|---|
| House, apartment, or mobile home | 83 | 93% |
| Facility such as a nursing home, group home, or other institution | 3 | 3% |
| Shelter | 0 | 0% |
| Other | 3 | 3% |
| *Total Cases* | 89 | |

### Who do you live with?

| | Number | Percent |
|---|---|---|
| I live alone | 19 | 22% |
| Family | 45 | 52% |
| Spouse/significant other | 16 | 18% |
| Paid caretaker or care attendant | 0 | 0% |
| Roommate(s)/ Friend(s) | 2 | 2% |
| Other residents or nursing home/ group home/ shelter or other institution | 3 | 3% |
| *Total Cases* | 87 | |

### How much do you pay for housing each month, not including utilities?

| | Number | Percent |
|---|---|---|
| $1-$250 | 17 | 19% |
| $251-$500 | 22 | 24% |
| $501-$750 | 8 | 9% |
| $750-$1,000 | 2 | 2% |
| More than $1,000 | 2 | 2% |
| I do not pay anything/ my family pays for my housing | 32 | 35% |
| Missing | 8 | 9% |
| *Total Cases* | 83 | |

**Are you currently living in your preferred living arrangement?**

| | Number | Percent |
|---|---|---|
| Yes | 71 | 81% |
| No | 17 | 19% |
| *Total Cases* | 88 | |

**What would you need to live where you want to live?**

| | Number | Percent |
|---|---|---|
| Accessible housing options | 4 | 11% |
| Personal care attendant | 2 | 5% |
| Assistive technology | 2 | 5% |
| Community support services | 2 | 5% |
| Independent living skills | 6 | 16% |
| Affordable housing options | 13 | 34% |
| More available housing options | 7 | 18% |
| Other | 2 | 5% |
| *Total Cases* | 38 | |

## EDUCATION

### What is the highest level of education or grade level that you have completed?

| | Number | Percent |
|---|---|---|
| Junior high or less | 18 | 21% |
| Some high school | 18 | 21% |
| High school certificate | 10 | 11% |
| GED | 10 | 11% |
| High school diploma | 11 | 13% |
| Business/ technical/ vocational school | 4 | 5% |
| Some college | 14 | 16% |
| College degree | 3 | 3% |
| Some postgraduate study | 0 | 0% |
| Graduate degree | 0 | 0% |
| *Total Cases* | 88 | |

### Do you want to or are you currently continuing your education?

| | Number | Percent |
|---|---|---|
| Yes | 31 | 37% |
| No | 53 | 63% |
| *Total Cases* | 84 | |

### What are you current educational goals?

| | Number | Percent |
|---|---|---|
| Get a high school diploma | 10 | 23% |
| Get a GED | 4 | 9% |
| Get a high school certificate | 7 | 16% |
| Get job training | 9 | 21% |
| Attend or complete business/vocational/technical school | 8 | 19% |
| Attend or complete college | 3 | 7% |
| Attend or complete graduate school | 2 | 5% |
| *Total Cases* | 43 | |

**Are you currently enrolled in school or in a training program?**

| | Number | Percent |
|---|---|---|
| Yes | 12 | 40% |
| No | 18 | 60% |
| *Total Cases* | 30 | |

**What type of school or program are you enrolled in?**

| | Number | Percent |
|---|---|---|
| Home school | 0 | 0% |
| Private school | 1 | 8% |
| Public school | 11 | 85% |
| College or university | 0 | 0% |
| Business/ vocational/ technical school | 1 | 8% |
| Correspondence courses or online instruction | 0 | 0% |
| *Total Cases* | 13 | |

**What keeps you from getting the education or training you need?**

| | Number | Percent |
|---|---|---|
| I don't have transportation | 5 | 12% |
| I don't know where I get it | 6 | 14% |
| I don't have assistive devices I need | 7 | 17% |
| I have trouble with tests | 8 | 19% |
| It costs too much | 2 | 5% |
| I don't know how to get it | 8 | 19% |
| I don't have any problems getting the education or training I need | 2 | 5% |
| Other | 0 | 0% |
| *Total Cases* | 42 | |

## EMPLOYMENT

### Which of the following describes your employment situation?

| | Number | Percent |
|---|---|---|
| I work full time | 2 | 2% |
| I am retired | 14 | 17% |
| I work part-time | 9 | 11% |
| I am unemployed | 42 | 49% |
| I am a student | 12 | 14% |
| I am currently looking for a job | 2 | 2% |
| I am not employed by volunteer regularly | 1 | 1% |
| I am self-employed | 1 | 1% |
| I work in a sheltered workshop, mobile crew, or enclave | 2 | 2% |
| *Total Cases* | 85 | |

### What problem(s) do you have finding or keeping a job?

| | Number | Percent |
|---|---|---|
| There are not enough jobs | 7 | 5% |
| There are not enough training opportunities | 9 | 7% |
| I do not have the assistive devices I need | 3 | 2% |
| I can't work as much as I need or want | 18 | 14% |
| I don't have transportation | 10 | 8% |
| I do not have the supports I need | 6 | 5% |
| I can't find a job that will let me use my existing skills | 9 | 7% |
| I am not looking for a job | 26 | 20% |
| I do not have a problem finding or keeping jobs | 8 | 6% |
| Other | 35 | 27% |
| *Total Cases* | 131 | |

## FINANCES

### How much is your individual (not family) monthly income?

| | Number | Percent |
|---|---|---|
| $1-$1,000 | 68 | 75% |
| $1,001- $2,000 | 9 | 10% |
| $2,001-$3,000 | 2 | 2% |
| More than $3,000 | 2 | 2% |
| I have no personal income | 8 | 9% |
| Missing | 2 | 2% |
| *Total Cases* | 89 | |

### What is the source of your individual (not family) income?

| | Number | Percent |
|---|---|---|
| Alimony or Child support | 0 | 0% |
| Earnings from employment or self-employment | 9 | 9% |
| FITAP (welfare) | 2 | 2% |
| Railroad Retirement Benefits | 0 | 0% |
| Veteran's benefits | 3 | 3% |
| Social Security/ Supplemental Security Income | 78 | 77% |
| Unemployment compensation benefits | 0 | 0% |
| Worker's compensation benefits | 0 | 0% |
| Other | 2 | 2% |
| None | 8 | 8% |
| *Total Cases* | 102 | |

### Do you personally get financial help from any of the following programs?

| | Number | Percent |
|---|---|---|
| Child care assistance | 0 | 0% |
| Food stamps | 33 | 34% |
| Help with Medicare costs | 14 | 14% |
| Help with utility costs | 2 | 2% |
| Housing assistance | 2 | 2% |
| Other | 4 | 4% |
| No, I don't get any of these | 42 | 43% |
| *Total Cases* | 97 | |

**Which of the following kinds of assets or resources do you personally own?**

| | Number | Percent |
|---|---|---|
| Annuities or Trusts | 1 | 1% |
| Bank accounts | 39 | 35% |
| Certificate of deposit | 1 | 1% |
| Property, including your home | 8 | 7% |
| Retirement accounts | 1 | 1% |
| Stocks or Bonds | 3 | 3% |
| Vehicles | 24 | 21% |
| I don't have any of these | 36 | 32% |
| Other | 0 | 0% |
| *Total Cases* | 113 | |

**How much are your personal resources worth, other than your home or vehicle?**

| | Number | Percent |
|---|---|---|
| $1-$2,5000 | 30 | 33% |
| $2,501-$5,000 | 4 | 4% |
| $5,001-$7,500 | 1 | 1% |
| $7,501-$10,000 | 0 | 0% |
| More than $10,000 | 6 | 7% |
| I don't own any additional assets | 41 | 45% |
| Missing | 9 | 10% |
| *Total Cases* | 82 | |

## COMMUNITY INVOLVEMENT

### What activities do you participate in within your community?

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 3 | 1% |
| Eating out | 47 | 17% |
| Entertainment activities | 18 | 7% |
| Fitness activities | 4 | 1% |
| School sponsored extracurricular activities | 7 | 3% |
| Shopping | 48 | 17% |
| Sporting events or activities | 9 | 3% |
| Social organizations | 11 | 4% |
| Visiting with family and friends | 61 | 22% |
| Volunteering | 7 | 3% |
| Support groups or centers | 5 | 2% |
| Religious activities | 39 | 14% |
| None | 16 | 6% |
| Other | 2 | 1% |
| *Total Cases* | 277 | |

### What activities would you like to participate in, but cannot?

| | Number | Percent |
|---|---|---|
| Civic or advocacy groups | 6 | 4% |
| Eating out | 15 | 9% |
| Entertainment activities | 17 | 10% |
| Fitness activities | 20 | 12% |
| School sponsored extracurricular activities | 5 | 3% |
| Shopping | 8 | 5% |
| Sporting events or activities | 12 | 7% |
| Social organizations | 10 | 6% |
| Visiting with family and friends | 10 | 6% |
| Volunteering | 12 | 7% |
| Support groups or centers | 7 | 4% |
| Religious activities | 9 | 6% |
| None | 33 | 20% |
| Other | 0 | 0% |
| *Total Cases* | 164 | |

**Is there anything that makes it hard for you to do the things you want?**

| | Number | Percent |
|---|---|---|
| No, I do all that I Want to do | 14 | 10% |
| It costs too much | 25 | 17% |
| I don't have transportation | 13 | 9% |
| Locations are not accessible | 5 | 4% |
| I have no friends or family | 3 | 2% |
| I don't have the assistive devices I need | 9 | 6% |
| My medical condition/ disability makes it too hard | 53 | 37% |
| People treat me differently/ make me feel uncomfortable | 12 | 8% |
| I can't get the help or support I need to participate in community activities | 7 | 5% |
| Other | 3 | 2% |
| *Total Cases* | 144 | |

## CIVIC INVOLVEMENT

### Are you registered to vote?

| | Number | Percent |
|---|---|---|
| Yes, I am an adult who is registered to vote | 53 | 61% |
| No, I am an adult who is not registered to vote | 22 | 25% |
| No, I am a minor child and cannot vote | 12 | 14% |
| *Total Cases* | 87 | |

### Have you voted in any election in the last four years?

| | Number | Percent |
|---|---|---|
| Yes | 43 | 86% |
| No | 7 | 14% |
| *Total Cases* | 50 | |

### Have you used special voting services such as vote by mail or early vote?

| | Number | Percent |
|---|---|---|
| Yes | 6 | 14% |
| No | 36 | 86% |
| *Total Cases* | 42 | |

### Is there anything that makes it hard for you to vote?

| | Number | Percent |
|---|---|---|
| No, there is no problem | 47 | 63% |
| Assistive equipment is not available | 1 | 1% |
| I don't have the transportation | 2 | 3% |
| I do not get the help I need | 2 | 3% |
| Buildings where I am to register to vote are not accessible because | 0 | 0% |
| Buildings where I vote are not accessible because | 1 | 1% |
| Other | 22 | 29% |
| *Total Cases* | 75 | |

## EMERGENCY PREPAREDNESS

### Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?

| | Number | Percent |
|---|---|---|
| Yes | 48 | 55% |
| No | 40 | 46% |
| *Total Cases* | 88 | |

### What would you need to be prepared for a future emergency situation?

| | Number | Percent |
|---|---|---|
| A plan to follow in case of an emergency | 32 | 10% |
| A designated emergency contact person or agency | 23 | 7% |
| Transportation if I have to leave my home | 22 | 7% |
| An accessible, safe place to go | 37 | 12% |
| A safe place for my animals to go | 17 | 6% |
| Extra supply of food and water | 46 | 15% |
| Extra medication/ medical supplies | 49 | 16% |
| Emergency supplies such as a radio, flashlight, first aid kit, or generator | 44 | 14% |
| A cell phone | 28 | 9% |
| Other | 13 | 4% |
| *Total Cases* | 311 | |

# APPENDIX A
# EXECUTIVE SUMMARY OF 2004 SURVEY

## EXECUTIVE SUMMARY

- **In February of 2004, nine interviews were conducted and approximately 7,500 surveys were mailed to people living with disabilities and to those who work with people with disabilities. There were 1,099 completed surveys returned. A return rate could not be calculated due to a number of factors discussed in the report.**

- **The qualitative interviews revealed six themes: issues surrounding independent living, personal care attendants, transportation, waiting for services, autonomy, and access to information. All of the participants spent a significant amount of time in the interviews discussing the importance of living independently, most emphasizing a willingness to go to any length to avoid going into a nursing home or other long-term care facility. All but one of the participants discussed the need for personal care attendants and most also discussed problems with transportation.**

- **Of the 1,099 surveys returned, about half (46%) were returned by people with disabilities and about half (46%) were returned by a parents or guardians assisting a person with a disability. Many respondents reported multiple disabilities including 66% indicating a physical disability, 41% indicating a mental disability, and 35% indicating a learning/cognitive disability.**

- **Survey respondents most frequently indicated primary doctor, specialist doctor, medications, other, emergency care, personal care attendant, and physical therapy when asked about services needed. For most of the listed services, cost was the most frequent reason cited for not receiving needed services. The exceptions were personal care attendant, speech therapy, home health, and "other", for which respondents most frequently indicated that they do not receive the service because the service is unavailable. Transportation was the least frequently noted reason for not receiving services. Services most frequently cited for not being available as often as needed were "other", speech therapy, occupational therapy, physical therapy, and personal care attendant.**

- **When asked about the planning of care and services, over half of the respondents (64%) indicated "I have some control" and "I have complete control" concerning choice or control in planning for services; however, 19% reported they do not get to participate in planning for their care. Just over half of respondents indicated that a relative plans most of the care for their disability, while 30% indicated that they plan most of their own care. Overall, respondents were satisfied with the quality of help they receive in planning for care.**

- **Survey respondents were asked about barriers affecting their ability to live life as they would like. The most frequently cited barriers are "There are not enough services for people with my specific disability", "I do not have enough money to support my needs", and "There is not enough information/referral services".**

- **Survey respondents most frequently indicated relatives and friends, agencies, and doctors as sources of information for learning about services that are available.**

- **The results of the questions on the quality of help respondents receive in planning for care, on the barriers affecting respondents' ability to live life as they would like, and on sources helpful to finding out about services were also examined by ethnicity and by nature of disability. Results were consistent with the overall results. These results suggest that people of different ethnicities do not differ in rating the quality of help they receive in planning for care, identifying the barriers they experience to living life as they would like, or in identifying the sources they consider helpful in finding out about services. Likewise, these results suggest that people with different types of disabilities do not differ in the quality of help they receive in planning for care, in the barriers they experience, or the sources they consider helpful in finding out about services."**

- **In comparing the results of the survey with the results of the qualitative interviews, the participants in the interviews indicated an overall higher level of need, including a higher level of need for personal care attendants and transportation. The survey respondents, most of whom were contacted through the Families Helping Families mailing list, appeared to have lower overall needs pertaining to their disabilities than did the interview participants who all receive services from the Independent Living Centers. The differences in the results of the two methods could indicate that the interview participants (from the Independent Living Centers), in contrast to the survey respondents, have disabilities with a higher level of severity.**

# APPENDIX B
# COVER LETTER AND 2008 SURVEY INSTRUMENT

**ID number: C0000**

LOUISIANA STATE UNIVERSITY

***School of Social Work • Office of Social Service Research and Development***

January 16, 2008

Dear Citizen of Louisiana:

Louisiana's Medicaid Infrastructure Grant Advisory Council is pleased to invite you to participate in an anonymous, confidential survey of persons with disabilities throughout Louisiana. Our goal is to use this information to help the state better provide services that are needed by you or anyone with a disability.

Representatives from Department of Health and Hospitals (DHH), Statewide Independent Living Council (SILC), Louisiana Assistive Technology Access Network (LATAN), Advocacy Center, Governor's Office of Disability Affairs (GODA), Department of Social Services (DSS) and LSU School of Social Work have been working together to develop and distribute this questionnaire throughout the state.

The enclosed survey asks questions about your life, services you get, services you may need but do not get and any problems you may have had receiving services. With your help, we will accomplish our goal of obtaining the necessary information to show where services are lacking and where services are needed. The results of this survey will be posted at http://www.LaMPP.org. Completion and return of this survey implies that you have read the information in this letter and consent to participate.

At the top of this page is an ID number. There is no link between this number and any personal information about you. This ID number will be used ONLY to prove that persons who got an invitation to do so are completing this survey.

If you would prefer to complete the survey online, the ID number will give you access to a web version of the survey at http://ossrdsurvey.ossrd.net.

This survey is also available in large print, Braille, American Sign Language, Spanish, and Vietnamese. To get a survey in any of these formats, or if you have any questions or concerns about the survey, please call 1-866-854-0894 or email Laura Meiki at lmeiki@lsu.edu. If you have questions about subjects' rights or other related concerns, you may contact Robert C. Mathews at the LSU Institutional Review Board (225) 578-8692, irb@lsu.edu or visit http://www.lsu.edu/irb .

You may also take the survey by phone or Video Relay by calling us toll-free at 1-866-854-0894 beginning January 22 until February 14, 2008. The hotline will be available on Tuesdays, Wednesdays and Thursdays from 2:00pm to 7:00pm and on Saturdays from 11:00am to 4:00pm.

If you choose to complete the paper survey, please return it in the enclosed postage-paid envelope.

Your help is greatly needed. As a token of our appreciation to you, enclosed is a 2008 pocket calendar.

**All responses MUST be completed and returned no later than FEBRUARY 15, 2008**.

THANK YOU!

Enter your ID number here _____
*(ID number located on the upper right corner of the enclosed letter)*

# Survey for People with Disabilities

The following survey asks questions about your life. This survey is completely anonymous. Your answers will be kept in confidence. The information from this survey will be presented to the state legislature and used to improve services for people with disabilities in Louisiana. Your participation is voluntary and you may choose to skip any questions that you are not comfortable answering.

**You SHOULD fill out this survey if YOU are a:**
□ person with a disability
□ parent/guardian caring for a minor child with a disability
□ friend, family member, advocate, or professional assisting a person with a disability and are recording answers provided by this person
□ friend, family member, advocate, or professional filling out this survey for someone who is unable to do so

**You SHOULD NOT fill out this survey if:**
□ You are under 18 years of age
□ The person to whom this survey was sent does not want you to fill it out
□ You are a person with a disability who does not want to participate
□ This survey was sent to you by mistake or the person to whom it is addressed does not live at this address

This survey contains 61 questions, including 54 multiple choice questions. Please answer each multiple choice question by putting an 'X' in the correct box. Write in other answers in the space provided. **If you have more than one answer to any question, please put an 'X' in all of the boxes that apply.** When you have completed the survey, please return it using the enclosed postage-paid envelope.

If you have any questions about the survey, or if you need it in another format, a different language, or in larger print, please see our survey website or call us at **1-866-854-0894**

This survey is available online at **http://dhhsurvey.ossrd.net**

We appreciate your help!

**Please return no later than February 15, 2008**

# GENERAL INFORMATION

1. Who is filling out this survey?
☐ A person with a disability
☐ A helper or friend of a person with a disability
☐ The parent or guardian of a minor child with a disability
☐ The parent or guardian of an adult with a disability
☐ A court appointed guardian, curator, tutor or agent
☐ A professional or advocate

2. Why is someone helping you fill out this survey? (check all that apply)
☐ This doesn't apply to me – I am answering this survey by myself
☐ I am providing the answers and this person is recording them
☐ I am unable to answer the survey
☐ I do not want to participate in the survey
☐ I am under 18 and this person is my parent or guardian
☐ Other (specify) _____

3. What is the type of your disability?
☐ Mental health/Emotional disorder ☐ Physical ☐ Learning/Cognitive
☐ Speech Communication ☐ Sensory ☐ Chronic health condition

4. What is your diagnosis?_____

5. How long have you lived with your disability? _____ years

6. How would you judge your condition?
☐ It is getting better ☐ It comes and goes ☐ It only gets worse
☐ It is ongoing with little or no change ☐ It is ongoing with constant change

7. How long is your disability expected to last?
☐ It is permanent ☐ It is temporary ☐ I'm not sure

8. What is your race or ethnicity? (check all that apply)
☐ African American/Black ☐ Asian/Pacific Islander ☐ Caucasian/White
☐ Hispanic/Latino ☐ Native American ☐ Multi-racial
☐ Other (specify) _____

9. What is your gender?
☐ Male ☐ Female

10. How old are you? _____ years old

11. What is your zip code? _____

12. Which of the following helps you find out about available services? (check all that apply)

☐ Agencies ☐ Healthcare providers ☐ Internet
☐ Library ☐ Magazines ☐ Mail
☐ Newsletters ☐ Newspaper ☐ Radio
☐ Relatives/friends ☐ Television
☐ Other (specify) _____

## HEALTH CARE

1. What type of health insurance do you have? (check all that apply)

☐ None ☐ Insurance through an employer
☐ Medicaid (blue & white card) ☐ Medicare (red, white & blue card)
☐ Medicare prescription drug coverage ☐ Private insurance
☐ Other (specify)_____

2. About how much do you or your family pay each month for this insurance?
_____

3. About how much of your own or your family's money is spent each month for medical expenses other than insurance? _____

4. What medical services do you use on a regular basis? (check all that apply)

☐ Primary care doctor ☐ Specialist doctor ☐ Medical supplies
☐ Prescription medications ☐ Mental health services ☐ Hospital care
☐ Home health services ☐ Emergency Care ☐ Nutrition services
☐ Substance abuse counseling ☐ Nursing services ☐ Dialysis
☐ Hearing services ☐ Dental services ☐ Eye/vision
☐ Therapy Services ☐ Rehabilitation services ☐ Orthotics
☐ None
☐ Other (specify) _____

5. What medical services do you need but do not get? (check all that apply)

☐ Primary care doctor ☐ Specialist doctor ☐ Medical supplies
☐ Prescription medications ☐ Mental health services ☐ Hospital care
☐ Home health services ☐ Emergency Care ☐ Nutrition services
☐ Substance abuse counseling ☐ Nursing services ☐ Dialysis
☐ Hearing services ☐ Dental services ☐ Eye/vision
☐ Therapy Services ☐ Rehabilitation services ☐ Orthotics
☐ None
☐ Other (specify) _____

6. Why don't you get the medical care you need? (check all that apply)
☐ It's not covered by my insurance ☐ It costs too much
☐ It's not available where I live ☐ I don't have transportation
☐ Support services are limited ☐ It's hard to find out where to get services
☐ Care options are limited ☐ Medical facilities/offices are not accessible
☐ I get the care I need so this doesn't apply to me
☐ Other (specify) _____

## INDEPENDENT LIVING

1. What services and supports do you use? (check all that apply)
☐ Assistance finding out where or how to get services
☐ Personal care attendant
☐ Support/counseling from a peer or professional ☐ Transportation services
☐ Skills training to live independently ☐ Financial assistance
☐ Interpreter/communication services ☐ Advocacy
☐ Assistive technology devices ☐ I do not use any of these
☐ Other (specify) _____

2. Who provides these supports and services to you?
☐ Office for Citizens with Developmental Disabilities (OCDD)
☐ Office of Aging and Adult Services (OAAS)
☐ Office of Mental Health (OMH)
☐ Louisiana Rehabilitation Services (LRS)
☐ Governor's Office of Disability Affairs (GODA)
☐ Independent living centers
☐ Office for Addictive Disorders and Counseling (OADC)
☐ Louisiana Assistive Technology Access Network (LATAN)
☐ Work Incentive Planning Assistance (WIPA)
☐ Louisiana Department of Education
☐ Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund)
☐ Medicaid
☐ Other (specify)_____
☐ I don't receive any of these services

3. What services and supports do you need but do not get? (check all that apply)
☐ Assistance finding out where or how to get services
☐ Personal care attendant
☐ Support/counseling from a peer or professional ☐ Transportation services
☐ Skills training to live independently ☐ Financial assistance
☐ Interpreter/communication services ☐ Advocacy
☐ Assistive technology devices ☐ I do not use any of these
☐ Other (specify) _____

4. Why don't you get the services and supports you need? (check all that apply)
☐ It's not covered by my insurance ☐ It costs too much
☐ It's not available where I live ☐ Transportation is not available
☐ I don't know where to get services ☐ Facilities/offices are not accessible
☐ Support services are limited ☐ Available care options are limited
☐ I live how I want to live so this does not apply to me
☐ Other (specify) _____

5. Who plans most of the care you get?
☐ I do ☐ A relative ☐ A friend ☐ An agency
☐ Other (specify)_____

6. How much choice do you have when planning for the services or care that you get?
☐ I have most control ☐ I do not get to participate in planning
☐ I have little control

## ASSISTIVE TECHNOLOGY

1. Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?
☐ Yes (answer the shaded box below) ☐ No (go to next section)

a. What sort of assistive technology do you use? (check all that apply)
☐ Recreation/sports/leisure ☐ Hearing
☐ Environmental adaptations ☐ Speech communication
☐ Learning/cognitive/development ☐ Daily living aids
☐ Mobility/seating/positioning ☐ Vision
☐ Vehicle modification/transportation ☐ Computers and related
☐ Other (specify)_____

b. What sort of assistive technology do you need but not get? (check all that apply)
☐ Recreation/sports/leisure ☐ Hearing
☐ Environmental adaptations ☐ Speech communication
☐ Learning/cognitive/development ☐ Daily living aids
☐ Mobility/seating/positioning ☐ Vision
☐ Vehicle modification/transportation ☐ Computers and related
☐ None
☐ Other (specify)_____

c. If you don't have access to assistive technology, what is the reason? (check all that apply)
☐ I can't afford it ☐ I need help to use it
☐ I need training to use it ☐ It is not available in my community
☐ It is not covered by my health insurance
☐ This does not apply to me
☐ Other (specify)_____

d. How would you describe your use of assistive technology? (check all that apply)
☐ I have all the assistive technology I need
☐ I have some but not all of the assistive technology I need
☐ I do not have any of the assistive technology I need
☐ The assistive technology I use is in good condition
☐ The assistive technology I use is outdated or in need of repair
☐ I don't think I know about of the assistive technology available
☐ I find it difficult to learn to use new assistive technology

## TRANSPORTATION

1. What means of transportation are available to you? (check all that apply)
☐ Walking or riding a bike ☐ I have my own vehicle
☐ Rides from friends/family ☐ Public transportation
☐ Para transit ☐ Taxi service
☐ Medicaid transportation services ☐ None
☐ Other (specify) _____

2. What means of transportation do you use? (check all that apply)
☐ Walking or riding a bike ☐ I have my own vehicle
☐ Rides from friends/family ☐ Public transportation
☐ Para transit ☐ Taxi service
☐ Medicaid transportation services ☐ None
☐ Other (specify) _____

3. What problems do you have with transportation? (check all that apply)
☐ I don't have any problems with transportation ☐ It is too far away
☐ There are not enough options ☐ It is not reliable
☐ It is not available when I need it ☐ It does not go where I need to go
☐ It costs too much
☐ It is not available or accessible for someone with my disability
☐ Other (specify) _____

4. For which purposes do you use public transportation? (check all that apply)

☐ To go to work
☐ To go to school/training program
☐ To go to social activities
☐ To go to medical appointments
☐ To do personal errands
☐ To go to religious activities
☐ I do not use public transportation
☐ Other (specify) _____

## HOUSING

1. Where do you live?

☐ House, apartment, or mobile home
☐ Facility such as a nursing home, group home, or other institution
☐ Shelter
☐ Other (specify) _____

2. Who do you live with?

☐ I live alone
☐ Family
☐ Spouse/significant other
☐ Paid caretaker or care attendant
☐ Unpaid caretaker or care attendant
☐ Roommate(s)/friend(s)

☐ Other residents of nursing home/group home/shelter or other institution

3. How much do you pay for housing each month, not including utilities?

☐ $1 - $250
☐ $251 - $500
☐ $501 - $750
☐ $751 - $1,000
☐ More than $1,000
☐ I do not pay anything/my family pays for my housing

4. Are you currently living in your preferred living arrangement?

☐ Yes (go to next section)
☐ No (answer the shaded box below)

a. If no, what would you need to live where you want to live? (check all that apply)

☐ Accessible housing options
☐ Personal care attendant
☐ Assistive technology
☐ Community support services
☐ Independent living skills
☐ Affordable housing options
☐ More available housing options
☐ Other (specify)_____

## EDUCATION

1. What is the highest level of education or grade level that you have completed?

☐ Junior high or less
☐ Some high school
☐ High school certificate
☐ GED
☐ High school diploma
☐ Business/technical/vocational school
☐ Some college
☐ College degree
☐ Some postgraduate study
☐ Graduate degree

2. Do you want to or are you currently continuing your education?

☐ Yes (answer the shaded box below)
☐ No (go to next section)

a. What are your current educational goals? (check all that apply)

☐ Get a high school diploma
☐ Get a GED
☐ Get a high school certificate
☐ Get job training
☐ Attend or complete business/vocational /technical school
☐ Attend or complete college
☐ Attend or complete graduate school

b. Are you currently enrolled in school or in a training program?

☐ Yes (answer the box below)
☐ No (go to c)

i. What type of school or program are you enrolled in?

☐ Home school
☐ Public school
☐ Private school
☐ College or university
☐ Business/vocational/technical school
☐ Correspondence courses or online instruction

c. What keeps you from getting the education or training you need (check all that apply)

☐ I don't have transportation
☐ I don't have assistive devices I need
☐ It costs too much
☐ I don't know where to get it
☐ I have trouble with tests
☐ I don't know how to get it
☐ I don't have any problems getting the education or training I need
☐ Other (specify) _____

## EMPLOYMENT

1. Which of the following describe your employment situation? (check all that apply)

☐ I work full-time
☐ I work part-time
☐ I am a student
☐ I am not employed but volunteer regularly
☐ I work in a sheltered workshop, mobile crew, or enclave
☐ I am retired
☐ I am unemployed
☐ I am currently looking for a job
☐ I am self-employed

2. What problem(s) you have finding or keeping a job? (check all that apply)

☐ There are not enough jobs
☐ There are not enough training opportunities
☐ I do not have the assistive devices I need
☐ I can't work as much as I need or want
☐ I don't have transportation
☐ I do not have the supports I need
☐ I can't find a job that will let me use my existing skills
☐ I am not looking for a job
☐ I do not have a problem finding or keeping jobs
☐ Other (specify) _____

## FINANCES

1. How much is your individual (not family) monthly income?

☐ $1 - $1,000
☐ $1001 - $2,000
☐ $2,001 - $3,000
☐ More than $3,000
☐ I have no personal income

2. What is the source of your individual (not family) income? (check all that apply)

☐ Alimony or Child support
☐ FITAP (welfare)
☐ Veteran's benefits
☐ Unemployment compensation benefits
☐ Earnings from employment or self-employment
☐ Railroad Retirement Benefits
☐ Social Security/Supplemental Security Income
☐ Worker's compensation benefits
☐ Other (specify) _____
☐ None

3. Do you personally get financial help from any of the following programs? This means help that is intended just for you rather than you and your family. (check all that apply)

☐ Child care assistance
☐ Help with Medicare costs
☐ Housing assistance (specify)_____
☐ Other (specify) _____
☐ No, I don't get any of these
☐ Food stamps
☐ Help with utility costs

4. Which of the following kinds of assets or resources do you personally own? This means assets that are in your name. (check all that apply)

☐ Annuities or Trusts
☐ Bank accounts
☐ Certificates of Deposit
☐ Property, including your home
☐ Retirement accounts
☐ Stocks or Bonds
☐ Vehicles
☐ I don't have any of these
☐ Other (specify) _____

5. How much are your personal resources worth, other than your home or vehicle?

☐ $1 - $2,500 ☐ $2,501 - $5,000 ☐ $5,000 - $7,500
☐ $7,501 - $10,000 ☐ More than $10,000 ☐ I don't own any additional assets

## COMMUNITY INVOLVEMENT

1. What activities do you participate in within your community? (check all that apply)

☐ Civic or advocacy groups
☐ Eating out
☐ Entertainment activities
☐ Fitness activities
☐ School sponsored extracurricular activities
☐ Shopping
☐ Sporting events or activities
☐ Social organizations
☐ Visiting with family and friends
☐ Volunteering
☐ Support groups or centers
☐ Religious activities
☐None
☐ Other (specify) _____

2. What activities would you like to participate in, but cannot? (check all that apply)

☐ Civic or advocacy groups
☐ Eating out
☐ Entertainment activities
☐ Fitness activities
☐ School sponsored extracurricular activities
☐ Shopping
☐ Sporting events or activities
☐ Social organizations
☐ Visiting with family and friends
☐ Volunteering
☐ Support groups or centers
☐ Religious activities
☐ None
☐ Other (specify) _____

3. Is there anything that makes it hard for you to do the things you want? (check all that apply)

☐ No, I do all that I want to do
☐ It costs too much
☐ I don't have transportation
☐ Locations are not accessible
☐ I have no friends or family
☐ I don't have the assistive devices I need
☐ My medical condition/disability makes it too hard
☐ People treat me differently/make me feel uncomfortable
☐ I can't get the help or support I need to participate in community activities
☐ Other (specify) _____

## CIVIC INVOLVEMENT

1. Are you registered to vote?
☐ Yes, I am an adult who is registered to vote (answer the shaded box below)

☐ No, I am an adult who is not registered to vote (go to #2)
☐ No, I am a minor child and cannot vote (go to the next section)

a. Have you voted in any election in the last four years?
☐ Yes (answer the box below) ☐ No (go to #2)

i. Have you used special voting services such as vote by mail or early voting?
☐ Yes ☐ No

2. Is there anything that makes it hard for you to vote? (check all that apply)
☐ No, there is no problem
☐ Assistive equipment is not available
☐ I don't have transportation
☐ I do not get the help I need
☐ Buildings where I am to register to vote are not accessible because_____
☐ Buildings where I vote are not accessible because_____
☐ Other (specify) _____

## EMERGENCY PREPAREDNESS

1. Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?
☐ Yes ☐ No

2. What would you need to be prepared for a future emergency situation?
☐ A plan to follow in case of an emergency
☐ A designated emergency contact person or agency
☐ Transportation if I have to leave my home
☐ An accessible, safe place to go
☐ A safe place for my animals to go
☐ Extra supply of food and water
☐ Extra medication/medical supplies
☐ Emergency supplies such as a radio, flashlight, first aid kit, or generator
☐ A cell phone
☐ Other (specify)_____

## GENERAL COMMENTS

Please share any information you think would help us help people living with disabilities.

# APPENDIX C

## RESPONSES TO "WHAT IS YOUR DIAGNOSIS?"

***In most instances, unless otherwise noted, statements by respondents have been included verbatim. Comments followed by a number in parentheses indicate the number of people having the same comment.***

| |
|---|
| A mental disorder illness |
| Abused |
| Acoustic Neuroma (2 brain tumors) |
| AIDS |
| AIDS, Heart Disease, Schizophrenia (Paranoid Type), Thyroid pernious anemia, |
| AIDS, Mentally Disabled |
| Alcoholism, Arthritis, Spinal Stenosis |
| Alcoholism, Diabetes, Depression, Neuopthy |
| Allergies, Arthritis, Back disorder (discs in my back), Diabetes, Heart trouble, Hypertension |
| Alzheimer's Disease, Stroke |
| Amputee, Blind |
| Anemia, Depression, Hepatitis Type C, |
| Aneurysm |
| Aneurysm (Brain) |
| Aneurysm (Brain), Stroke |
| Angelman's Syndrome, Seizure Disorder |
| Anxiety, Arthritis, Bipolar Disorder, Heart Palpatations, Hypercholesterolemia, Hypertension |
| Anxiety, Chronic Low Back Pain, degenerative Disc disease |
| Anxiety, Deep Veinous Thrombosis, Hypertension , |
| Anxiety, Schizophrenia (Paranoid Type) |
| Aorta valve- surgery in future |
| Arthritis (2) |
| Arthritis in foot, hand and leg |
| Arthritis, Asthma, Bipolar Disorder, Diabetes, sleep apnea |
| Arthritis, back |
| Arthritis, Depression, , Cataract, Diabetes, Graves disease |
| Arthritis, Depresson, scoliosis, degenerative disease, Hypercholesterolemia, fibermyalga, carpal tunnel |
| Arthritis, Diabetes (2) |
| Arthritis, Gout |
| Arthritis, Multiple Sclerosis, Trigeminal Neuralgia |
| Asperger's Syndrome |
| Asperger's Syndrome, Attention-Deficit Disorder, Generalized Anxiety Disorder |
| Asperger's Syndrome, cerebral palsy |
| Asperger's Syndrome, OCD |
| Asperger's Syndrome/Autism |
| Asthma (6) |
| Asthma or enphysema, Chronic Obstructive Pulmonary Disease |

| |
|---|
| Asthma, Attention-Deficit Disorder, premature, ear surgery |
| Asthma, bad vision, Hypertension , I'm slow, back problems |
| Asthma, Bipolar Disorder, Chronic Obstructive Pulmonary Disease , Cirrosis, Depression, Hepatitis C |
| Asthma, Chronic Obstructive Pulmonary Disease |
| Asthma, Diabetes, Gout, Hypertension |
| Asthma, Diabetes, Heart Disease |
| Attention-Deficit Disorder HD LD |
| Attention-Deficit Disorder (2) |
| Attention-Deficit Disorder, Bipolar Disorder (2) |
| Attention-Deficit Disorder, Posttraumatic Stress Disorder |
| Attention-Deficit Disorder, Seizures |
| Attention-Deficit/Hyperactivity Disorder (9) |
| Attention-Deficit/Hyperactivity Disorder , ED |
| Attention-Deficit/Hyperactivity Disorder, OCDD |
| Attention-Deficit/Hyperactivity Disorder, Autism |
| Attention-Deficit/Hyperactivity Disorder, Autism, Cerebral Palsy (Mild), Epilepsy |
| Attention-Deficit/Hyperactivity Disorder, Autism, Fine motor deficit |
| Attention-Deficit/Hyperactivity Disorder, Bipolar Disorder |
| Attention-Deficit/Hyperactivity Disorder, Dyslexia, Oppositional Defiant Disorder |
| Attention-Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder |
| Attention-Deficit/Hyperactivity Disorder, Schizophrenia |
| Attention-Deficit/Hyperactivity Disorder, Schizophrenia (Paranoid Type) |
| Autism (16) |
| Autism, Brain Tumor, Seizure Disorder |
| Autism, Mental Retardation (Mild), Obsessive Compulsive Disorder |
| Autism, Tourette |
| Autistic IQ 41 |
| Autistic, Learning Disabled |
| Back injury |
| Back injury, Heart, colon surgeries |
| Back injury, Heart, sight, legs, and neck. |
| Back Pain, Bipolar Disorder |
| Back pain, Depression |
| Back problem, carpal tullels syndome, nerve damage |
| Back Problem, Hepatitis Type C |
| Back Problems, Diabetes, Glaucoma |
| Back Problems, Irritable Bowel Syndrome |
| Back surgeries, heart problems, diabetes, Hypertension |
| Back surgery with 40% nerve damage |
| Back, knees & art impariment |
| Back, leg, hip is bad cause problem for moving around |
| Back, Nerves |
| Bad Back |
| Bad back, Diabetes |
| Bad Feet learning problems |

| |
|---|
| Bad knee had surgery, knee still swell. have to keep wrap cataract lost left eye, found I have bad liver disease |
| Bad Knees (No cartliedge) |
| Bad nerves |
| Bipolar Disorder (16) |
| Bipolar Disorder (with some schizophrenic tendencies) |
| Bipolar Disorder, Back, Fybromijia, IBS, RLS + more |
| Bipolar Disorder, broken neck-back-arm - other things-knees |
| Bipolar Disorder, Cancer (Bone, Breast), Slip disc |
| Bipolar Disorder, Cancer (Breast), paralized on left side |
| Bipolar Disorder, damaged cartlidge in right knee w/ arthritis |
| Bipolar Disorder, Degenerative Bone Disease |
| Bipolar Disorder, degenerative joint disease, paranoid schizophrenia(Paranoid Type) |
| Bipolar Disorder, Depression, hypertension, Obsessive-Compulsive Disorder, Substance Abuse, Thyroid Disorder |
| Bipolar Disorder, Diabetes (2) |
| Bipolar Disorder, Diabetes, Left side weak due to stroke |
| Bipolar Disorder, Diabetes, spinal stenosis |
| Bipolar Disorder, Explosive Behavior Disorder |
| Bipolar Disorder, Gout, Rheumatoid Arthritis, Schizophrenia (Paranoid Type) |
| Bipolar Disorder, heart patient, back, kidney reconstruction and urtheal implant, asthma, fibermeralbreia |
| Bipolar Disorder, Hepatitis Type C, immobility because of disc disease in back |
| Bipolar Disorder, HIV |
| Bipolar Disorder, LBP Inoperable |
| Bipolar Disorder, Major Depression |
| Bipolar Disorder, Morbid Obseity |
| Bipolar Disorder, Panic Attacks |
| Bipolar Disorder, panic attacks, spinal injury |
| Bipolar Disorder, Personality Disorders |
| Bipolar Disorder, Schizoaffective Disorder |
| Bipolar Disorder, Schizophrenia |
| Bipolar Disorder, Seizures |
| Bipolar Disorder, Seizures, Hypertension |
| Bipoplar Disorder, Mental Disability |
| Blind - cognitive impairment |
| Blind (3) |
| Blind- I have very little sight, Hypertension |
| Blind In one Eye |
| Blind, Cerebal Palsy |
| Blind, Renal Failure |
| Bone Disease, Depression, Osteoarthritis |
| Bone growth delay, FTT, Hypothyroism |
| Bone spurs, glaucoma, slow learner, torn rotator cuff, Hypertension , seizures |
| Born with one Kidney |
| Brain Damage, Depression, Diabetes, heart condition, Hypertension, Moderate Retardation since |

| |
|---|
| birth mental other health problems started developing in early teenage years. |
| Brain damage, Depression, Obsessive-Compulsive Disorder |
| Brain Injury (2) |
| Bronchial Pulmonary Displasia/Chronic Lung Disease/Failure to Thrive |
| Buspar Parvid- Schizophrenia with Major Depression with anxiety attack |
| C4 Complete Quadraplegia- (completely Paralyzed from neck down) |
| CAD, HBP |
| Cancer (4) |
| Cancer (Bladder) with a urostemy |
| Cancer (Brain), Seizure Disorder, Spinal Cord Injury |
| Cancer (Breast, Brain), Cemtrial imblance, Lupus, strokes, sleeping disorder |
| Cancer (Colon) |
| Cancer (Colon, Liver) |
| Cancer (Kidney) |
| Cancer (Lung) |
| Cancer (Prostate), Hypertension, Illiterate, Scoliosis |
| Cancer (Throat), mental health |
| Cancer,  Chronic Obstructive Pulmonary Disease, Schizophrenia |
| Cancer, coronary, sleep apnea |
| Cancer, joint replacement, spine to be worked on |
| Cannot read or write and cannot speak well |
| Canot read, spell or right |
| Can't remember |
| Can't remember what I was diagnosis with |
| Can't see out of my lef eye only A very little & I am walk n on a stick & have bad Headaches every since I have been 12 years old. |
| Can't walk (waist down) |
| Can't walk sometime  DEPRESSION ANEXITY, MIGRAINES,  INTERSISTICAL CYSTITIS, Heart Disease, hypertension, Crohn's Disease, KIDNEY STONES, digestive bad esophagus, slogrens, firbamyalgia, glaucoma both eyes, acute dry eyes, pugs in lower tear duck both eyes, asthma, mild hearing loss, painful feet, burtitis, arthritis rheumatoid, osteoarthritis and osteoporosa, whole spine mild deterioration of lumb spin sciatica nerve |
| Celebepel |
| Cerbeal Palsy, mentally handicapped, legally blind |
| Cerebral Palsey, Hypertension, Hypotension |
| Cerebral palsy - right hemoporisis |
| Cerebral Palsy (14) |
| Cerebral Palsy, Down's Syndrome, Profound Mental Retardation, Knee Deformity |
| Cerebral palsy, Epilepsy, mild retardation |
| Cerebral Palsy, Seizures (2) |
| Cerebral palsy, seizures, delayed development |
| Charcoate-Marie-Toothe Disease (form of Muscular Dystrophy) |
| Charcot-Marie-Tooth disease |
| Chromosome 10 abnormal |
| Chronic Kidney Failure |
| Chronic Obstructive Pulmonary Disease |

| |
|---|
| Chronic Obstructive Pulmonary Disease "Emphsema |
| Chronic Obstructive Pulmonary Disease, 3 back surgeries and neck surgeries, can't walk very well |
| Chronic Obstructive Pulmonary Disease, Colon, Diabetes |
| Chronic Obstructive Pulmonary Disease, Communicating Hydrocephalis, Arthritis, Osteoporosis, Depression |
| Chronic Obstructive Pulmonary Disease, Diabetes |
| Chronic Obstructive Pulmonary Disease, Diabetes, Congestive Heart Failure |
| Chronic Obstructive Pulmonary Disease, Emphysema, Asbestosis |
| Chronic Obstructive Pulmonary Disease, Fibromalgia, Basel Joint Arithritis |
| Chronic Obstructive Pulmonary Disease, Fibromylgia, Heart |
| Chronic Obstructive Pulmonary Disease, heart condition |
| Chronic Obstructive Pulmonary Disease, Hip replacement - 3 Back surgery |
| Chronic Obstructive Pulmonary Disease, Hypertension , Cholesterol, Diabete, Troube Sleeping |
| Chronic Obstructive Pulmonary Disease, Hypertension, Diabetes |
| Chronic Obstructive Pulmonary Disease, leaking valve (by heart) |
| Chronic Obstructive Pulmonary Disease, mental condition |
| Chronic Obstructive Pulmonary Disease, PAD, Heart, Ruptured Dics Low Back |
| Chronic Pain Sufferer, Enzhema - heart condition |
| Chronic pain syndrum |
| Clavicle, pelvic |
| Closed-head injury as a result of a fall |
| Complete blindness |
| Completely disabled- brain surgeries/4 brain anurysms |
| Complex Congenital Heart Disease |
| Congestive Heart Failure and Chronic Obstructive Pulmonary Disease |
| Congestive Heart Failure -CAD -Diabetes -Chronic Obstructive Pulmonary Disease |
| Congestive Heart Failure low oxygen all the time |
| Congestive Heart Failure (3) |
| Congestive Heart Failure , 27%infarction, 3rd heart attack, partial colon section IBS, Rheumatoid Arthritis |
| Congestive Heart Failure, Diabetes, Hypertension |
| Congestive Heart Failure, Hypertension |
| Congestive heart failure, Rheutoid Arite |
| Cornelia DeLange Syn; Severe MRDD |
| Coronary Artery disease, diabetes, emphysema, Hypertension , cholesterol, arthritis, difigurative spinal. |
| Cri-du-chat, heart condition, kidney problem |
| Crippled for life |
| Crohn's Disease (lost all colon) |
| Crohn's Disease, anxiety, depression, hernia, 2 slipped discs in my lower back, nerve damage |
| Cronic pain, depression, 2 Back surgerys, Autheritus, degeneration of Bones, Nerves, sleep Apnea, with c-pap |
| Cystic fibrosis |
| Deaf & mute |
| Deaf (5) |
| Deaf of hearing and speaking |

| |
|---|
| Degenerated Joint, Diabetic, Broncotist |
| Degenerative Neuromuscular Disease - so far a specific diagnosis of the 43 types has not been determined |
| Degenerative, Not going to get better |
| Degenration bone |
| Depression (3) |
| Depression- degenerative spine disease |
| Depression, Diabetes |
| Depression, Diabetes (Type 1) |
| Depression, Diabetes, Hypertension |
| Depression, Diabetes, Hypertension, In wheelchair |
| Depression, Mental Retardation (Mild) |
| Depression, Parkinsons |
| Desprisson alot sometimes and understanding peoples |
| Deteriating Bone Loss, Diabetes, Heart Murmur, Hypertension, Sleep Apnea |
| Deteriating Disks, Legally Blind, Legally Deaf, Heart Trouble |
| Developmental Delay & speech |
| Developmental Delay, ADHD |
| Developmentally Delayed (5) |
| Developmentally handicapped & Leukemia |
| Diabetes (4) |
| Diabetes 28+ Charcot feet 12+ |
| Diabetes, Congestive Heart Failure , Kidney Problems |
| Diabetes, Dialysis |
| Diabetes, HBP |
| Diabetes, Headaches, Hypertension, Seizures, Thyroid Problems |
| Diabetes, Heart Disease |
| Diabetes, heart, hypertension |
| Diabetes, hypertension, Hyperlipidemia, Renal failure |
| Diabetes, Hypercholesterolemia, Hypertension, left leg. diadet |
| Diabetes, Hypertension, Migraine Headaches |
| Diabetes, Hypoglycemia Unawareness, Seizures |
| Diabetes, major heart attack, 5 stents, autharitis |
| Diabetes, problems from stroke, arthorideus, High blood press. |
| Diabetes, Schizophrenia (Paranoid Type) |
| Diabetes, Hypertension, heart condition |
| Diabetic Retinopathy |
| Dialysis |
| Diet Hypertension artistie |
| Disable Waist Down |
| Disabled in my back &rt. arm |
| Disabled in the legs |
| Disc removed from shoulder and hand would behave weaker |
| Distibular Damage from over perscription of gentimyicin |
| DON'T KNOW (2) |

| |
|---|
| Double amputee (legs) |
| Down Syndrome (19) |
| Down Syndrome, tracheostomy, G-tube |
| Downs syndrome, moderate mental retardation |
| Down's Syndrome, severe visual impairment |
| Dr says autism form & teachers moderate retarted |
| Dyslexia, Dispraxia, Attention-Deficit Disorder /ADHD, OCD, ODD, Phonologic |
| Emotional |
| Emotional ADHD |
| Emotionally with dravon, paranoid szipherenic |
| Emphezema, chronic bronchitis, knee replacements |
| End stage renal disease |
| Epilepsy & Behavior issues |
| Epilepsy (9) |
| Epilepsy Mentally retarded- blind in right eye |
| Epilepsy Seizures |
| Epilepsy, heart problems, back problems, artheritis |
| Epilesy, Pervasive Development, Delay ( PDD) /Autism |
| ESRD (end state renal disease) |
| Failed back syndrome, RSD, RA,Diabetes, Neuopathy & Fibromyalgia |
| Faylon |
| Fibrmyalia, severe chronic back pain, Attention-Deficit Disorder , severe depression, degenerative disc disease |
| Fibrofyagia |
| Fibromylagia, anxity, per. nerapay , and more! |
| Fully favorable disabled |
| Gendia |
| Glaucoma, stroke |
| Grand-Mal Seizures |
| Grout, High Blood presue, heart, R.a |
| Gun shot wound to head |
| Had a stroke (walks with limp) |
| Handicap, Diabetes |
| Hearing empaired |
| Hearing impaired- C.P. |
| Hearing Loss |
| hearing lost - speech impairment development delay |
| Hearing Nerves |
| Hearing Voices |
| Heart |
| Heart  Disease |
| Heart condition |
| Heart condition, Diabetes, DJD, cardiac arthymia |
| Heart Failure |
| Heart murmer, Hypertension  and etc. |

| |
|---|
| Heart problem (3) |
| HEART/ Diabetes/B/P/Back |
| Hepatitis Type B & C, subacute cutaneous lupus, Liver trouble |
| Hepatitis, Osteoporosis, Von Willebrands, |
| Herniated disc in lower lumbared Neck and back. |
| Herniated disc, bone spurs on spine & compressive disc disease and degenerative disc disease |
| Hernniated discs in t back & neck, Congestive Heart Failure , Chronic Obstructive Pulmonary Disease, increased BP, CABG |
| He's was in a LD Class |
| High pulmonry |
| Hight Pro Cylcium |
| Hip and knee surgery |
| Hip surgery when I was 3 |
| Hirschsprung Disease |
| HIV/AIDS (2) |
| HIV+ |
| Hodgkins Lymphoma |
| Hole in the heart & Thyroid |
| Hydocephalus (2) |
| Hydrocephalis and severe scoliosis |
| Hypertension (2) |
| Hypertension , Artheritis often problem also |
| Hypertension , DM, hypothyroid, depression, restrictive ling disease, hyperlipidemia, pernicinis, anemia, sleep apnea. |
| Hypertension , gls in eyes, stroke |
| Hypertension Congestive Heart Failure , Manic Depression-sucidal |
| Hypertension, Learning Disability, speech problems |
| Hypertension, Congestive Heart Failure, Diabetes, / sleep adma/ swelling/ arithics |
| Hypertension, Hypercholesterolemia, Back Problems with Surgery |
| Hypertension, Hypercholesterolemia, messed up knees,and hand thanks to VA. |
| Hypertension, Rheumatoid Arthritis |
| I had 3 knee replacement (1) on right knee and (2) on left knee.,Chronic Obstructive Pulmonary Disease. |
| I have had 3 stroke and my side is and I have a limp in my walk |
| Illiterate, Seizure Disorder |
| Injuries from accedent & Health problems |
| INTERSTITIAL CYSTITIS, I.B.S., Anxiety |
| Isolation & withdrawal symptoms of paranoid schizophrenia, scared to talk to people other than family members, bipolar depression and mood swings, does not know how to handle negativity and aggression |
| Joubert Syndrome, Blind, cerebal palsy |
| Kidney failure, birth defect sort of like cerebral palsy |
| Kidney stone, chronic back pain, bone degealing in back and knee |
| Kidney transplant |
| Kidney Transplant Recent and Heart & Sugar in Blood & Liver Problem |
| Knees and joints |

| |
|---|
| L4 & L5 Disc Rupture |
| LA4/5 Disk Removal |
| Le-Are-DA Shot syndrome Cut Cry syndrome |
| Learning disability & mild handicapped |
| Learning Disability (4) |
| Learning disabled - no known name |
| Learning having most of everything explain to me where I can understand it. |
| Left arm off at elbow, 3 fingers missing on right hand, left foot no toes, right foot 3 toes missing. |
| Left hemispheric Paralysis (resulting from [?] |
| Left hip broke not adl to walk |
| Left leg broken knee removed |
| Left spastic hemoplegia. have cerebral-palsey- (left side) |
| Leg cut off |
| Leg Disability |
| Leg stints, heart stint - Legally blind |
| Legally Blind (3) |
| Legally blind, perminate leg braces |
| Legs- heart |
| Lepheus and Heart Attack |
| Liver had 3 transplants 1 kidney transplant |
| Liver, Broken Rib, High Blood, Foor Problem |
| Low birth weight (1#11oz) 27 weeks gestation, long term ventilation, delayed physical and speech, chronic lung disease, g-button, trach- 24 hour home vent |
| Lower back disorders |
| Lower back pain with right leg problems |
| Lung Disease |
| Lupus (SLE) |
| Lupus Crest, Fibromyalgia |
| Lupus SLE |
| Lymphodemia, Obesity |
| Main Line Birth Defects |
| Major depression, advanced degenerative disc disease, personality disorder, spinal stenosis |
| Marijuana & Ethol Abuse, Undifferentiated Schizophrenia, Cognitive disorder, Mild Mental retardation, Proptosis |
| Massive Depressive Disorder w/ Psychotic Features |
| May nerouse |
| Mayar Dispesses/Esompener |
| Medicine |
| Memory loss, Bipolar Disorder, physical problems, blind in one eye |
| Mental & Physically Challenged |
| Mental (2) |
| Mental and back injury |
| Mental condition/nerve condition/deppression (schsophranic) |
| Mental disability |
| Mental disability (Autism) |

| |
|---|
| Mental Disable (mild) |
| Mental handicap; physical handicap in 1 leg & 1 hand |
| Mental Health (2) |
| Mental health Emotional disorder |
| Mental problems, panic attacks |
| Mental Retardation (8) |
| Mental Retardation (Mild)(4) |
| Mental Retardation (Mild) (2) |
| Mental Retardation (Moderate) |
| Mentally Delayed, Enlarged Herat, Hypertension |
| Mentally disable |
| Mentally Handicap |
| Mentally handicapped, physcosis, motor problems |
| Mentally retarded |
| Mentally sick |
| Metachromatic Leukodystrophy |
| Micro Cephaly, severe Scoliosis, profound M.R. |
| Microcephaly, microgastria, dysplasia |
| Mild learning Disabled |
| Mild mentally handicapped w/ Tourettes Syndrome |
| Mild mentally retardation |
| Mild moderate / legally blind |
| Mild moderately mental impaired |
| Mini strokes and blackouts, arthritis, heart condition, Hypertension |
| MMMR |
| Mobility-obesity I had a lapband Jan 23, 2008 so I can get the weight off |
| Moderaste mental disability w/ growth disorder |
| Moderate MD, Non-Verbal |
| Moderate Mental Disability |
| Moderate mental handicap |
| Moderate mental retardation |
| Moderately Mental Disabled |
| Modern Mental Retarded |
| Modern Mental Retared |
| Monis Bi-Polar, Posttraumatic Stress Disorder , Attention-Deficit Disorder , Manis depression |
| Multible |
| Multiple Sclerosis (2) |
| Muscular Dyhstrophy - Mental Health |
| Muscular Dystrophy |
| Muscular Dystrophy (Spinal) |
| Mutated gene |
| Mutlipe Disorder |
| My health |
| Myopathy to Cervical |
| N/A |

| |
|---|
| NASH Liver disease, Fibromyalgia, Attention-Deficit Disorder , Bipolar |
| Neck & back |
| Neck & back injury |
| Neropathy & Raynaud's- Diabetis |
| Nerve damage in spinal cord |
| Nerve damage to back. 2 disc removed out of back. Skin disorder. |
| Nerve damage to neck, arms, hands, back, and my right leg was amputated |
| Nerve, depression and sleeping |
| Neuropathy, Multiple Sclerosis, Severe Panic disorder Exemia |
| Neuroposy/Diabetes/Heart Problem |
| Niv. |
| NO |
| No legs |
| None |
| ONE |
| One legs |
| Open heart surgery, left hip remove |
| Operations & unable to read & write |
| Optical Atrophy |
| Osstorarttrightis |
| Osteoarthritis |
| Osteoarthritis hands and body. |
| Osteoarthritis, Osteophodosis |
| Osteogenesis imperfecta |
| Osteogenesis Imperfecto |
| Osterio scaigos, pain through the body-stroke TIA |
| Ostoarthritis |
| PAD- Vascular Necrosis/ Stroke |
| Panic disorder |
| Panic disorder, fibromyalgia, arathalgia, GERO, DJD, previous back surgery, CSSI, osteoporosis, malnutrition, teeth |
| Paralized |
| Paranoia scezoia/ deslexia |
| Paranoid Schizophrenia (7) |
| Paranoida, synthafrantic/rhobehthiord |
| Partially sighted & limited cognitive ability |
| PDD/High functioning Autism |
| Perment Disiability- Guilli Baure Syndrome |
| Pervasive developmental delay/Aspergers Syndrome |
| Phycotic disorder/major depression |
| Physical disability |
| Physical/ mental health/ emotional |
| Polio now Post Polio |
| Poorly controlled intractible epilepsy, moderate mental retardation |
| Posttraumatic Stress Disorder |

| |
|---|
| Posttraumatic Stress Disorder,  agaraphobia, severe depression, anxiety, panic attacks |
| Posttraumatic Stress Disorder, acute depression/degenerative disc disease |
| Profound deafness |
| Profound mental retardation (4) |
| Profound Mental Retardation, Atypical Psychosis, Hypothyroidism, Pervasive Dev. Disorder NOS, Graves Disease |
| Pulmonary-stenosis & cafe aulait spots (entire body) |
| Renal Failure/ neurophthy/ partial blindness/ diabetes |
| Rett Syndrome, Severe mental retardation - cognitive level of an infant |
| Rheumatoid Arthritis (7) |
| Rheumatoid Arthritis (Juvenile) |
| Rheumatoid Arthritis, Osteoarthritis, gout |
| Right ear mute |
| Right foot amputated |
| Right Hip removed & left lung messed up (blood clots) |
| Right side parazed |
| Rod- Leg, seizure's. Dilantin |
| Scerosis of liver |
| Schizoaffective Disorder (2) |
| Schizophrenia  (Undifferentiated) |
| Schizophrenia (6) |
| Schizophrenia (Paranoid Type), mannic depression |
| Schizophrenia, Hypertension , one arm is weaker than the other due to a 3rd degree burn I received as an infant |
| Schizophrenia; mood swings |
| Scitocficture Depressed Type |
| Scoliosis, Schizophrenia |
| Seizure Disorder & Hydophylis |
| Seizure Disorder, Rheumatoid Arthritis, Asto. Art & Fibromilaiga Depression |
| Seizures (3) |
| Seizure's from reys syndrome |
| Seizures, kidney stones |
| Seizures, West Syndrome, Cerebral Palsy, Scoleosis, legally blind, small brain not growing, cannot speak |
| SELF Chronic Obstructive Pulmonary Disease  (SON-M.D. [CMT]) |
| Sever Cerebral  Palsy, Pulmonary Fibrosis |
| Severe bilateral carpal tunnel syndrome with arthritis impairments |
| Severe Depression |
| severe depression, artheritis, glacoma, diabetes |
| Severe Epilepsy - Chronic Arthritis |
| Severe learning disability/ low IQ |
| Severe mental retardation (2) |
| Severe speech impaired/ delayed development |
| Sevier neck and back slipped disc |
| She had a major stroke also parralize |
| Shizoaffective disorder |

| |
|---|
| Sickle Cell Anemia (3) |
| Sickle cell- Thalisamia |
| Siezure's, neck, Lower back |
| Sight impaired, Diabetes, Foot problems, Rheumatoid Arthritis |
| Sinus Bronchitis Nerve problem |
| Sjodren Sundrome, depression, lumbar disc disease, brady cardio, Osteoarthritis, osteonecrosis, Chronic Obstructive Pulmonary Disease , Asthma, coronary |
| SLE & End Stage Renal Disease |
| SLE Systematic Lupus Erometosis |
| Slow learner |
| Slow learning, can't read- No use in Left arm- got shot |
| Slow reader |
| Social Anxiety Disorder and Severe Depression |
| Speech |
| Speech communications |
| Speech delay |
| Speech disability |
| Speech disorder |
| Speech Therapy and slow at Learning |
| Spina Bifida (3) |
| Spine injury from Vietnam = 1968 Tets |
| SSI |
| STORK, HBP |
| Stroke (6) |
| Stroke at 18 mo old open heart surgery |
| Stroke, aphasta, heart |
| Stroke, open heart surgery |
| Syringohydromyelia and scoliosis |
| TBI |
| T-cell Lymphomas |
| Thirods, Hypertension , Cholesterol |
| Traumatic brain injury - V.I. also |
| Traumatic Brain Injury, Seizures |
| Unable to work |
| UNKNOWN |
| Upper Respertoriy infections |
| Varicose veins, hypertension, liver disease |
| Vocal cords- trae needed for breathing and talking- hernias (3) |
| VSD |
| "She says she is slow" |
| “(My heart skips beats) not able to cook or clean” |
| “Alpha1 antitrypsan deficiency” |
| “Borderline Schizophrenia - 7 Damaged Disk (Back)” |
| “Hard to understand thing at time put thing together” |
| “Have never been told” |

| |
|---|
| “Hipps pins” |
| “I here voirn and asetion heart condition” |
| “I stay sick every day I am in pain.  I have a hard time walking, standing, etc.” |
| “I will not get better” |
| “Imacula Digestion” |
| “I've had five major surgery's I live IN Chronic pain.  My life is a nightmare!” |
| “J.R.A.” |
| “Less than 100% coromosone defishionce” |
| “Longesjuness” |
| “Partial tri somy 3p - chromosomal disorder” |
| “Permenant disability” |
| “Premature at birth” |
| “Too much for this small space” |
| “Total disabily” |
| “Waiting on surgery” |
| “Was born with disabilities” |
| “When I was 10 yrs old I had polio and I have bad legs” |

# APPENDIX D

## RESPONSES TO OPEN-ENDED QUESTIONS

***In most instances, unless otherwise noted, statements by respondents have been included verbatim. The names of individuals note in responses were removed and replaced with [NAME] to protect confidentiality. Comments followed by a number in parentheses indicate the number of people having the same comment.***

### GENERAL INFORMATION

2. Why is someone helping you fill out this survey?

| |
|---|
| [NAME] has a hard time reading and writing |
| Autistic, can't talk or read |
| Blind |
| Doesn't understand |
| Down Syndrome |
| He doesn't know how to read or write |
| He is in Jail. |
| I am developmentally disabled |
| I am totally blind |
| I am unable to answer some of the questions because of my aneurysm on the brain |
| I cannot read and write |
| I don't understand. I can't read |
| I had cataract surgery, lost left eye, right eye isn't to good why I let my mother fill out |
| Illiterate |
| I'm unable to so my daughter is helping fill it out with my help |
| Learning disability |
| Mentally handicap |
| My daughter helps me |
| My mother is unable to speak or write |
| My wife help me filling it out |
| There is limited understanding |
| Unable to fill out - mother is taking survey |
| Unable to read (4) |

8. What is your race or ethnicity?

| |
|---|
| Creole (2) |
| Creole, Frenchman, Indian |
| French |
| I have Indian Blood and Irish Blood |
| Indian and Irish |
| My brother pushed me in the fireplace |
| With some French ancestry in my family |

12. Which of the following helps you find out about available services?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| A day program I attend |
| AARP |
| Chabert Medical usually sets my appointments for me. If I can find a ride I try to make my appointments. |
| Curators perform this function |
| Daughter's physical therapist (Early Steps) |
| Disability lawyer T.V. commercials |
| Do not know about any services |
| Easter Seals(2) |
| Families Helping Families |
| Financial workers, Medicine Assistance Workers, & Social Workers at doctors' offices and hospitals |
| Going to businesses myself and being personable |
| Haven't really gotten much help. Do not know where to check for help. |
| Head Start & WIC |
| Health Network Louisiana |
| Healthcare care worker |
| I'm homebound and family is all out of town. No info! |
| It is hard for me to know about any services. No advice from doctors |
| Jefferson Parish Recreation Department |
| Jefferson Parish schools |
| Judge - DR |
| LACAN |
| Lawyer |
| LSU |
| LSU Low Division Care - Light House for the Blind |
| Making phone calls/ treatment centers |
| Medicaid has been no help as far as giving info. As to what programs I may qualify or helping finding the right Drs. My worker's only thing is "I don't know." |
| N/A |
| NAMI |
| None(6) |
| Pamphlets from mental health center |
| Prescription Pathway |
| School personnel, case manager |
| School (6) |
| Social Worker |
| Spirit Paper |
| Teachers (2) |
| The services |
| The yellow pages of the phone book and the white pages also |
| Therapists |
| There are no agencies that have any help |
| |

| |
|---|
| There are no services where I live they don't go by Federal disability Laws as in other states there is no transportation here. |
| Training through VR 23 yrs. ago |
| VOA |
| Word of mouth |

**HEALTH CARE**

1. What type of insurance do you have?

| |
|---|
| AARD for meds |
| AARP |
| AARP coverage |
| AARP extended coverage may have to cancel there is no facilities that take this coverage here |
| Aetna parents coverage |
| But I have to pay co-pay on my medication |
| Dads employer |
| Dependent on my parents policy- Just qualified for Medicaid |
| Father's family plan BCBS |
| He gets Medicaid and coverage through his dad's insurance |
| Health Network for Louisiana |
| Health Network for Louisiana, Department of Health and Hospitals |
| Humana (3) |
| Humana Medi-gap including Rx coverage |
| Humana prescription drug card |
| I have one Medicaid card, it's white. I don't know what blue is. |
| I lost Medicaid because I get too much disability |
| I'm a dependent on my families policy, but recently qualified for Medicaid |
| I'm not of age to receive those services |
| Medicaid Community Care |
| Medicaid, SSI Disability, chronically ill |
| Medical Card (2) |
| Mother's business BC of LA |
| Other's business BC of LA |
| P.P.O. |
| Prescription drug plan, community care RX, community CCRX |
| Retired insurance from former employer |
| Security |
| SSI ins |
| Sterling |
| Supplement plan F |
| Tenet Choice 63 |
| Too young 50 is there any way for me to get on Medicare |
| Tri Care Standard |
| Tricare (4) |
| Tricare for Life |

| |
|---|
| United Healthcare |
| VA Veteran's Clinic |
| Vantage insurance |

4. What medical services do you use on a regular basis?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| Also has medicaid waiver service |
| Basic medical (aspirin etc.) |
| Can't afford other services |
| Can't get any help! No doctor is taking "new" patients or anyone over 21 yrs. |
| CARC-childcare |
| Getting biopsy to see how much Dialysis I need |
| Heart |
| I am certified disabled and was starving and almost passed out the council on aging told me I could not get meals on wheels until I was 60 |
| I go to the Emergency Room when I get seizures |
| I had to pay out of pocket $390.00 for neurologist and get in for a consultation. I begged for him to accept Medicaid - he did |
| I have to go to Leonard Chabert Medical. I have no income. Medications are paid for by family and friends. |
| I pay mental health, dental and eyes all vitamins from Canada |
| I was in the hospital 4 times in last 7 yrs. ICU twice, palpitation twice, ambulance 4 times |
| In Scott, LA nurse practitioner with Our Lady of the Lourdis, Lafayette |
| It is hard to find a Dr. that will accept the card |
| Medicaid is terrible no dental, no mental health; can't find a specialist doctor or mental health services |
| NOW waiver |
| Nursing Home |
| Only those accepting Medicaid |
| Over counter sinus medication |
| Over the counter vitamins, pain meds, (bladder leak) sanitary |
| Pain management |
| Private home helper |
| Seizure & high blood pressure |
| Stress Clinic services |
| Transportation to medical appointments. |
| Unicare |
| Use dental services, but not reimbursed or insured |
| Was not aware Doctor assigned to case. |
| Working |

5. What medical services do you need but not get?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| *need dental services but cannot afford. |
| [NAME] has feet problems and therapy services can help. [NAME] has days he can wear shoes. |
| A ride to and from dialysis |
| Activities for disabled adults between 18 and 60 yrs. |
| Acupuncture- chiropractor |
| After age 21 my regular orthopedics doctor had to discharge me |
| After follow up appointments are completed for back surgery. |
| All of my services are on free care but I can't get proper appointments when I need them. Because they are so busy it's usually 5-6 months before I can get an appointment. |
| Any financial to help with diapers and wipes |
| But in need |
| Cannot afford any of these services. |
| Chelation, Hyperbaric Chamber |
| Dentistry, blood glucose strips |
| Educational Tutoring (more) |
| Food stamps!!! |
| Have trouble finding specialist doctor nearby who accepts Medicaid |
| Home care assistance permanently |
| Home Provider |
| I can't take some of the Generic Med. So I try to buy name brands when I can. Some hurt my stomach. |
| I don't really Know since I've only had my card since October 2007 |
| I get $418 a month SSI Me and my wife are both disabled |
| I need skin graft surgery for my burns |
| I receive all the care we need for my child |
| If I'm unable to wait for a Dr. visit I go to the Emergency Rm. & get help I NEED & I pay for that |
| Insurance does not cover |
| Insurance for my wife |
| Life Ins. |
| Massages for arthritis |
| Maybe the DEA can use a background check. So I may get my pain meds back - I'm alive! |
| Medicaid does not help "me"! I fall through the cracks of this broken, fake service |
| Medicaid pays for eye exams, but not glasses or contacts for the elderly or disabled. And Medicaid doesn't pay for teeth cleanings or to get a tooth pulled or braces. |
| Medical expense |
| Medicare |
| My minor child needs therapy, due to an old hip surgery. |
| Need waiver service (PCA) |
| Needs a specialist but don't have any in this town |
| Not enough nurses to provide her needed hours of home health |
| Not getting enough home health care |
| Not nearly enough coverage & Medicaid pays none!! (of either) |
| Nothing is being done but checkups! |

| |
|---|
| Only if I have to |
| Please Help |
| Receive all that she needs at this time |
| Scooter to help me get around on some days When I'm not able to |
| Small scooter to be able to do necessary shopping for myself and also to be able to go places with others where some walking is to be done |
| Social services |
| SSI- Not worked over a year with no income of any kind- Depend on family for needs |
| Surgery and pain management |
| Transportation |
| Transportation to get food and get to Dr. every month they refuse to follow the Federal disability act all the other city disabled are the same as seniors. |
| Tutoring (Education) |
| Type of service that can help him with his speech, and he is a slow learner, maybe a tutor he repeated his grade |
| Was not aware Doctor assigned to case |
| We need someone who specializes in Autism |
| Wheeler Bruce |

6. Why don't you get the medical care you need?

| |
|---|
| A lot of doctors don't understand post polio |
| As Autism at the age 19 no help is out there |
| Because of the medication I take |
| Bush and Republicans cut budget |
| Can't drive because of epilepsy |
| Cause now days most Drs don't take medicaid |
| Cut off of medicaid because they claim spouse earns too much |
| Dental Services (2) |
| Developmental speech is not covered |
| Disrespect from the VA and MD doctors |
| Don't know |
| Don't know if he need it. |
| Due to lack of child psychiatrist & social workers no on card we're using costly therapy and doctor services |
| He is in a group home in Baton Rouge |
| I am Just now getting caught up on m appointments For my health |
| I am on the waitel list (since 95) |
| I can only travel by ambulance Medicaid doesn't pay for out of parish travel |
| I do feel I'll get All my services soon |
| I do have a med. card - recently recented |
| I do not have Medicare - Medicaid |
| I don't get enough money to pay for it even if it was cheaper |
| I have not seen my PCD as of yet! |
| I have to go to Lafayette for mental health services so I don't go very often |
| I make sure I take the bus or walk where I need |

| |
|---|
| I need to go to the school of Dentistry in New Orleans |
| I no longer get Social Security since I am employed full-time at a company |
| I was turn down by application |
| I'm not sure if it's covered. |
| I'm overwhelmed with doctor bills |
| It is hard to find a Dr. that will accept the card |
| It's all we can do to live and try to eat |
| It's only 2 or 3 dentist that accept medicade |
| I've called- Alot!!! I've written- Alot!!! A friend even E-mailed for me!! Never a response! |
| Medicade doesn't want to pay for Pain management Also medicade doesn't want to pay For Dental my teeth or rotten to the Gums |
| Medicaid not accepted by many doctors |
| Medicare does not provide this person Medicaid does |
| Medicare turned my father down; b/c he's was one hundred dollers short in medical bills |
| Mental health system is backed up |
| My dental problems were caused by radiation/chem. why doesn't medicare cover it? |
| My pre-hurricane MD is too far away and has a very limited practice at this time |
| My private insurance pays @ I pay my deductable- Medicaid pays none. |
| No insurance |
| No therapists available to come to my home because the pay from Medicaid is too low. |
| Not enough nurses to provide her needed hours of home health |
| Not funded by medicare or medicaid |
| She has to wait until she get 65 yrs. and can't work |
| Since ending secondary education services no longer provided researching what pt ot speech therapy is available |
| Some specialist & local dentist do not accept medicaid. |
| The DEA |
| The State don't pay for this service |
| They don't supply medical help. Prison doesn't allow anything even thou my 1st judge ordered it. |
| They say we don't need many hours |
| They set around clowing instead of doing there jobs |
| This pertains to dental and vision |
| To far to get there |
| Told she was to young to get her eyes checked, etc |
| Too much doctor + hospital bills from when I had a breakdown. |

**INDEPENDENT LIVING**

1. What services and supports do you use?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| [NAME] has just reached point on waiting list for services under now waiver program under OCDD - in set-up process |
| [NAME] is 3 years - parent takes care |
| A person with a disability of having funds or grants for their own businesses to get started |
| But it’s not working just yet |

| |
|---|
| Early Steps (physical & speech therapy) |
| EPSDT |
| Family member brings me where I need to go |
| Family members help |
| Food Stamps (3) |
| Help to pay utility |
| I am trying to get help with LRS |
| I get help from Special Ed. and mental health |
| I live on SSI which is impossible |
| I live with my mother |
| I live with my sister, she helps with transportation |
| I need skills training and support counseling from a professional |
| I need SSI until Disability and Medicaid is approved |
| I quit worrying about it |
| I use my family's help- mom & dad |
| I would like independent living but cannot afford to live outside a nursing home |
| In school till 22 |
| Job coach |
| Job training program |
| Lafourche ARC - Quality Support Co-ordination |
| Live with daughters |
| Medicaid |
| Member of the NAMI, LA, Uptown Friendship Club in St. Charles |
| Mental health |
| Mother and Father give Assistance |
| My family helps me |
| My Husband missed work to take me |
| My nephew, he is pretty smart. He helps me at times to get my bills payed and to go to the offices. |
| No insurance |
| No money for Transportations |
| None yet, I am still a minor |
| Nothing available |
| Occupational therapy |
| On work on that myself. |
| Online Course |
| Private duty nursing |
| RTC services |
| School |
| School speech therapy |
| The Above are all lies!! They do not exist!! |
| There are none |
| Tried to get Medicaid to help with medical but was turned down! |
| VOA |
| Wish I could |

| |
|---|
| Work part time, don't have service |

2. Who provides these supports and services to you?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| (OMH not helpful) |
| ACADIANA CARES |
| Adult Protection Services/Independent Living. |
| Advocacy Center 925-8884 |
| Alternative Health care- VOA |
| Angels of Mercy |
| APHSA |
| But in need |
| Caidance |
| Children's Choice |
| Christus St. Francis Cabrini Hospital, Alexandria, La |
| Community Connections |
| Deaf Action Center |
| Don't know who or where to ask for help |
| Early Steps program |
| Early Steps, Blue Cross Case Management, PSA nursing, Children's Hospital ventilator program |
| Easter Seals |
| Family & peer & professional |
| Family and friends take me to Dr. appointments |
| Family members |
| Family Services of Greater Baton Rouge |
| Group Home |
| He goes to a mental health center |
| Health unit helped me when he was younger |
| Help transportation |
| Home health care |
| Hospital |
| Hospital and cancer society |
| I am on disability for the rest of my life |
| I get financial support from SSI & counseling from a professional service |
| I just get SSI. |
| I make too much money (ha, ha, ha). Yes, I am Donald Trump |
| Jefferson Parish Human Services Authority |
| LA Dept. of Social Services Office of Family Support |
| LA School for the Blind |
| Lafourche ARC - Quality Support Co-ordination |
| Life at Home Care Services |
| Local social worker my family pays |
| LSUMC |
| Medicaid/NOW |
| Medicare (8) |

| |
|---|
| Mom & dad |
| More lies!!! You get machines! No one helps!! |
| Mother and Father give Assistance |
| Mother and other family members |
| My doctor! |
| My father |
| My former teacher |
| My husband |
| My mother |
| MY WIFE |
| N.O. Archdiocese |
| NAMI New Orleans - Day program I attend |
| No money or Transportation |
| OCDD is a joke |
| Office of Family Support |
| Pays for a taxi |
| PCA Services |
| Person at local pharmacy with Internet access |
| Primary Doctor (2) |
| Private Mental Health doctor |
| Private social worker and my mother |
| Progressive Healthcare Provider They help find a group home for my son |
| Provider agencies Lafourehe Ave. P.O. Box 269, Thibodaux, LA 70302 |
| Public Transportation |
| Quad area |
| Rosenbloom Mental Health Adult Care |
| RTC |
| School system |
| Self-obtained |
| Smile Bus |
| Social security & food stamps |
| Social Security Disability |
| Social Security Disability and SSI |
| Social Security Supplemental Income |
| Sportran Bus |
| SSI and Medicaid |
| SSI financial |
| SSI(7) |
| SSI, SS, & Medicare, will receive food stamps, affiliated with CHASE BANK |
| St. Charles Parish Public School system |
| St. Tammany Assoc. for Retarded Citizens |
| Tenet 65 |
| The Center for the Blind. |
| VA (2) |

| |
|---|
| Veterans health center |

3. What services and supports do you need but not get?

| |
|---|
| A person with a disability of having funds or grants for their own businesses to get started |
| Any help would be a blessing to me!!! |
| Center for activities social in nature (creative) |
| Dental and eye care (3) |
| Dental care |
| Educational assistance (career guidance) |
| Exercise |
| Food Stamps (4) |
| Housecleaning such as someone to change bed linen |
| I don't know about Muscular Dystrophy much or what to expect. My neurologist will be referring me to a M.D. doctor in April, but there are none in my parish. |
| I get help from Spec. ED & Mental Health |
| I need a nerve specialist and a chiropractor |
| I need agencies that repair homes. Mobile home needs numerous repairs. I even have problems with snakes getting in my home and am afraid for my baby!! |
| I need help getting my prescription medical insurance. |
| I need help to pay for name brand medicines |
| I used all my services |
| Insurance- SSI; medical card |
| Katrina pushed us over the edge; disabled son is homeless |
| Meals on wheels food is getting too expensive house insurance dental, vision, a scooter or medical bus |
| Medicaid (2) |
| Medicare - Medicaid |
| More food stamps and financial rent help so I could do better each mo. with the money I get after I pay my bills |
| My Family needs help paying for our Doctor visits I need to get all my teeth pulled out |
| My rent is $675.00 a month I receive $635.00 my daughter pays the rest. I need food stamps. |
| My wife helps to fix any paperwork I do not understand and also helps by supplying aid to get around |
| Need help around the house, but my family support me in that |
| Need help paying for office visits when you've gotten 12 office visits in a year. Charges and balances I have to pay back. I need these doctors to help me. |
| Need help with VA. Filed for disability for knees from them |
| Need more hours of Personal Care Assistance |
| Occupational, Physical and Speech therapy |
| On NOW Waiver Support Waiting list since 1/99 & still waiting |
| Orthopedic doctor |
| Pain Medication |
| Respite |
| Specialists |
| The services [personal care attendant] are not on a regular basis |
| Training to do something other than service industry (janitorial) would like to be a mechanic or something to work with hands. Louisiana offers nothing if no GED |

| |
|---|
| Transportation doesn't always pick me up & I miss my appt. |
| Use will try to use transportation |
| We need to know how to locate a dentist for dental services |
| With OCD [NAME] takes 3 hours to shower, 1 to wash his hair, 1 1/2 to shave |

4. Why don't you get the services and supports you need?

| |
|---|
| [NAME] is 44 years; 6'3'' tall; has OCD |
| Again, I make too much money $1,100.00 mo - 99.00 (oh wow) |
| All I Need is scholarship for collage |
| Applying for services |
| As her mother I provide what other services do not |
| Because people the employees have stolen money and that is why there is no but I have talked to the Mayor 4 times no one will do anything |
| Client lives on medicaid supported ICF/MR licensed community home |
| Denied insurance because of husbands insurance |
| Don't notable for Medicare |
| Don't qualify |
| Food stamp office I understand is in Covington. I don't know where that is. I live in Slidell. |
| Have not been approved |
| Hours denied by Medicaid |
| I get partial Medicaid so I don't qualify for a lot of services |
| I have a car (mother)(2) |
| I have trouble accepting my diagnosis of bipolar |
| I Live in Chronic pain! Medicade should take better care of |
| I need a wheelchair for when I can't wear my prosthetic leg. |
| I receive Disability but see none of it. |
| I still live with my parents |
| I try to get all the Help that I can sometimes it's because I'm maybe too young |
| I'm in Prison |
| Live with my daughter |
| Medicaid & SSI |
| Most doctors in La. don't accept Medicaid I cannot pay the bill |
| My cousin assists me with many things |
| My family |
| My family help |
| My mother is over all of my financial needs. My check goes to her for me |
| My nursing agency does not send help |
| Need car, need special help |
| Not ready, Just Graduated high school |
| Not sure, but I have contact the OCDD office for assistance and had a provider for EPSDT program, but they lost the paperwork |
| Now I do |
| On NOW Waiver Support Waiting list since 1/99 & still waiting |
| Parents have always been able to provide support waiting list for state services too long over 11 years now elig will be investigating use of avail services |

| |
|---|
| Provider not providing reliable staff |
| Some of my prescribed or nacative |
| Specialists refuse to accept medicaid |
| The system doesn't provide home health on Medicaid |
| They claim wife earns too much to qualify for |
| They discrimanate |
| They don't always pick me up & I miss my appt. |
| They don't care |
| This pertains to dental and vision. |

5. Who plans most of the care you get?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| [NAME]'s functional age is 10 to 12 years. He is very indecisive. Has OCD |
| An interdisciplinary team @ facility |
| Assistant guardian [NAME] |
| Care giver |
| Care taker - since 5 mobs old |
| Curators |
| Delhi Guest House |
| Doctor(8) |
| Doctors, husband, myself |
| Dr. [NAME] |
| I do and Dr. [NAME] and Dr. [NAME] |
| I do with my doctors and my mom, we try to work together |
| I either have to hitchhike or ride my bike which I could not do for over a year because a Dr. gave me an epidural instead of a nerve block so I could not walk or ride my bike for over a year |
| I thain pains all time back pain leg pains |
| I try. No one cares!!! |
| Leonard Chabert Medicare |
| LSU Health Science Center- Shreveport |
| Me and my primary care Dr. ([NAME]) |
| My doctor - Dr. [NAME] |
| My former teacher |
| My pain management doctor |
| None- prison |
| Nurse |
| Nursing home Southern Acres |
| Nursing Home(2) |
| P.C.A. worker |
| Primary physician, psychiatrist |
| Progressive Healthcare Provider |
| School |
| SSI |
| The state Medicaid |
| Veterans Administration(2) |

**ASSISTIVE TECHNOLOGY**

a. What sort of assistive technology do you use?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| 1. Dad had a tandem bicycle adapted for her to ride 2. Large baby jogger |
| 24 hour supervision |
| Blood pressure kits (barely works) |
| Blood pressure monitor, eye glasses |
| Breathing machine |
| Dental |
| He gets PT, DT, and APE in school |
| I go to school online |
| I use a cane from my auntie and crutches my brother gave me |
| My daughter is in resource and she is allowed to use the computer |
| Nebulizer machine (breathing) |
| None who actually would help us get these things. |
| Oxygen machines |
| Oxygen tank |
| Physical leg |
| Respiratory Neb Therapy, wheel chair, walker |
| Takes blood sugar level everyday |
| There is no help!!! |
| Use bus transportation (school) |
| Ventilator |
| WORK-PART-TIME |

b. What sort of assistive technology do you need but not get?

| |
|---|
| A device that hooks to your pajamas for bed wetting |
| Anything would be appreciated |
| Back pain all the time and leg pain all the time |
| Better blood pressure kit |
| Blood pressure cup |
| Can not get mfg rep to repair Permobile standing battery power |
| Dental and glasses |
| Dental(2) |
| Goes to speech in school but doesn't get enough |
| Home health assistants. |
| House- No Handicap proof for me to live by myself |
| Housing |
| I have computer but cannot afford to get internet |
| I need car rack to bring scooter to places I cannot walk |
| Oral surgery |
| Pain management |

| |
|---|
| Personal assistance |
| Power chair is currently broken and needed |
| Teeth (front partial or teeth implants in front of my mouth, cleaning of teeth, and all the way, proper caring of my teeth) |

c. If you don't have access to assistive technology, what is the reason?

| |
|---|
| Cane - scooter |
| Discouraged mother |
| Don't Understand This! |
| Have seen a MS dr. as of yet since Katrina |
| I cannot read or write |
| I don't know how to get it / I don't know who to contact / I don't know where to obtain information about the assistive technology I need (9) |
| I don't know what's available / I need information about the assistive technology available to me (6) |
| I work 40 hrs per work I make $7.00 per hour |
| MAYBE for kids and elderly. But middle age are unwanted in society. Forgotten!! |
| Need to work at home on computer |
| No one will fix chair |
| What does this mean? |

**TRANSPORTATION**

1. What means of transportation are available to you?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| Agency |
| Agency personnel provide transportation |
| Agency provides transportation |
| All I have is my wheelchair |
| Ambulance |
| But in need |
| But it is very very old and needs work |
| Car needs repairs |
| Care taker & school bus |
| COEA |
| Curran Group Home Van |
| D.H. Transportation |
| Dehli Guest Home provides transportation |
| Facility |
| Facility or Group Home provides |
| Facility transportation wheelchair van |
| Facility vans (3) |
| Facility where I live provides transportation |
| Group home and curators |
| Group Home transportation |

| |
|---|
| Help transportation |
| I have a 93 Chevy that runs 1/2 the time |
| I have a Truck, but can't drive any longer |
| I have my own vehicle but unable to drive |
| I need my own vehicle |
| It's hard to get around |
| LARC PROVIDER |
| Local ARC agency, PCA |
| MITS |
| Mother helps pay for |
| Motorized scooter, walker, wheelchair |
| Need own vehicle |
| Nursing home van |
| Only when they can help |
| P.C.A. worker |
| PCA transports |
| Personal care attendant provide transportation |
| Public school bus |
| Renting vehicles w/cannot get rides from friends/family |
| School Bus(4) |
| Smile bus |
| Van transportation to & from work training center daily |
| Visually impaired |
| When family lives out-of-town and you can't get up some days. I am left to fend for myself -basically - do without |
| Will attempt Medicaid transportation |
| Workshop van |

2. What means of transportation do you use?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| Agency |
| Agency transportation |
| Agency vehicles and personnel's own vehicle |
| Ambulance |
| Assistant in home (nurse) |
| Auto rental |
| But need transportation for trade school |
| Can't afford it really |
| COEA of Gonzales, LA |
| Community home van |
| Curran Group Home Van |
| Difficulty walking- taxis become expensive |
| Driver picks her up, PCA car |
| Facility- Dehli Guest Home |
| Facility transportation wheelchair van |

| |
|---|
| Facility van(3) |
| Family and friends take me in my car |
| Group home and curators |
| Group Home or Facility provides |
| Group Home transportation |
| Help transportation |
| I don't know if there's public transportation for us here |
| It is old and in need of repair. It is not dependable enough for long trips. |
| LARC PROVIDER |
| Mother has wheel chair equip van |
| My vehicle does not run, I have to try to find transportation |
| Nursing home van |
| PCA transports |
| Personal care attendant provided for me |
| Reliant brings me to school only |
| Repair bills and (GAS)!! |
| Rides van to/from work training center - daily |
| School Bus (3) |
| Smile bus |
| Taxi service when I could pay the Taxi |
| VA disabilities van |
| Very limited need more help |
| WC van |
| Wheelchair only |
| When the above is not available- my choice is- unimaginable! |
| Workshop van |

3. What problems do you have with transportation?

| |
|---|
| At this time needs have been met by parents, as I grow older and need independence I need more options |
| Bikes aren't on buses or cabs |
| Do not have a current driver's license |
| Doesn't qualify for Medicaid transportation |
| Don't trust agency's |
| Friends and family will not take me anywhere unless I pay them |
| Hard to get in the car |
| Have to have Advance Notice for family |
| Have trouble keeping a valid DL |
| I am often afraid to drive because I feel so bad. |
| I am only 8 yrs. old |
| I am unable to get a driver's license because I can't read or write |
| I cannot drive and my sister who I live with has to work so I have problems getting to doctor appointments |
| I do not and cannot drive. I'm blind in my left eye and can't see enough to do that and I do not want to nor do I own a car |

| |
|---|
| I don't Drive |
| I don't have my own |
| I don't own a vehicle |
| I have been unemployed for over 3 years. I have no insurance and have to borrow gas money to go to all my Dr. appointments. |
| I have never used medical transport services before. |
| I have no gas money. This spt. takes all my money. I have to have a place to live. |
| I live in a very rural area |
| I must give over night notice. What if I fall ill on weekend and need Dr. on Monday |
| I need my own van for my daughter's comfort |
| I take my child were he need to go |
| Monday, Thursdays, Friday, sometime's their no room. |
| My condition makes it hard to Travel |
| My friends & family |
| My personal vehicle burned need help w/transportation |
| Need handicapped accessible vehicle |
| No bus, taxis available in Donaldsonville |
| No car to get to places needed to go |
| Not able to find services |
| Not able to walk to Bus Stop due to leg pain. |
| Only travel with mother |
| Pay people to bring me everywhere I need to go, And when I don't have no money they can't bring they don't have no gas. |
| Pick up hours before time of appt. |
| Services are not available in my area (public transportation) |
| She rides w/ her boyfriend to get to places and she has to pay for gas and it's expensive. About $75 |
| Some time scare to take chance in it. |
| STARC lost all vans in Katrina - they have NEVER reinstated the transportation and say there are no drivers |
| The cost of fuel / gas is too expensive (6) |
| There are no buses or taxis that come out where I live in Ascension Parish |
| There is no one here in Natchitoches |
| They take too long by coming back to get you or they have you late for your appointment |
| To drive as far as I have to for treatment. |
| Transportation (can't get to work on time) |
| Unaware of med. transportation |
| Unaware of transportation available |
| Van door is broken |
| When you go to the doctor, you be waiting for a while. I use to ride the Medicaid, but they just don't know how to go faster |
| Will be problems when he gets a job next year |

4. For which purposes do you use public transportation?

| |
|---|
| All above when car break down |
| Family & Friends |
| Go with my mother |
| I can never fine transportation to handle things |
| I have a bad phobia about Public transportation |
| I ride in a car |
| I try to go get to the Dr. once every 3 months - if I'm lucky |
| It is not available in my area / No public transportation where I live (13) |
| Just to go to town so I don't have to pay to park |
| Never go anywhere. No transportation, one car in Family |
| Nursing home van |
| Only run on certain days |
| Rarely |
| Rural and no buses |
| School Bus |
| Unable - mentally and visually |

**HOUSING**

1. Where do you live?

| |
|---|
| A pull camper and one room added on |
| Father's back office |
| Hotels - I am homeless |
| I live with my sister |
| I live with my sister and her husband |
| I not too long ago came out of a women's shelter |
| Live with my daughter & son-in-law |
| Motel(2) |
| Mother |
| Parents' home |
| Prison |
| Rent room in rooming house |
| Senior citizen's housing |
| What is still remaining for now. No help or funds to fix it!!! |
| With daughter but want my own |
| With my mother |
| With niece |

4 a. If no, what would you need to live where you want to live?

| |
|---|
| I would gladly love to own my own home with a nice backyard with pretty red, yellow, and purple roses all spread in my front yard. And have a quiet and decent life |
| I have a class B misdemeanor so I don't qualify for HUD or Housing for 5 years |
| I seriously doubt I would be happy anywhere I live |

| |
|---|
| I usually do without - A lot! |
| I want to go home |
| I would love my own home |
| I would need a place where I could have a large garden |
| I would rather have my own home with affordable cost. |
| In a quadwide mobile home. |
| Live in a Abusive home but not enough money to live on my own |
| Live on own land |
| My own house |
| Need Section 8 (2) |
| Need things fixed for handicap |
| Nice comfortable housing with affordable rent |
| Section 8 is not available in New Orleans and hasn't been for some time even before Katrina and Rita |
| Stop being denied for housing amd mpt being so much |
| To buy my own home |
| Visiting with my family |
| We want to go home, but don't have a house. I want my own room ([NAME] says) We were on section 8 before the hurricane and they will not reply to my letters trying to find out if we still have it. We had a voucher. So important. |

**EDUCATION**

2c. What keeps you from getting the education or training you need?

| |
|---|
| [NAME] is in a class with special needs children and i feel it takes teaching away from her. |
| [NAME] learn only from reading or tv or conversations |
| As of now my sight is poor in my one eye |
| Autism |
| Because I am 63 years old |
| Brain injury |
| Can't work and go to school at the same time |
| Got sick dropout before time |
| Have to make up my mind |
| He doesn't read well and can't do math well spelling is also a problem |
| I am currently taking test for postal duties. |
| I am taught by home bound teacher from St Charles Parish Pub |
| I cannot walk around college campuses due to COPD & problems |
| I can't get past the math part |
| I figure I just got too old now, it would be kinda hard on me |
| I go back & forth because I cannot afford to pay myself |
| I go back and forth because I cannot pay myself and voc rehab wants me to go full x and I can't because I have kids. |
| I have a problem paying attention |
| I have trouble comprehending |
| I need a home computer because I take technology classes, but I can't afford one |
| I need to be able to go to a fabric store no transportation for my practical exercises |

| |
|---|
| I still have a lot of med. problems |
| I think I'm too old. |
| I want more training through DD council in Baton Rouge to be a better advocate |
| I'm too sick, in too much pain, no transportation |
| Is receive help from school he attend. |
| It's just my learning disability. |
| Last year was rough, the school failed to make sure she got |
| Learning disability. |
| Lies |
| Math + English I had problems with, and I'm slow. |
| MR problems |
| My behavior gets me suspended from college (2 times) |
| My disability |
| My mother recently fell and I have to take care of her at home |
| My thought processing |
| Needs assistance in learning environment |
| Not a very good reader |
| NOT ENROLLED - PENDING |
| Not interested in school anymore |
| People make fun of me and call me dumb |
| Problem with reading because I need glasses and Medicaid does not pay for the cost of glasses |
| School kick me out ever chance they get. Usually a week. The last time was 3 months |
| Severely retarded |
| The school that he attends is not set up for a child like [NAME] |
| Unable to write or speak |
| Vision & learning limitations |
| W/ back problems it would be difficult to sit in a class room, also, her coughing would be a distraction in class. |

**EMPLOYMENT**

2. What problem(s) do you have finding or keeping a job?

| |
|---|
| [NAME] was fired from bagger job at a supermarket. |
| 1 Leg & Back problems can't work |
| Age and female |
| Back pain keeps me from doing a lot of things |
| Because no one will hire me because of my hearing! |
| Because of my Illness I'm off work for long period of time |
| Because people think I'm stupid; disabled |
| Behavior Plan for Temper Outbursts |
| Behavioral problems |
| Can't be on ft too long |
| Can't read |
| Can't see!! |

| |
|---|
| Can't work Back to bad |
| Capable of becoming ill or hospitalized and I lose my job. |
| Disability allow worked some many hours. |
| Disabled - I cannot see a lot or remember things and I'm limited to standing and sitting for long periods of time. Plus, under the florescent lights too long I get very bad headaches and I do not go out in the dark I cannot see things at all |
| Doctor say she can't work b/c of her disability, but she would like to work. |
| Every time I get jobs, I find it hard to keep them because I get stressed out, when working for long periods of times on jobs. |
| Family problem |
| Glasses, Senior citizen jobs are limited. |
| Got hurt on the job. (Disable) |
| Have job on computer but I'm homeless and cannot afford internet |
| Have problems with communicating with others. |
| Health and mentally unable to work |
| Health problems and sickness |
| Heart trial, astmartion |
| I am a student training for job skills |
| I am blind (legally) & there are no jobs here that I can do; disabled |
| I AM ON AN DIALYSIS MACHANE |
| I am sick have a stroke. |
| I am too disabled to ever work or hold a job |
| I cannot work because of Pain |
| I can't because of my mental disability |
| I can't go to work right now my Dr. has me on croches so its hard to find a job that will let me work |
| I can't stand like a won't on my legs anymore swell |
| I can't work at all due to my legs |
| I can't work lying in a bed |
| I do not have the physical stamina to work. I lose my energy |
| I get disability, so I can't get a job. I don't need one. |
| I get Social Security & if I work to Social Security will take my checks on the 3rd |
| I had a stroke when I was 33 yrs. SSI; Disabled |
| I have a short left leg and open heart surgery |
| I have had only one job going on 6 yrs. now |
| I have problem reading & understanding thing |
| I want a Jobs but my SSI stop me |
| I'm not allowed to work |
| In prison |
| It don't pay enough |
| It's the functions of the job task, would be my problem for me finding and keeping a job |
| Knee stay swollen stiff and sight is very poor |
| Medical - schizophrenia, depression, mood swings |
| Must have GED to get additional training for any meaningful job - big gap! |
| My arthritis is so bad I can hardly use my hands |
| My Bipolar disorder shows-up and I have to quit after 3-6 months |

| |
|---|
| My Crohn's flares up randomly and I lose jobs due to missing work. |
| My disabilities cause me to get fired or not hold a job |
| My medications won't allow me to function at work. / the medicines I take affects my work (3) |
| My son is a behavior child in the school. |
| Need clothes, my own transportation |
| Need extra income unsure effect on disability check |
| No employers hire people with blondness |
| No job skills, can't read, unable to work |
| No one will hire me because of my disability/No one will give me a job /They won't hire me because of my disability (4) |
| No one will tell me what to do! |
| Not educated! |
| Not expected to live very long with medical condition |
| Not health stable at this time/no doctor release |
| Panic attacks / afraid of people and crowds (3) |
| People say I'm too slow and I act like I don't know what I'm doing |
| Physically can't stand for any period no strength in arms bad tumors |
| Physically unable to work unless special training is provide |
| Severity of autism |
| Some jobs I can't do because of the lupus. |
| Suffer from paranoid schizophrenia |
| Too young / a child / minor / not old enough to work (24) |
| Totally blind |
| Unable to due to mental capabilities |
| Unable to get around as necessary |
| Unable to work / cannot work due to disabilities / "I am disabled" / Disabled / "I'm on Disability" (96) |
| Unable to work due to both physical and mental disabilities (4) |
| Unable to work due to chronic illness (14) |
| Unable to work due to physical disability (5) |
| Unable to work due to seizures / Epilepsy (5) |
| Unable to write or speak I'm paralyzed |
| Under doctor's care |
| Waiting on position to open |
| Want a better job w/ better pay and different skills needed |
| When you don't know what the next day brings as in how you feel, you can't get a job |
| Will like to go to online Business College. to open my own business |
| Witchcraft |
| Worked 8 years at sheltered workshop, it closed |

**FINANCES**

2. What is the source of your individual (not family) income?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| $6.00 dishwasher not enough hours. |
| 1 Parent works |
| $38 per month |
| $623.00 mo. |
| AFDC- Food Stamps |
| Applied for SSI but not heard if approved |
| Beauregard Parish School Board Substitute Teacher |
| Day sheltered workshop |
| Disability assistance |
| Disability DSSI |
| Disability retirement from the state. |
| Food stamp benefits and the generosity of friends |
| I am trying to get Social Security but they said I need a lawyer to get it. I have been denied 3 times and I can't afford a lawyer. |
| I get $44.50 in cash from SSI to cover my co-pay on my meds |
| I get Supplemental Disability |
| Medicaid(2) |
| Medicare |
| Military and Social Security Survivor Benefits |
| Mother pays bills |
| My husband's income and my income. (or Receiving Associate) Eco-Lab Pest Elimination |
| OCDD |
| Office of Mental Health Stipend |
| Retirement Benefits LA. School |
| Retirement disabilities |
| Retirement income (3) |
| Retirement, Health & hospital. |
| Some tax free bonds |
| SSI & SSA |
| Terrebonne School Board Retirement check |
| Widow's pension |

3. Do you personally get financial help from any of the following programs?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

Housing assistance (specify)

| |
|---|
| Baton Rouge Housing Authority |
| City of Natchitoches Housing Authority |
| DHAP |
| Family Care Services |
| Handicap, and senior citizen housing |

| |
|---|
| Help to pay off my medical bills that I really need desperate help paying them off. It's seriously not my fault that I recently had a miscarriage and that I have to live w/ bipolar 2 disorder the rest of my life. Help! |
| Housing Authority of New Orleans |
| Housing Authority of Shreveport |
| HUD (9) |
| I can't get housing assistance. They will take housing assist in 2009 |
| I get help on my house from Road Home sometimes |
| I get some help from [NAME] and her sons when I need it |
| I live in VOA housing |
| I need help in finding me a house |
| ICF/MR Medicaid funded comm. |
| Section 8 (9) |
| Share rent, utility, I buy my own food |
| Sulphur Housing Authority (public housing) |
| Very small portion of rent deducted by HUD |

Other (specify)

| |
|---|
| "SUB-SID" |
| $21.00 a month |
| ($20 of food stamps) |
| [Respondent wrote "10.00 a month" next to food stamps] |
| AFDC for my grandson $280.00 monthly |
| Cash subsidy |
| Diapers, respite care, lift, generator |
| Disabilities |
| Drug medication assistance |
| Has Medicaid card & Soc. Security Medicine only |
| Have applied for SSI - since turned 18 |
| Help from Medicaid for medicine & med. cost |
| I sometimes get help with bills from family |
| I try for food stamps & they turn me down |
| I used to get $150 a month in food stamps and they reduced the amount |
| I was getting food stamps then I had them taken away from me |
| I wish I could |
| I wish I could but don't know how |
| I would like one day when my parents die to get help with Food Stamps, help with utility costs, housing assistance |
| LA. Ouachita Multi-Purpose Community Action |
| Medicaid (2) |
| Need assistance with utility costs |
| Office of Family Support, Medicaid Waiver Support |
| SSI check and I have PCA to assist me for a few hours a day |
| They cut my food stamps to 10.00 after the cost of living raise in Jan. So 2 cont. by heart healthy food with $10.00 |

| |
|---|
| WIC |
| Wish HUD covered rural areas in Allen Parish |

4. Which of the following kinds of assets or resources do you personally own?
***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| [NAME] refuses to drive now, so I drive him around |
| 1 car that does not run |
| Burial policy |
| Cannot live in home; waiting for LRA |
| Cell phone |
| Furniture and appliances |
| I'm just a man starting off in the world with your help I'm going make it and blessing from God. |
| In need of vehicle for doctor appointments |
| Vehicle in my name & father, not running |

**COMMUNITY INVOLVEMENT**

1. What activities do you participate in within your community?
***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| (There's nothing to do where she lives.) |
| [NAME] is hard headed, so almost none |
| Activities provided by BREC, KO Columbus, etc. |
| After-school program at a gymnastics center |
| ARC activities |
| Cannot afford to visit friends and family |
| Cannot go to the place I would like to eat out - go shopping |
| Extremely limited visiting with family and friends - virtually nonexistent |
| Families helping families |
| Help my aunt when I can |
| I can't walk to far I need help |
| I don't get to go anywhere except to the Dr. 1 time every 3 months and grocery store once a month |
| I go to The Kingdom Hall |
| I stay out of the sun all the time |
| I went shopping one time in 7 years |
| I work in my garden and talk to my friends on phone or they come over here to visit - my best friends live in front 1/2 of apt and if they go to store they ask if I want to go and if I need to I go or sometimes just to get out of the apt. |
| I'm very limited by my mental and physical illness! |
| Lafayette, LA. Once a month for my lap band |
| My Health deprives me of such |
| Staying to myself |
| Whenever I can. |
| With parents or other specified chaperone |
| Work in office |
| Work training center extracurricular activities |

| |
|---|
| Would like to participate more and in other categories but my walking and standing is very much limited |
| Would love all of the above - no wheelchair |

2. What activities would you like to participate in, but cannot?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| [NAME] needs a friend |
| Community fairs, church activities |
| Doesn't care - he's autistic! |
| Help other people in office |
| I am too physically/mentally disabled to participate |
| I cannot walk, talk, eat or move |
| I don't drive very often. I depend on my son to do my shopping. I can't get around because my right hip is bone against bone need to lose weight for surgery |
| I get to go but not by myself |
| I like help |
| I still have dreams! |
| I would like to raise a protest sign. |
| Take trips, visit relatives (can't ride in a vehicle for a long time) |
| Travel to see my grandbabies |
| We wish she were able to participate |
| Work on computer |

3. Is there anything that makes it hard for you to do the things you want?

| |
|---|
| [NAME] has poor speech therefore cannot carry on a conversation with friends |
| Behavior is sometimes a barrier |
| Can't get driver license |
| Can't sit in a car |
| Friends |
| I can't hardly walk, don't have no shoes (in over 7 yrs) pain is too bad! |
| I have 4 children & animal $ & X & I only have my. Grandmother |
| I live in constant pain because I can't afford most of medicines I need. I have to take my pills 1 every other day instead of the way it is prescribed. |
| I'm in school I can't get a job. |
| I'm shy and I have seizures a few times in front of people an |
| My family lives always from me |
| People treat me bad because I am a white women in a wheelchair |
| Speech/takes longer to learn |
| They tell me I only have $38 dollars a month (The Government, bank & nursing home) |
| Yes, her heart and lungs she needs an ECCO gram and its far to go. And I don't know how to get there. |

**CIVIC INVOLVEMENT**

2. Is there anything that makes it hard for you to vote?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

Buildings where I am to register to vote are not accessible because

| |
|---|
| It's too far (2) |
| Mental retardation |
| Too far to walk |

Buildings where I am to vote are not accessible because

| |
|---|
| I have no wheelchair |
| I'm in a wheelchair |
| It's too far from where I live |
| Sometimes I can't walk |

Other

| |
|---|
| [NAME] votes with his mother's assistance after we discuss the issues |
| 1) Difficulty understanding who to vote for 2) Would need staff with me in the booth to help me vote |
| Assistive technology is available but is not easy to use; not sure if poll personnel would be able to help use it |
| Because I am too scared to be around people |
| Been In and out of Hospital for the Last 4 years |
| Beyond understanding capability |
| Cannot sit for long periods. |
| Cannot |
| Cannot read (7) |
| Can't go in tight or closed in places |
| Can't read or make decisions |
| Can't understand which person To Vote for |
| Can't walk too far |
| Condition prevents me. |
| Convicted felon |
| Diagnosis |
| Don't care if I vote or not |
| Don't know where to go |
| Family members needed to help inside voting machines |
| Felony Charge |
| Forgetful |
| He is bipolar |
| Health and good candidates |
| I am a Jehovah's Witness |
| I am mentally disabled |
| I am not a US Citizenship |
| I am often too sick to go anywhere. |
| I am registered in LaSalle Parish |

| |
|---|
| I cannot operate a voting machine |
| I can't afford to live where I would like to live because of Hurricane in New Orleans |
| I can't read or write |
| I can't read what it says on the ballot |
| I do not have valid ID- Have to have a legal name change and I don't have funds |
| I do not vote because of my religion |
| I don't know how to vote.  Never voted before. |
| I don't know where to go and vote |
| I don't read well couldn't understand what to do. |
| I don't vote because I don't understand it. |
| I have seizures, and I've had a stroke |
| I need a new ID |
| I need help with the name choices, reading/understanding |
| I refuse to be a juror. |
| I was able to walk 4 yrs ago. Unable to walk for 25 mos. |
| Information where to vote - don't know |
| Interdicted (3) |
| It is hard for me to walk up stairs |
| It’s too far to vote in Houma where I use to need transportation |
| Just became 18 |
| Just turned 18 in October and we have not brought him to register |
| Learning disability |
| Limited understanding |
| Lost right years ago |
| Mentally not capable to understand |
| Mom has to lift me in & out of our car |
| My blindness, disable me to vote. |
| My father's home is in another parish |
| My mental condition does not allow this |
| Need assistance because I'm blind |
| Need help in understanding of what and how to do things. |
| Need someone to read the names to me because the writing is too small |
| Never registered |
| No interest in voting or being around a lot of people |
| No, just don't see very well |
| No money for gas to get there |
| Not capable |
| Reading Capabilities |
| Registered Voters are picked for jury duty and I can’t comply |
| Religious Reasoning |
| Reason |
| Severely mentally retarded |
| Severity of Autism |
| Social phobia |

| |
|---|
| Somebody will make sure that I vote anyway if they have to take me |
| Sometimes I have to use my walker because of my condition |
| Still in school |
| The voting equipment is complicated and I need help figuring |
| There is no one I want to vote for |
| They never tell us about voting |
| Unable to comprehend in order to vote |
| Unable to make own logical decisions |
| Walking short distances & standing in lines |
| Wouldn't understand it |
| Wouldn't understand, and don't care |

**EMERGENCY PREPAREDNESS**

2. What would you need to be prepared for a future emergency situation?

***Basic grammar and spelling errors were corrected in this section for ease of reading.***

| |
|---|
| [beside answer selected for question #1, wrote "911"] |
| [NAME] sleeps on a cpap |
| A little money saved |
| According to what the situation is. |
| All above provided by facility- Emergency plans required & must be approved by DHH. |
| But mother does |
| Call family to come get me |
| Follow parents' guidance |
| Gas |
| He will go with me or my husband. We do have emergency plans & supplies |
| I don't understand the question. Obviously, I would need all |
| I have a plan in place. |
| I have nothing. (only my daughter's cell phone #) She doesn't answer most the time |
| I live with my family and we know what to do. |
| I need a better house to live in I need help getting my medical [NAME] [ADDRESS] |
| I need a electric chair |
| I plan to be with my family |
| I stayed for Katrina and Rita and dealt with all crap. I will never leave my dogs nor will I be put in a position that I cannot see to protect me and my babies and being in a cage is not an option for them. I'll fight here and no discussion anymore. I cannot and will not sleep on hard floors or will I allow someone to overcome me without a fight. If it is my time to go God will make the right choice for me and babies. |
| I think I have enough to get by in case of power outage. |
| I think I need a cell phone to contact family, in case it's long distance |
| I think that the healthcare needs a lot of improvement. You can only go to the doctors that accept Medicaid and then when you find one who does you have to be linked to one. You don't have much options of trying to find a doctor that will meet your needs. |
| I was hospitalized in 1999. When I was released, there wasn't any help to transition to a shelter or group home. I was fortunate. I applied for assistance from Catholic Charities. The program helped |

| |
|---|
| me get an apartment and support my needs to become an independent individual. More organizations like this are needed. |
| I would go to Baton Rouge And get him. (Mother says) |
| If I had to leave, I would leave with family |
| It would help if transportation should be available for disabled people in my area plus training in computers so that I could shop online. With a limited income there is no way that I could afford to go and do the activities that normal people get to enjoy, like going to the movies, shopping for enjoyment. The dental care in my area would also be a plus. After the age of 21 the only dental help I could get is if I needed dentures. I couldn't even afford to get my teeth pulled I will have to let them rot out if I get a gum disease. |
| Local support other than mom and dad; have no family living locally (closest is St. Louis, MO) |
| Medical history |
| Money (2) |
| Money for gas and supplies |
| Money for gas, food, and temp living |
| Money to pay for gas, food, etc |
| More finances |
| More money than SSI gives me |
| Mother and Father provide for emergency. |
| My family cares for me |
| My family is prepared |
| My mom |
| My mother will take care of me |
| My sister would handle this problem |
| Nature and human nature are inevitable. Society makes me feel like a burden to them. When it will come, I pray for God's divine intervention. Human intervention only comes when there is money to be made or for personal glorification. You can't count on it!!! |
| No orthopedic doctor in New Iberia, Lafayette, Opelousas, Eunice, Crowley, Jennings, Franklin, Bayou Vista, Patterson, Abbeville or Ville Platte will take the Medicaid card as payment. |
| Other than SSI, families who have a child with a disability need financial assistance for the utility bills and mortgage. I am [NAME]'s primary care giver. I was a full time employee for 13 years with the same company. I now receive about $700.00 a month to care for our household. This has devastated our family and it is a shame that I have worked 13 years and have paid my taxes to now having to need some help and it not be there for me. My son has a feeding tube and BPD chronic lung disease and failure to thrive. He cannot go to day care because he is at risk for getting sick which for him it is a hospital stay. Please help families like mine; I thought I had found some help with caregivers grant but came up with it only being for caregivers of elderly people. |
| Parents |
| PARENTS PROVIDE THIS |
| Pray. |
| Probably could get a little more money. |
| Right now I depend on my parents- but if I would not have them, I would need all of the above |
| Someone to get me out of the house, etc... |
| The group home provides this planning |
| What I am concerned about is knowing how to evacuate myself from a hurricane or tornado situation, in case anything should happen to my parents. I need help from other people, who can help my sister & I to evacuate from hurricanes & tornadoes, etc... & I'm also concerned about my money situation and food stamps and insurance. To me, all of this is so very important. I'm also concerned about my |

| |
|---|
| money situation and food stamps and insurance. |
| When I first applied for disability it was so hard to get it...as of today I haven't received my back money from 1990 - 2004; I did have a lawyer...these were my first and second claims...my 3rd claim I was approved and received my back from it. I would like to know, what can I do about getting my back money on my first and second claims? I know a lot people who did get their back monies, but not me... |
| When I go on dialysis I will need to know the closest & safest place |

# APPENDIX E

## RESPONSES TO "PLEASE SHARE ANY INFORMATION YOU THINK WOULD HELP US HELP PEOPLE LIVING WITH DISABILITIES."

***Statements by respondents have been included verbatim. The names of individuals note in responses were removed and replaced with [NAME] to protect confidentiality. Comments followed by a number in parentheses indicate the number of people having the same comment.***

**PLEASE NOTE: Some of the following responses exceed the maximum length allowed by the software utilized for this analysis and, as a result, have been truncated.**

| |
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| [NAME] can't comprehend good. He is slow. He is a slow learner and he can't do the things you ask him to do. |
| [NAME] is a mentally handicapped 34 year old, since birth & is being cared for by care giver mother. [NAME] is in the minor child stage of understanding and has fine motor problems which limits her participation. In November 2006 [NAME] was diagnosed with hairy cell Leukemia & had to have her enlarged spline removed which places her in danger of contacting diseases. [NAME] was given all needed immunizations including Hepatitis B vaccine, requested by her mother, prior to having her spline removed. In 2007 [NAME] was hospitalized 3 times for catarac eye surgery & infection causing fever in access of 104 degrees and stayed in hospital for 4 days. [NAME] continues to see and Eye specialist, Ear//Nose and throat Specialist and an Oncologist on a regular basis. Also has blood work done on regular basis at hospital and PCP's office. [NAME] also sees a Padiadontist 3 to 4 times yearly - her teeth have been a severe problem all her life. |
| [NAME] is not capable of answering any questions. [NAME] 2-7-08 |
| [NAME] lives with his family and we provide anything he needs. Others that may live alone or don't have family to help probably need a great deal of help. You may not want to consider Steven's case in this survey as much as someone that does not have family to help. |
| [NAME] needs constant assistance in her everyday life. Her mental state is that of a 5 to 6 year old level. She is happy and healthy and has lots of love and support from family and friends. Althoe, we are not rich in money are rich with love, and rich to have each other. We gratefully accept any help or assistance offered, althoe none ever is. Our little town has no resources for [NAME], and what is here is not offered to her. [NAME] relies on her family soleley. We love and care for her the best we can, and for her, that all she needs. Sincerely, [NAME]' Mom [NAME] |
| [NAME] needs help in a lot of areas when it comes to school work. when he can't do something he would start clowning around so the other students won't know he has a learning disability. but he does want to go to college and play in the NBA. he just need help academically. |
| 1. Have Medicaid workers trained to answer questions, to direct you who, what and where what agencies to contact to suit your particular needs. I was devastated when I asked my case worker (Mrs. Little) Houma office, that I was diagnosed with M.D. and needed to know where could I find a neurologist that accepted Medicaid. She said "that's your problem." What a job! Bet she makes more than $637.00/mo like I receive, only to leave a voice box, for calls she never returns and remarks like that. 2. Have dental care more affordable (not for cosmetic purposes) since my disability has progressed I have lost 7 teeth. Before I became bedridden I spent over 600.00 to have 3 teeth removed by an oral surgeon and spent 125.00 to a general dentist for x-rays for him to tell me he couldn't pull them, I needed oral surgery. Now I've lost weight and am not eating right, because I can't chew very well. 3. The world will never be perfect, but it would be much nicer if you could pick up the phone, dial a number and have a knowledgable person give you some advice, guidance and direction. It took my 4 years on my own, flat on my back, to finally get the assistance I needed. Making appts. with specialist, calling ambulances for my appts. and praying Medicaid would cover it, never knowing. 4. Time is of the |

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| essence. It takes so long for things to be approved when usually 9 out of 10, it's always denied 1st time, shorted waiting time for equipment, less paperwork. 5. Weed out false claimants and people who work at state offices who know somebody and push paperwork on thru. I worked 25 years sometimes 7 days a week. I know of 2 families that have 15 adult children combined that receive "crazy checks". They are in and out of jail. |
| 1. My daughter has been on the list to get the waiver since 1998. We are told there is NO HOPE for obtaining the waiver for the next few years (5 or more?) Friends displaced because of Katrina to OTHER STATES immediately were granted the waiver & were told it was NOT because of Katrina, just because there is NO WAIT in any other state. 2. St. Tammany ARC lost all vans for transportation because of KATRINA and have been unwilling to begin transportation again. Insurance has apparently been paid for the vans but DRIVERS have NOT been hired!! |
| 1. Plan meetings/seminars intended to educate/inform people with disabilities and their caregivers at times when people who work days during the week can attend. 2. make downtown BR more accessible by providing wheelchair "ramps" on the sidewalks. 3. Ensure public buildings have access for all. 4. Have better controls in place so that vendors who do work that will be paid by Medicaid do not inflate costs so that all allotted money is used 5. Making transportation options for people living on the outskirts of town |
| 1. Transportation - I have to pay someone to take me to dialysis 3x a week. Some type of funding - because with all I have to pay I don't have money to pay other things. Their is no transportation service in my parish to provides for people. |
| I think it is a disgrace as a citizen of the U.S. of America that have work all my life and can't get food stamp SSI or any other help that foreigners or other people come to U.S. and get with no problem. |
| A real cure, real assistance, it is not we asked for this to happen to us. I blame the government. I could get all the help I need if I was to lay on my back and pump out a few dozen kids I can't pay for, If I did that I would get everything I need to live, and eat like a king. But no I was a productive professional who contracted something. I can't get RIDOF, but again if I popped out a few offspring I could have it all, it just does not make sense when you have no control of something and get nothing but if you caused they situation you can get it all on a silver platter. |
| After Katrina our area has not returned to it's pre-Katrina state. We do not have most of our businesses and government offices back up. Our local government barely offered ADA support prior to Katrina but now it's worse. I would love to work from home on a part time basis. Thank you. |
| ALL QUESTIONS WERE DISCUSSED W/ [NAME]; HIS ANSWERS ARE SHOWN. HE 'GRADUATED' W/ CERT OF ACCOMP LAST MAY. HE IS TRYING TO GET WORK IN RETAIL - MOVING SHOP. CARTS - MDSE ETC. PARENTS PROVIDE ALL CARE, EXPENSES HE WILL APPLY FOR SSI. [NAME] Parent of [NAME] |
| An Grant for an conv. store for me. or Hotel |
| An person to explain what types of services that are available any agent or social worker never will tell you about any other help available to me-They say can I help you with anything else you ask they have no answer- Never can tell you who you need to contact or what help is available to asssit a person with extra cost. Ullalnty ect. ect. I have never gotten a answer anywehre I ever called Reading, writing, and comprehensition is limited after 2 brain sugeries. Need help transportation need handicap bathrooms for bath-shower |
| As a patient having a illness and a disability is a great change in your life. Having a family and friends to stand by you at a time of need. So being loved and caring means a lot to any patients and times of need. Thank you |
| Better assistance for dental & vision care. Example: Medicaid doesn't pay for glasses or tooth extractions. |
| Compassion, understanding, desire to help. |
| Dear LSU School of Social Work, Hi, my name is [NAME] I'm [NAME]'s mother. Well about [NAME] condition I wish he could get more help. Cause the Dr's he see ain't doing much help for him. He been through so much with his ears. And to me I think they can do better with him. And its hard to find a better Dr cause I don't have the money nor the transportation. But I'm trying to do what I can to better |

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| help my children. I'm there for them when they need me. I try hard to find transportation to take my children to Dr visits. But its hard when anyone don't want to help. And about our living situation. Our home we was living in got messed up with the hurricane Katrina and Rita. So a friend took me and my three kids in his home. But just for stay rent for two bedrooms he is charging me 760.00 a month that's not including half of utilities. It is very expenses but that is the only place I got. I try calling Section 8 for help but they told me they ain't taking applications for another 2 years. I also try another place for help on a home. But the neighborhood was drugs and full of violents. I don't want my three kids in a place like that. I wish thatthe good lord up above would help me and my three kids in a nice home and nice neighborhood that I can afford. All I will do is leave it in the good lords hands and hope we get bless. Cause I can't afford this living life we in. I am a single mom with three kids. I get food stamps just 98.00 a month. And I get social security for two of my kids and child support for one. So my monthly income is 1,095.00 a month. I wish I can find me a job that way I can have more money to better help serve my kids the way they need. Well I'm sorry for getting carried away. But if there is any question feel free to write me a letter. Thanks A lot,[NAME] |
| Dear to who get this, My name is [NAME], as you already know. This what I believe in just people a chance. Everybody don't get a chance to somebody, or achieve goal in life. This what I been taught person give them a chance. I know, and, you know that I'm smart or give me a chance because is you, Believe in me believe in you everybody ain't perfect. God Bless Me So Bless You. |
| Did not receive in mail until 13 Feb 08! |
| Do not make it so hard to get medical help and medicine. I worry about what will happen to my autistic son. |
| Doctors these days don't take time to talk to patients. Also they are afraid to give people that live in pain (as I do) something to kill the pain. I need it but now for about 8-9 months. I live in so much pain I'd rather be dead. |
| Due to the fact that my address has changed this survey could not be returned until after the deadline. Thank you, [NAME] |
| Emergency care is not efficient, cannot get the care I need in a timely manner. People who need help cannot get it. In the emergency room beds are empty but they won't admit people. |
| Emergency rooms in Shreveport, LA are Terrable. I would rather dies than seek help (or more appropriately contempt) there. Medicaid denied me cause I had a couple of thousand dollars in the bank that is now gone but will just wait until Medicare is available in a year or so. What you can do to help people with disabilities is to care, Jesus said "What you do to the least among you, you DO TO ME" |
| Everyone needs to get more help. There are some people who are getting more than others and they don't need it. I'm an evacuee from Gonzales, LA. |
| FEMA should help people with disabilities a priority, rather then making you jump through hoops. Thanks for caring, [NAME] |
| Few people who really need help with SSA or SSI don't receive it because one prejudice person turns them down. There should be a team of people that decide who gets it. This "first time to apply" - is always "turned down." That's got to change. Don't always turn down people just because it is the "norm" or the way to do things. They think if you apply 10 times, then maybe they really are disabled (mentally - I mean) It shouldn't take so long to approve us. We become homeless or die before we get the benefits we need. |
| Financial Resourses |
| First- yes i have Epilepsy and i have dreams Like anyon else does.I get a check every month $637. I would like to have my own car, + buy land to build my own Home. but i can't. because i can not afford to do so. The check is good + it's not good. It's not that i'am not grateful, because i'am. This is 2008, things shud be better for the disabilities. I think it's a disgrace the way things are. I would like to have a business of my own, + make my own way in this world. I don't have the skills, the people, + support, i need, people ack like they don't won't to help when you ak, they just look at you dumbfound, or they don't know. Things need to get better for people with disabilites. We deserved to reach for the stars as anyone else does. |

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| Get all of the Information on every program that is out there. |
| Get in touch with social security and see why they cut my SSI down to 300.00 a month and I have a six year old child that's goes to school. if it was not for my parents I don't know what would I do |
| Having disabilities that keep you from working means less money. For myself, it's hard to find good housing with affordable rent. I'm living with a family member cause with my income it's hard to find a place I can afford plus pay my car ins, life ins & buy house hold items also. Thank God my disability hasn't affected me yet to where I need special housing or any special equipment to get around, not yet. Thank you! |
| He would like to go to sporting events. But, we can't afford it. Is there anything out there that children with disabilities get together for a group event, and they all go together with designated adults who know what to do in their situations, or can a family member go. He really likes sports, is there anything available that's close and not far away? |
| Help people with limited income get a reliable car or repair the one they have. |
| Help the poor elaes people! |
| Help us low income people to get the homes they are building now for rent to own so that we can have a home or our own that won't take all out money a month for rent like it do now. I don't have money left for nothing else now, help to pay our light bills. I have asked for help never get it. I will love to have one or those houses they have builded in Amite but I can't pay that high rent. My rent is $360.00 now out or $660.00 a month too much. |
| Home Health Agencies should have enough nurses to provide their patients! |
| How is it that there is not any skills of technology training services offered to those individual person with disability who choose not to endure painful surgery for whatever reason, which means no support or service training from those organization who offer you the help. Then they turn you down, stating, we can't help you unless you get the surgery wouldn't help. What are those individuals left to do? |
| Hurricane Katrina hit and although I had an emergency plan, they didn't follow through (caidance). |
| I am disabled on Social Security and Medicare but I cannot afford a supplemental insurance and do not qualify for Medicaid or Food Stamps. My eleven year old daughter qualifies for SSI because of IGG Immune Deficiency but she only received $23.00 per month but it qualifies her for a Medicaid card. But my wife, who takes care of us, has a life-threatening medical condition in which her brain bleeds; We have to travel over 400 miles round trip to Shreveport for her to see a Neurologist - the Neurology clinic at LSUHSCS will not allow patients to be seen prior to appointments made months in advance, if her condition worsens. She is not allowed to apply for Social Security Disability because I already receive disability. She has been turned down for Medicaid - Medicaid claims that we make too much income from my Social Security Disability. Our PCP at the Sicily Island Medical Center wants an MRI and an MRA ran on my wife's brain but we cannot afford it. And the Neurology Clinic (at LSUHSC Shreveport) refuses to move her appointment up from July 31 following request from our family doctor and the ER Trauma Doctor at Huey P Long Hospital in Pineville, LA. |
| I am not feeling good right now. I tried to fill out what I can to help you. I am sorry I couldn't help you very much more right not, for God gives me hope and strength that I will get better one day, when I will not need assistance. I need to lay down for a while OK. Sorry I couldn't help you more. |
| I applied for disability over a year ago. I was denied. I appealed the decision on 10/18/07 and still have no court date. The family I live with is a military family and are being transferred in May of this year. If I do not receive disability before then I will be left homeless with my 7 year old twins. |
| I can only talk about my disabilities and they are too long to mention - I don't think this will do any good as it took over 10 years for me to be qualified disabled - I don't believe enough is done for the disabled and we have to go through literal hell to get anything done - I have answered the questions you asked me to and I really hope they help you to help others - Sincerely, [NAME] |
| I could really use someone to help me fill-out forms and "guide" me through Bureaucratic "red tape" - an advocate who knows resources and how to access them. |
| I did best I know how. I'm 60 year old I be 61 on [DOB]. |

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| I do not know who to contact to find the status on my mdeicare/medicaid application |
| I do not want this to be an anonymous survey, my sons name is [NAME] he is 6 years old, and has been struggling for a long time. If there is help out there for him I want him to have it. I want him to be able to have the options that he needs to be as comfortable as possible. I watch him every day and there is nothing I can do, I don't know where to start. The people that we have came across that offers "help" are a joke. My son deserves a chance. Our address is [ADDRESS]. If help is out there please help us find it. Thank you [NAME] (XXX) XXX-XXXX |
| I don't think many of these questions applied to my son. He is a minor and some questions just didn't apply to him. |
| I don't think this survey is for my niece, she is only 7 yrs. So if you have another survey for a child with learning disability please send it & I will fill it out. Thank you, [NAME] |
| I feel like a "welfare step-child" in many ways since I am on Medicaid only. Older persons who are on Medicaid and Medicare have much more accessibility to specialist doctors than I do. I fear with each round of budget cuts in health care areas that, one day, funding will be cut off for us "really poor" who have not worked enough to be counted "contributing member of society." I feel for "working poor" people also - we all need help getting adequate health care and there is a tremendous need in rural areas for people who have no transportation - not only to medical appointments, but also for personal shopping (groceries, etc.). |
| I feel medicaid & medicare should pay for some dental work for people with disability's. |
| I have been deaf since birth. I'm employed by the State Dept. of Education where I work at the Louisiana School for the Deaf for 3 years. I have accessible to local and statewide interpreting services. And also, I do have a video phone which I need to communicate with visual and sign-language. Keep up with good work! Good luck. Thanks! |
| I have been disabled since birth with legal blindness. The state of Louisiana doesn't do enough to help those with disabilities. The SSI pay doesn't accommodate the needs that are faced in everyday life. We need an increase of pay and more benefits that accommodate the needs of those with permanent disabilities. |
| I have been fighting for 5 years to find the proper treatment for my son under Medicaid. The problem has repeatedly been told to me that the doctors refuse to be on the program any longer because they are either not paid timely or not paid enough for their services. However, this leaves all the children untreated and with nowhere to go. This follows that they cannot excel in school, pass your state exams, or even have a decent self-esteem. I have also stated several times that a state Tax Credit for those physicians that join the program and remain on it for a specified period of time would benefit all |
| I have been waiting over a year to get an appointment for a gastroenterology and never got one. If you are disability and receive Medicaid you cannot get any help with dental service. People like myself can't afford any special care from doctors who specializes in our needs for a better quality of life. This is a everyday fact. I see people who are under age with children that have better medical care than someone with a disability who cannot go out and get a job or any health insurance because we are a high risk. So in short if you can help people like myself, I'll be waiting. But I don't think this will ever happen, so I'll just continue as I am. Thanks, [NAME] |
| I have only my rt leg and am 75 years old and still work fulltime. I use the VA for all my medical problems. |
| I just don't think it's fair for people that has: deaf and hard of hearing problem can't get a job. Or a car. It's hard for a single mom of 2 to get the help that we need. I've went all over Columbia, LA to West Monroe, LA to try to find a job to make money but no one will hired me. Peoples today in this world need to wake up and smell the coffee because it's not our faulted for been deaf and hard of hearing. But we are no different. God choose that not us. God Bless Everyone and America Thank you: [NAME] |
| I just want to know, can they get us more money to live with? Costs of living around here is pretty high around here, especially with all the bills we have to pay. |
| I need help passing driving licinse test so I can get my own car I fail test two time. please help me Thanks |

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| I need help to so if yall can help me please try to help me get my assistances.[NAME] |
| I need help, but I don't know how to get the right help. Yall have a lot of agencies out there and I have call a few of them but they told me they couldn't help me at all. The agencies told me I made to much money. I don't own my own car or truck at all. I live with my parents. I don't own my own home neither. I depend upon daddy to take me to the docor + denist. My daddy + mother take me grocery shopping & to church. Also, my parents take to they to thehrat. Please send me a list of agencies that can help me. I can be reach at XXX-XXXX. Please call between 9:30 to 10:30 AM. |
| I need informations or counselor for advise |
| I never hear about this before. This is my first time when ya'll sent this to me. So I can't tell ya'll how. |
| I take notes from myself, by being a disable veteran of Vietnam War; it took me thirty nine years to received my war metal from the Army and Veteran Administration, I don't think that it is right for our young men have to suffer, and not get their proper education!! Because they chose to go into the service and fight for their country, and the peoples that you are fighting for are the one that keeping you down!! |
| I think if you'll would have less expensive sporting events, and lower gas prices. The disabled people would be able to go more places. It is hard for us disabled people to make a living. Much less go somewhere. Because everything is so high. And the pay is so little. We also need better health insurance. Most of the disabled people can't afford it. Insurance cost too much. |
| I think it would help disabled people with medicaid to be able to get eye glasses and dental work with medicaid. Also the local emergency room could get competent doctors on staff and competent nurses when you are hospitalized. |
| I think people with disabilities and their utilities and bills are more than their income should be able to go and get help or be eligible for food stamp. |
| I think people need more cash assistance to pay for things insurance doesn't pay. Also the waiver lists are way too long. |
| I think the DEA could use background checks. To weed out the-others- I was tested for 12 years as being responsible. Now no life for 10 months. [NAME] [ADDRESS] |
| I think us people with disabilities will not have to pay our rent. |
| I tried several times to get medical help - I am being sued for deductibles and co-pays because I was denied the help I need - I need medical help but won't get it because I can't afford it! I still don't know why I was denied medicaid of Louisiana, they tell me to send all kinds of paper work and imfor in just for them to turn me down. Can you help? Where can I get help? Who will help? Thank you, Giod Bless [NAME] (XXX) XXX-XXXX |
| I used to get rides through a medical transportation van that was handicapped accessible but I guess they couldn't afford to do the program or whatever because now transportation is very hard to get because the only ride I can get is with my daughter, but she has a truck and its very hard on me to be put in it because I have to be picked up to get in and it can hurt sometimes. Please get a medical transport van service for handicap poor folk in DeRidder Louisiana...we really need it for doctor's appts and such!! Thank you |
| I was getting food stamps and when I started getting my husband's VA disability (because he died) they cut me off.And its not fair that if I go to work I will lose my social security. I love to work its not fair. |
| I would like somebody to mail things to me about things I don't know about. |
| I would like to get a job with a job with a job coach. I live in Oakdale, LA there are limited resources here that can help me. I want to be trained and I'm teachable with time and patience. |
| I would like to go to school and finish my schooling but money is the problem. I went to USL a 1 1/2 yr for Secondary Education but I didn't finish because I stayed sick. I graduated in 1979 from New Iberia Senior High. I need dental and vision services but Medicaid won't help me and health insurance is on the rise I only get Medicare but I will like my life in stride until times get better. Sometimes it hurts me to keep my neck and shoulders up the tingling and hurting makes me so depress And the heading pad is the only thing that help at this point and time. But thank god that I'm still living. Have a Bless Day |

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| I would say keep in touch with everyone to see how they are doing and the help that they need cause it's very hard. |
| If I had transportation I could go to school. If I had transportation I could go to doctors appt. I have moved my new address is [NAME][ADDRESS] [XXX-XXXX] |
| If I need any help, it's assistance (governmental) to pay off my medical bills, I really had no control over in the first place. 2) Let me be able to get the psychiatric care I desperately (out-patient program - SABS for free, I'm willing to get the help in order to control and combat my mental, physical, and possibly learning problems if I can get the financial assistance, I need and want. As an individual, I am very disappointed with the Louisiana state government, for not help me financial knock down my medical bills. Sincerely [NAME] thanks |
| If the political officials would abide by the federal disabilities act and treat seniors and disabled the same as any other city or state and go by the laws it would make it easier also if the people who get the grants that the gov. give would have someone like a trustee oversee the money a make sure that it get to the people who it is intended for instead of letting them steal from the poor our elderly and disabled could keep transportation and follow the federal law and get us medical and grocery Bus transportation if it is on 2 or 3 buses for the ones that need and can get on a bus and also medical buses and make it affordable we are poor they don't even have a food bank with decent food. Someone with some authority and some compassion and empathy needs to come and see what is really going on here in Natchitoches they can't police themselves they are corrupt. Alex has medical buses and regular buses and their food at Wal-Mart is 60-70$ cheaper than here but people won't speak up and I am only one voice. |
| If you could build apartments for people with low income so they could pay their rent and have a few dollars left over for simple things like bath soap - dish soap, paper products, maybe some food. Since Katrina the greed for money makes it impossible to live a normal life, all rents are outrageous. |
| I'm Blind!! |
| I'm currently living on SSI. I don't get enough monthly to pay my bills. Any help is appreciated. |
| I'm diabetic difficulty walking, poor vision problems sleeping at nighttime |
| I'm still seeing Dr. I have 5-7 appointments to go to. It's hard to get down town (30 miles). Still waiting to get disability to buy a car. It's been 8 months. |
| In addition to universal health coverage there should be universal dental and vision coverage to help with out of pocket cost. There is just more than medical it's also very high to pay out of pocket dental which cost 1000s of dollars. Something for Presidential candidates and governors and senators to think about. Universal dental and vision should be covered. |
| In the last 6 months my leg was cut off. My Right foot is starting to give me problems I have had back problem for the last 14 years. I have high blood pressure I'm a Diabetic & all other kinds of problems. I have tried to get help w/ my medical Bill, But no one will help. All of the number I calls tell me to call someone else. My daughter goes to the Medicar office. But they are no help My daughter [NAME] helped me w/ the paper work |
| Incline sidewalks, to many problems with medicaid. |
| Information where to get help or which agencies and programs are available to meet the needs of disabled people |
| It is very difficult for persons with disabilities and people such as myself to get the necessary specialized medical attention needed. This is due to the lack of those professionals willing to accept Medicaid only or work in the Charity hospital system. This leaves many of us with chronic and painful conditions that cannot be addressed and taken care of properly. |
| It is very hard for me to go places, because I stay so dizzy all of the time I need help to keep from falling. My mother does the best she can to help me, she can't always handle me, she is getting old herself. She could use some help at least about twice a week, to help her out with me. Thank you, [NAME] |
| It is very hard for me, my husband to live and support our 13 yr old daughter on our disability income and feed ourselves as well as trying to fix the truck all the time! |
| It should not take Long time to get help when you work all your Life then get ill, & cannot get any |

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| assistance. |
| It would be nice if people with disabilities know how to get help with food and things that you can't get because like me I can't work right now and I don't know when the Dr will let me. Thank you Ms. [NAME] |
| It would nice if people with disability and is on a very fixed income and relied on SSI and disability checks once a month, to be able to have their teeth fixed without it costing an arm and leg. That is my only complaint As it is, Medicare and Medicaid will not pay for any dental for me. I need help with this Thank you |
| It's not enough money for people with disabilities a month. And if you want to open up your own business they don't have grants or funds for a person with disabilities to be able to do that. And it's not enough money to live on a month. And people with disabilities is limited what they can do it does not get better it get worse. There is limited funds for health insurance. |
| I've had to accept my disabilities and it has been and will always be a fight to go on and deal with things that I cannot do and always know that there are people out in the world who wants to take and abuse me and that hurts in more than one way and I will not allow me to be abused ever again. I've been there and had it done. Protecting my babies is the most important thing in my life and I'm very happy and content with the things I love are safe and happy. Whatever anyone else does and wants to do I cannot change. I am me and I not like anyone else. I will not fall into a catagory. I do the best with what I have and what I can do. I answered all your questions the best I could. |
| Just keep praying and one day some good person will come along to help people like me and you, they will pass a law that will made thing more available for poor disability people like me and you like more doctors available for medicade people, more transportation in small town to and from doctor office, short time to help you get care you need not 60 or 120 day at least 30 day because I had a long time get help and my sickness have me hurting everyday and night can't get and sleep but I keep going to the doctor and one day I will be hold again threw prays but it will be very long time for me, with my health |
| Keep informing all with disabilities of ways They can obtain help for either close relatives or friends Give out sheet so they can review this information often/during the year so they are not educated with process or localation of help centers. |
| Learn to read and write. Job training for people with disabilities such as mine. Encourage employers to hire people with disabilities such as mine. Contact Department of Public Safety to make an exception to the rule, and to give people in my condition a driver's license. I can drive, but they won't give me a drivers license. |
| Let the people know that you are there for them. like: flyers, announcement, by newspaper articles, T.V. Put the word out more. |
| Let them know about all the availability for them and listen to what they have to say instead of ignoring and not responding or taking them seriously. Social Security need to be more than $600.00?? per month. Cost of living, co pay on medicine and especially gas has gone up and $14-20 more dollar is just not cutting it. Each person on SSI and SSA should get more than they do. Some people are on illegal drugs and they are playing the system, because I know a whole family that is and they are acting to the hilt so they can buy their drugs. They should be made to get job training, those from 18-40 years old. It took me from 1995-2003 to get SSI and then they only retro me 2 yrs back. This year they cut my SSI terribly and because I get a small SS Retirement. I hope I don't be forced to steal or sell myself to meet my cost of living. Louisiana is sad and disappointing. |
| Living on a very fixed income, I have difficulty performing the very basic duties in my home, i.e. sweeping, moping, making my bed, wash-dry-folding and putting my clothes away. On Medicaid, I had long-term personal care; Medicare does not provide these services unless you are on the waiver program which has a three year waiting list. Further, I was hospitalized several times in 2007. The medical bills that I have to pay exceed $2000. This year, 2008, I must have three of these medical procedures done again. This leaves me with little money to enjoy the smallest treat I would like to have. I certainly hope and pray that this survey will lead to positive assistance for individuals with disabilities. |
| Louisiana needs more information and services for adult disable individuals for recreation and |

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| supportive employment. Also, for individuals with autism we need more information on programs and day care facilities for adults. |
| Many people in the community are affected by their disability to a greater extent than my child. I have learned that they are unable to have their needs met mainly due to "waiting lists" for services. I feel this puts an unnecessary strain on families both emotionally and financially. Also there is too much red tape to cut through in order to get the services that are so desperately needed. |
| Maybe a website for disability people so there can look up resources & programs that can help them out. |
| Maybe make things more easy to obtain, or find out how to get them - most time they say we'll look into it, but you never hear from them. |
| Medical policies regarding number of prescriptions that may be filled in one month and amount of coverage for calendar year does not take into consideration the needs for individuals with multiple disabilities. |
| More group homes are needed for the mentally impaired and mentally retarded in the state of Louisiana. State and federally funded group homes are the answer I believe, for the severely ill, like my son. I'm grateful he's been fortunate enough to be in an excellent group home: Villa Care Thank you for caring, His father and representative |
| More handicap parking spots at all stores for people with disabilities, more than just $10.00 a month in food stamps for just one person |
| More sheltered workshops, please! There is now only 1 in Alexandria; it has a long waiting list. |
| My adopted son, [NAME], was assaulted at 3 mos and incurred traumatic brain injury, cortical visual impairment, brain injury with learning disability. He is now 18 yrs old, in a community based spec. ed. class and also VI class at Lee High School in Baton Rouge. |
| My children have to help me read and sign papers. My eyesight is now going bad in the opposite eye. Most of the time I'm afraid to be alone. I will always refuse eye surgery. |
| My daughter does not speak, does not understand questions, born this way. I am her legal guardian and I have answered this the best I can. |
| My daughter's disability is mainly mental development and not physical (although her vision has impaired her more). She has struggled 19 years to learn what the average child knows by 5. Her needs are daily basic needs. Most of these things don't seem to apply to her, It's really a question of what I can or cannot do so it seems. Hope it helped somebody anyway. |
| My family live in a rural area and the community where I live has limited (no) recreation facilities that I can go to and that is affordable. My family income is limited and we can't afford it. I think we should have a places in the community for senior citizens, stroke and handicapped people, veterans with disabilities, children with disabilities to go because most places are too far to go and takes too long. When I go to the clinics and stay a long time I get tired and I don't want to do that when I participate in community activities. |
| My feelings on this is the love first. When you're in a situation that someone like me, you need that support. That's the most important. You need someone there for you. In my particular case my family is poor and very disfunctional. It goes back to my great grandparents. We do have the love, very much but things go wrong on a daily basis and I'm trying to make it. We try hard and my grandmother prays a lot, but so much damage has already been done. It will take some time. I plan on being strong for me. So just be strong and hold your head up high. Go after your goals, that is very important. You need your independence. The most important thing this system can do is help supply a place to live. Or help us but some. The rent is high here especially since Katrina. Also hard to find wheelchair accessible. Otherwise people like you are Great - God Bless |
| My insurance is not sufficent to cover groceries, utilities, rent, etc. I have to decide if I want to pay bills or feed my child. Due to the fact that I have an income, I do not qualify for any type of assistance. |
| My name is [NAME] ID number XXXXX |
| My son has several medical problems, but mainly chronic lung disease due to premature birth and long term ventilation. He came home from the hospital at 8 1/2 months old and is on a ventilator 24/7. I am |

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| in graduate school, and my husband works. Despite my son's significant disabilities, we have a hard time qualifying for services b/c of my husbands income. As of right now, he has Medicaid which provides him with nursing and many other services under the family opportunity act. Every month we are told we may lose Medicaid, but luckily we still have it. I agree that income should be a consideration for Medicaid; however we pay quite a bit for private insurance that just doesn't cover everything. Babies like my son need help, regardless of their parents' income. |
| My son is 8 years old and he loves to play basketball but it's hard for him to play on a team because they don't understand him and he don't comprehend like others his age!! It takes him longer to understand things. You have to be hands on!! It's alot my son would like to do but he can't. I wish it was easier for him and other like him!! He wants to take karate but it will take him longer to learn that others. I wish their was sports, karate, etc. designed like him with Autism!! |
| My son is still a student living with me. He still have 4 more yrs. of public school. He will live with me for at least the next 4 years. |
| Need help getting food. Special foods because of my Renal Disease. |
| Need HUD Program to pay for rural housing - Need help with Glasses & Denture Expenses. |
| None. Keep up the good work |
| Not enough services/assistance for people w/ mental disabilities LA Rehabilitation Services in a joke! Not enough independent living and job skills programs in rural areas or anywhere really! TRANSPORTATION (Lack of) Most LA students w/ significant disabilities basically "go home and sit on the porch" upon exiting high school, relying on relatives for everything! |
| People better voter democrat. Louisiana is the worst state other than MS to live. I surviced Katrina and the Gov. is trying to kill us by putting us in FEMA trailors. I would leave right now if I had a place to go - Before my illness got bad I had been a certified advocate for the disabled (Partners in Policymaking) DD Council Grad. 1992. Now I can't leave the house from severe pain that Medicaid won't help me with. That made me crazy. |
| People living with disabilities need and should get more help so if there is someone that can help please do. thank you |
| People living with disabilities needs lot of "love" and understanding from a person love "love" God. Know how to "pray" and talk to each other. The survey is a good thing for a person who is not with there mother. Thank you, [NAME] behalf [NAME] |
| People with disabilities need someone to call constantly and check on them. Set up a network of callers to do this and do small errands like going to the store |
| People with disablities: are slow, they need more time than other; they are still people. Treat them as you would want to be treated |
| People with special needs and abilities to move around needs proper housing. For example, I have been preparing meals for 3 years from a broken bottom wheel chair. Most of the time I am unable to get to the wash area/to the laundry mate to get out and dry clothes. We really needs a wheel chair or handicap accessible house for me and my mother. Please check into it. Thanking you in advance. |
| Provide transportation give more than 12 doctor visits a year on medicade incerase our living expenses so we can pay bills and money left over. |
| Refer to Health Care, question #3: I have a mountain of medical bills. It would help if I knew how to petition the federal government for assistance in this matter. question #4: I also need help with dental services. Refer to Finances, question #3: Would like to get financial help with housing. |
| School systems needs to have access for disable, for them in school itself, also for transportation for out of zoning. |
| She would like to visit her sister that had a stroke, but she can't because of her condition. |
| Simulus plan- does everyone get it with income tax or just families? What about people with disabilities. |
| Some of us would like to work or do more thing but can't cause of our illness. Thank you, [NAME] |
| Some people need operation and can't afford them. make medicare more assessible especially if you have worked over 12 years and paid for it now you need it. Medicaid don't pay for everything, or you |

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| can't do it until you been referred to it. more information being put out about different disabilities and where to seek support & help with equippment, and help paying bills. |
| Someone should go door to door to check and assist with the elderly and the disable make sure they have the option to get out safely a head of time before the disaster hit the city such as a hurricane or flood. I think all the elderly and disable peoples should be giving a cell phone before any disaster happen. Also I think the government should place fund in the disably people account in case of an emergency right before it happen so that they can get out of town with no delay. that would supply for food and shelter. If we could give trillions over sea on a war, we could take care of our own |
| Stop thinking of us as "undesireables", "diseased" or "burdens" of society. Hitler and the pagans of the ancient world thought like this and we all know what happened. I'm not young enough (0-21 yr) to get a chance. I'm not old enough (55+ yrs) to qualify. If I qualify for my physical limitations, my mental illness disqualifies me. And vice-versa! You build pretty buildings with manicured lawns, so you can pass by and read words like "home" or "living center" on them. Have you ever been inside to see what goes on?? "Ask and you shall receive..." Do you really care??? "seek and you shall find..." I'm on SSI and am grateful to get the little bit to barely meet my needs. That makes me thankful for the $33.00 of food stamps I get each month. But it still leaves me having to decide on what's most needed that month. Maybe medicine, personal care items, utilities, clothes, much needed repairs on an old house (wiring, Plumbing, maintenance), cleaning supplies... And Medic Aid is a joke. Try to find a doctor who is accepting new medicaid patients 45 yrs old in Jennings, LA. Call and see! The answer is NO! IF they would accept you - they are so restricted on what they can and WON'T do for you. I am diabetic, high blood pressure, high cholesterol, thyroid disease, hepatitis "C", irregular heart beat, possible heart disease, abnormal EEG, panic and anxiety disorder, 2 bulging disc in my spine, fibromyalgia, TMJ, degenerative joint disorder, migraines, fibroid cysts in both breasts, allergic to NSAids, SSRI drugs, Iodine, chocolate. Homicidal and suicidal tendancies, arthritis, claustrophobic, afraid of crowds, sexual, physical, emotional and mentally abused. That is just the serious stuff, there is more. I haven't been seen by a doctor since January 2007. I have no one to prescribe me medicine. Thanks for letting me participate in your survey. Call me IDXXXXXX. Write me off AS A statistic AS everyone does. I know you won't follow-up or can't. Help comes to people who "know" people - who know people. I'm divorced and live alone. I am childless. I had 3 miscarriages. I am a prisoner in my mind and body. Imprisoned in my ill repaired home. Please help those who are like me, suffering. Before it is too late. [NAME] |
| Supply transportation to go to school sponsored extracurricular activities. such as (etc: parent teachers conference and other school activities. |
| Take out a little time, sit down and talk with them. Sit and read things with them explain to them what its meaning. My daughter has a learning disability, so I make should she understands the things she don't know. |
| The # one thing- in the opinion of this writer- who just happens to have a family member who became disabled due to an uninsured drunk driver. There is little or nothing done by hospitals, insurance or anyone to assist the care giver. They are often left with the duties of caring for the disabled and maintaining a job as well as being responsible for all household tasks |
| The amount of money I get is not enough I cannot afford to get tissue for bath room. After bills are paid there is nothing left to live on. Sometimes I cannot get my medication, you should pay us a little more. |
| The cost of living has gone up. But the amount of money you get isn't enough to live off. I get 637. After I pay vehicle note I have a few dollars to live off. I got other bills to pay. I would like to leave my abusive relationship but can't afford to live on my own. |
| The system here makes it difficult for people with disabilities to get services. The waiting list for the waiver is long and not much is available to families before your number comes up. Other states have a social worker meet with you/family to discuss options. In La. you have to search for info and each number you call gives you a new number. |
| There are many types of people who have disabilities. One type are the one who have mental and addictions illness, but they too can lead productive lives and be a part of the community. With proper medication, treatment, and support these types of people want to be given yet another chance to try |

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| one more time to live right and be on the right side of the law and not be an outcast to the community and society. We need better housing program for men and women to be independent. Let's not forget this has worked in the past and will continue to work in the future. We all need to have an incentive to try a little harder. Thank you, A Concern Consumer 2008 |
| There are not enough services. Everything costs too much. Theres no dependable people to help the Bling. No dependable transportation to go places. Not enough financally aid to assist with bills and medical. Because there are some things Medicaid will not pay for. Like dental and certain prescriptions and medical services. |
| There are not very many programs available. There are no training programs for jobs for people with limited IQ. |
| There are too many to mention- I'm sorry- |
| There could be guidelines for extended care nursing. My child has a trach and is mobile. The agency said they have trouble finding an LPN to care for him because he moves around. I feel most LPNs want a patient in bed so they can sit all day and do whatever they want. I also feel agency employees send nurses where they want and obviously it is not over here. My child needs and is approved for nursing services, but does not receive what he needs. [NAME] is also approved for ACS hours through Children's Clinic since May 15, 2007. He has not received any service hours for this. Thanks, [NAME] |
| There is no interaction/knowledge between state agencies Immediate Help / Solutions /Educated Employees although I was granted supplemental SSI and Medicaid it was only a 6 month period. I could not speak for two years after radiation and chemotherapy but was denied SSI. I literally lived out of my vehicle, sleeping on friends couches. etc all during my recovery perios, while "THE SYSTEM" kept denying me. This added to the physical/mental anguish and has prolonged my disability to this date. I had to leave Webster Parish because of no available housing or assistance, where I had lived for 26 years. Caddo Parish has a "list" so long, you could be lost for years. I did receive temporary assistance in DeSoto Parish. Natchitoches Parish by far has been the most helpful and knowledgable. Not only have I been going to classes on rebuilding my credit, I am in the Family Self Sufficient program which is giving me hope of owning another home one day. I was also introduced to the LA Vocational Rehab Program who financed my online classes. |
| There is not enough assisted living places to live. I am homeless and cant find assisted living places to live. I need help and cant find it anywhere. Please help me if you can, OK? I'm living with my father but I'm still homeless. Contact me if you can, OK? I need HELP NOW!! Thank you [NAME] Call me, my number is X-(XXX)-XXX-XXXX or XXX-XXXX |
| There really isnt anything I can think of. At least you are trying to help and I thank you for that. I also thank you for taking our pets into consideration. I am one of those people who would not leave their pets behind. |
| They need more help with a nerve specialists, they need help with depression situations, to give them that boost that they need to keep on living, and that life is worth living, not to give up, don't have feelings of suicidal thoughts at times, more financial resources available to different lil outings to be across positive people, that's going to lift you up and encourage you to live on. Different fun activities, so that happy thoughts will be with you more very often. Be around good people, not someone that's going to bring you down and talk lowly or down to you, but uplifting people, when that happens to me, I became very Depressed and sickly for a while, and I don't like to talk to people that don't understand my illness, because the least lil bad remark or comment will trigger off my depression and I become unfocused in my everyday life. |
| They should have more places to help you if you want to go back to work. |
| This survey does not reflect the true needs of someone with a disability. This survey does very little for someone on the NOW waiver who has been waiting 11 years for services. That needs to be addressed instead of these general questions |
| To be able to live in a affordable house so that we my wife, and myself could spent time with our grand-children and children. Unfortunate we work very hard in our days to try to get a family house. With the jobs and wages and other obstickle made very very hard. But we are still keeping out faith, with God all |

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| things are possible. I am not complaining, because we are so bless to still be here, but as we get older we hope that we can capture the American Dream of one day owning our own house. While we can still do for ourselves, now that I have work so hard until disability won't allow me to do the thing that I was trying so hard to do, everything cost so much these days the funds I get monthly just won't cut it, so I am trying to use what ability I have left do capture my dream. So I hope that this servey will give some knowlege of my disibility, and I hope that I have done everything to open doors for everyone with disibility to help themself. |
| To give them respect they or due. Not to be under them all the time because we are slow learners. alot of people make fun of the disabled but you need to relize you may be just like us one day. the people here at Southern Acres take our close. I have at least ten outfits missing. they want do anything [NAME] |
| To provide better benefits & services, Bitter pay for P.C.A. workers. Improve Group home & facility. |
| To provide better financial, medical, personal assistance (groceries and etc.) To provide better and more private transportation companies. To help with utilities more often. To provide further out with meals on wheels and for elder and disability. |
| Van with lift, medical supplies (diapers, gauze, etc.), does not like or want home health nurses! |
| VOA provides programs to shut-ins in Opelousas- one of my friends receives services there. It would be nice to have something like that in Tangipahoa Parish. |
| We are from New Orleans and use to being able to get special doctors for special needs, we live almost 1 1/2 hours away from anything, we are blessed to have 2 little stores. We live in Vivian, LA and everything is in Shreveport, LA. Hardly any test can be taken here. You have to travel. [NAME] needs an ECCO gram and there is no pediatric cardiologist available except in Shreveport, LA. She has dental problems and the ECCO has to be done before her teeth is fixed. Not being from here and not going much, I don't understand directions, because they are given like we have been here all our life. We have to be taken if we need to get to Shreveport and finding someone to do this is very hard. I am disabled myself, but plenty love. [NAME] was given to me from her mother at 5 months old. The mother was and is on drugs, and didn't want her and I had her sister before her. [NAME] is very hard headed, no telling what drugs her mother was on during preg. I love her like she is mine, but no one will give me custody and I have the child. An important papers B.C. - S.S. card - shot records and other and I need legal help. If an emergency came I might not be able to have her treated. |
| We found it very difficult to get any aid. We had insurance but once it ran out we had to do private pay. Only LRS paid $2000.00 for a psychological evaluation, but never followed up with us after the evaluation. If my husband did not have a business that could have my son think he's back at work, we would be at a great loss for job help. He sustained a brain injury from a car accident. |
| We have tried to find a place to help [NAME] since early childhood. We tried reg. school, tutoring, homeschooling, special schools, psychologists, counselors, medications, and anything available for him. He has experienced epilepsy and asthma and thyroid cancer surgery and treatment. Mostly he educates himself with tv and reading. The OCD handicaps him as he can do nothing except at his own speed. We have tried every technique to try to help him be more a part of the family, go out with us etc. He would rather remain at home alone. We need someone to help us without prejudging us as pampering him. |
| We need better trained teachers to work "one on one" with Resource for the kids w/ special needs or disabilities. Kids w/ mental Retardation (mild or otherwise) are falling between the cracks. The few resources teachers in school cannot work with each child too long because of them being merged w/ regular students. |
| We need dental service, medicaid to pay for our teeth to be pulled even over age 21. We need food stamp workers to come to our homes if we can't get to them to sign us up for food stamps. We need co-pays cut out on our medicines. We need enough money to live on at least $800 per month for SSI and help with getting a car for each person on a fixed income like SSI so we can make it. |
| We need more disability programs for people have mental illness. |
| Well, I have use a wheel chair all the time. I can't stand up. |
| When a person all of a sudden becomes handicapped it is very hard mentally and physically. Just |

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| because I have gotten a prosthetic leg doesn't mean I can walk and everything is ok. I can't wear it very long, and with all the nerve damage I have, it's hard to push my own wheel chair, but because I have this prosthetic leg I can't get an automobile wheel chair to help me out with my pain. So since I have this available to me, I am limited to what I can do. I would also like to be able to pay my own way. It's difficult and hard trying to be independent. |
| Will this young adult ever be able to get Medicare so she can go to any Doctor or Hospital around her home? |
| Yall could please start by paying us more. |
| Ya'll should do like the politicians do, get on the phone and ask people what they need or do like Bush, just put a check in the mail. All the buractic red tape and greedy people is what's chocking the system. You don't really need this survey, just go to the EK Long ER and ask the people what they need. There is hardly any assistance programs that I know of that doesn't turn you down and you have to appeal your case, just to get things started. I personally think this survey is just some more paper to choke the system. GOD HELP US ALL. JESUS IS LORD. |
| You try to live off of 647. a mos 400.00 rent, 160.00 electric, 150.00 gas, buy water, food, other personal thing you do without. And try to pay someone to take you and they take advantage of you and bet you every other month electric or gas get cut off cause you can't pay the bill and more. Thank you. I do appreciate what I get but I worked all my life and this is all the help I can get now I am unable to work. This is hard and unfair. |
| Your survey did not provide enough answers for people who are 100% physically and mentally disabled. My son can not do one single thing for himself. |
| 1. Special allowances should be given to people with diabetes. More food stamps should be given to allow for more balanced diet. I cannot even afford whole milk. I have to drink evapovate milk due to cost.2. Regular wheelchairs should be given before power chairs. I could use a regular wheelchair to shop in stores. My scooter is too big & heavy. I cannot load it in my car. I need a carrier rack and ramp to use it. 3. I need to see a TMJ specialist for my Temporal Mandibular Joint (Jaw dislocation) problem. Medicare considers this dental, and will not pay. |
| I am now 22 years old. I have had 8 surgeries in my life. My neurologist Dr. [NAME] and my orthopedic doctor Dr. [NAME] have been treating me since I was nine years old. I had a hard time in school being able to attend school on a daily basis, because of my scoliosis, and syringohydromyelia it was difficult physically. I was home bound a lot. But I managed to finish hish school. When I turned 21 and had to be discharged from CSHS (children special health clinic) it frightened me. Because my medical history is a lot and I am afraid to change physician, because there is so much about my medi |
| I have severe depression, congested heart failure, diabetic and had knee replacement surgery. It is hard to find a doctor that can help with all of these problems. If for some reason I have to go into the hospital I have to see a different doctor. |
| I have worked since I am about 14 yrs old - I have always worked 2 or 3 jobs at one time - whenever my life starting falling apart 27 years of marriage - domestic violence - 911 reports - restraining and protection orders - my health bottomed out. My father dying - trying to help my children in college, my former employer - a physician harassing me - he wanted the old person back at her normal self - trying to hold on to my house, my family property (which they had worked very very hard) (the olden days)My cattle, my farm, 30 acres of land, credit ruined because my ex-husband intentionally maliciously did. |
| Make it easier to get help from government agencies such as VA and others. I understand that I am disabled and my wife is not but it has been years since she has had health insurance and we can't afford it. I think she should be able to get government help. |
| The government needs to stop stressing how 'worthy' people who work are of help & services when they are talking about basic needs that disabled people cannot afford & have no hope of ever being able to afford. President W. continually states that anybody who is willing to work deserves all of these things when the jobs as governor of Texas & President are the only jobs he's ever managed to hold. I don't feel that a man who had a full time career as a rich kid, cocaine addict, & alcoholic; has any room to talk about the rest of us. |

# APPENDIX F
# ALTERNATE SURVEY FORMATS

**SPANISH**

Escriba su número de identificación aquí _____
*(El número se encuentra a la derecha de la parte arriba de esta carta)*

# Cuestionario para personas con discapacidades

El siguiente cuestionario anónimo hace preguntas sobre su vida. Las respuestas se quedarán en completa confidencialidad. La información recibida de este cuestionario se presentará a la legislatura del estado para mejorar servicios para personas con discapacidades en Luisiana. Su participación no es obligatoria y usted no tiene que contestar ninguna pregunta con la cual no se sienta cómodo. ¡Muchísimas gracias por su ayuda!

## Usted DEBE llenar este cuestionario si USTED es:

□ Una persona con una discapacidad
□ El padre o la madre/guardián de un niño menor con una discapacidad
□ Amigo, pariente, defensor o profesional que ayuda a una persona con una discapacidad y anota las respuestas dadas por esta persona
□ Amigo, pariente, defensor, o profesional que llena este cuestionario para alguien que no es capaz de hacerlo

## Usted NO debe llenar este cuestionario si:

□ Usted es menor 18 años de edad
□ la persona que recibió este cuestionario no quiere que usted lo llene
□ usted es una persona con una discapacidad y no quiere llenarlo
□ Este cuestionario le llegó por error y la persona a la cual se dirigió no vive en esta dirección.

Este cuestionario contiene 61 preguntas, incluyendo 54 preguntas de elección múltiple. Conteste las preguntas con una "x" en la casilla correcta. Escriba las respuestas a las otras preguntas en el espacio dado. **Si usted tiene más de una respuesta, por favor ponga "x" en todas las casillas que aplican.** Cuando termine el cuestionario, por favor devuélvanoslo usando el sobre ya pagado que se incluye en este paquete.

Si usted tiene preguntas acerca del cuestionario o si quisiera llenarlo por internet, o si lo necesita en otro formato, en otro idioma o en letra más grande, usted puede llamarnos a **1-866-854-0894.**

Este cuestionario se encuentra en el internet a **http://dhhsurvey.ossrd.net**

¡Muchas gracias por su ayuda!

# Información general

1. ¿Quién está llenando este cuestionario?
☐ Una persona con una discapacidad
☐ Un amigo o ayudante de una persona con una discapacidad
☐ El padre o guardián de un niño menor con una discapacidad
☐ El padre o guardián de un adulto con una discapacidad
☐ Un guardián, agente u otra persona designado por un juez o la corte
☐ Un profesional o defensor

2. ¿Por qué alguien le está ayudando a usted? (Seleccione todas las que apliquen)
☐ Esto no me aplica – lo estoy llenando sólo
☐ Yo doy las respuestas y esta persona las está anotando
☐ No soy capaz de completar este cuestionario
☐ No quiero participar en este cuestionario
☐ Yo tengo menos de 18 años y esta persona es mi padre o guardián
☐ Otro (indique) _____

3. ¿Cómo es su discapacidad?
☐ Salud mental/emocional ☐ físico ☐aprendizaje/cognoscitivo
☐ Comunicación oral ☐ sensorial ☐ condición de salud crónica

4. ¿Cual es su diagnóstico? _____

5. ¿Cuánto tiempo lleva usted con esta condición? _____ Años

6. ¿Cómo juzgaría usted su condición?
☐ Está mejorando ☐ viene y va ☐ solamente empeora
☐ Sigue con poco cambio ☐ sique con cambio constante

7. ¿Por cuánto se espera que dure su condición?
☐ Es permanente ☐ es temporaria ☐ no lo sé

8. ¿Cuál es su raza o etnicidad? (Indique todo lo que le aplica a usted)
☐ Afroaméricano ☐ asiático/de las islas pacíficas ☐ blanco
☐ Hispano/latino ☐ americano nativo ☐ multi-racial
☐ Otro (indique)
_____

9. ¿Cuál es su género?
☐ Hombre ☐ mujer

10. ¿Qué edad tiene? _____ Años

11. ¿Cuál es su código de área? _____

12. ¿Cual de las siguientes le ayuda a conocer sobre los servicios disponibles? (Indique todo lo que le aplica)

☐ Agencias ☐ médicos, enfermeras ☐ internet
☐ Biblioteca ☐ revistas ☐ correo
☐ Hojas informativas ☐ periódicos ☐ radio
☐ Parientes/amigos ☐ televisión
☐ Otro (indique) _____

## CUIDADO MÉDICO

1. ¿Qué tipo de seguro médico tiene? (Indique todo lo que le aplica)

☐ Nada ☐ seguro dado por el trabajo
☐ Medicaid (tarjeta azul y blanca) ☐ Medicare (tarjeta roja, azul y blanca)

☐ Medicare para medicina de receta ☐ seguro privado
☐ Otro (indique) _____

2. ¿Aproximadamente cuánto paga usted o su familia mensualmente por este seguro? _____

3. ¿Además del seguro, cuánto dinero paga usted o su familia por gastos médicos cada mes? _____

4. ¿Cuáles servicios médicos usa usted regularmente? (Indique todo lo que le aplica)

☐ Doctor principal ☐ doctor especialista ☐ artículos médicos
☐ Medicina de receta ☐ servicios de salud mental ☐ hospital
☐ Servicio médico doméstico ☐ emergencia ☐ nutrición
☐ Orientación sobre abuso de sustancias ☐ enfermeros ☐ diálisis
☐ Servicios auditivos ☐ dental ☐ visión
☐ Servicios de terapia ☐ rehabilitación ☐ Ortosis
☐ Ninguno
☐ Otro (indique) _____

5. ¿Cuáles servicios médicos necesita usted, pero no recibe? (Indique todo lo que le aplica)

☐ Doctor principal ☐ doctor especialista ☐ artículos médicos
☐ Medicina de receta ☐ servicios de salud mental ☐ hospital
☐ Servicio médico doméstico ☐ emergencia ☐ nutrición
☐ Orientación sobre abuso de sustancias ☐ enfermeros ☐ diálisis
☐ Servicios auditivos ☐ dental ☐ visión
☐ Servicios de terapia ☐ rehabilitación ☐ Ortosis
☐ Ninguno

6. ¿Por qué no recibe usted el cuidado médico que necesita? (Indique todo lo que le aplica)

☐ Mi seguro no lo cubre
☐ cuesta demasiado
☐ No está disponible donde vivo
☐ no tengo transporte
☐ Los servicios de apoyo son limitados
☐ me cuesta encontrar los servicios
☐ Las opciones de cuidado son limitadas
☐ las Instalaciones/oficinas no son accesibles
☐ Recibo el cuidado que necesito; esto no me aplica
☐ Otro (Indique) _____

## VIVIR INDEPENDIENTEMENTE

1. ¿Cuáles servicios usa usted? (Indique todo lo que le aplica)

☐ Asistencia para encontrar dónde o cómo recibir servicios
☐ ayudante de cuidado personal
☐ Asistencia o consejos de un amigo o profesional
☐ transporte
☐ Educación para ayudarme a vivir sólo
☐ ayuda financiera
☐ Intérprete o servicios de comunicación
☐ un defensor
☐ Aparatos técnicos para ayudarme
☐ no uso ninguno de éstos
☐ Otro (indique) _____

2. ¿Quién le da estos servicios a usted?

☐ Office for Citizens with Developmental Disabilities (OCDD)
☐ Office of Aging and Adult Services (OAAS)
☐ Office of Mental Health (OMH)
☐ Louisiana Rehabilitation Services (LRS)
☐ Governor's Office of Disability Affairs (GODA)
☐ Centros de vivienda independiente
☐ Office for Addictive Disorders and Counseling (OADC)
☐ Louisiana Assistive Technology Access Network (LATAN)
☐ Work Incentive Planning Assistance (WIPA)
☐ El departamento de educación de Luisiana
☐ Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund)
☐ Medicaid
☐ Otro (indique)_____
☐ No recibo estos servicios

3. ¿Cuáles servicios necesita usted pero no recibe? (Indique todo lo que le aplica)

☐ Asistencia para encontrar dónde o cómo recibir servicios
☐ ayudante de cuidado personal
☐ Asistencia o consejos de un amigo o profesional
☐ transporte
☐ Educación para ayudarme a vivir solo
☐ ayuda financiera
☐ Intérprete o servicios de comunicación
☐ un defensor
☐ Aparatos técnicos para ayudarme
☐ no uso ninguno de éstos

4. ¿Por qué no recibe usted los servicios que necesita? (Indique todo lo que le aplica)

☐ Mi seguro no lo cubre
☐ cuesta demasiado
☐ No está disponible donde vivo
☐ no tengo transporte
☐ Los servicios de apoyo son limitados
☐ me cuesta encontrar los servicios
☐ Las opciones de cuidado son limitadas
☐ las instalaciones/oficinas no son accesibles
☐ Recibo el cuidado que necesito; esto no me aplica
☐ Otro (indique) _____

5. ¿Quién planea la mayoría del cuidado que usted recibe?

☐ Yo ☐ un pariente ☐ un amigo ☐ una agencia
☐ Otro (indique) _____

6. ¿Cuánto control tiene usted sobre el cuidado o los servicios que usted recibe?

☐ Tengo la mayoría del control ☐ yo no participo en la planificación ☐ tengo poco control

## TÉCNOLOGIA ÚTIL

1. ¿Usted necesita o usa aparatos o servicios de tecnología para ayudarle a vivir independientemente, trabajar, asistir a clases, o participar en actividades en la comunidad?

☐ Sí (conteste las preguntas del cuadro gris) ☐ no (vaya a la siguiente sección)

a. ¿Qué tipo de tecnología usa usted? (Indique todo lo que le aplica)

☐ Deportes/diversión/recreación
☐ auditivo
☐ Adaptación al ambiente
☐ comunicación oral
☐ Aprendizaje/cognitivo
☐ ayudantes con la vida diaria
☐ Movilidad/posición/asiento
☐ visión
☐ Transporte/modificación al vehículo
☐ computadoras, etc.
☐ Otro (indique) _____

b. ¿Qué tipo de tecnología necesita usted pero no recibe? (Indique todo lo que le aplica

☐ Deportes/diversión/recreación
☐ auditivo
☐ Adaptación al ambiente
☐ comunicación oral
☐ Aprendizaje/cognitivo
☐ ayudantes con la vida diaria
☐ Movilidad/posición/asiento
☐ visión
☐ Transporte/modificación al vehículo
☐ computadoras, etc.
☐ Otro (indique) _____

c. Si no tiene acceso a tecnología útil, ¿cuál es la razón?
☐ No tengo suficiente dinero ☐ necesito que me ayuden a usarla
☐ Necesito que me enseñen como usarla
☐ No está disponible en mi comunidad
☐ Mi seguro medico no lo cubre
☐ Esto no me aplica
☐ Otro (indique) _____

d. ¿Cómo describiría su uso de tecnología útil?
(Indique todo lo que le aplica)
☐ Tengo todo lo que necesito
☐ Tengo parte, pero no toda la tecnología que necesito
☐ No tengo nada de la tecnología que necesito
☐ La tecnología que uso está en buena condición
☐ La tecnología que uso es vieja o necesita reparación
☐ No creo que conozca la tecnología que está disponible
☐ Me cuesta aprender sobre la nueva tecnología disponible

## TRANSPORTE

1. ¿Qué tipo de transporte está disponible para usted? (Indique todo lo que le aplica)
☐ Caminar o andar en bicicleta ☐ tengo un vehículo
☐ Amigos/parientes me llevan ☐ transporte público
☐ "para transit" ☐ taxi
☐ Servicios de transporte de Medicaid ☐ nada
☐ Otro (indique) _____

2. ¿Qué tipo de transporte realmente usa? (Indique todo lo que le aplica)
☐ Caminar o andar en bicicleta ☐ tengo un vehículo
☐ Amigos/parientes me llevan ☐ transporte público
☐ "para transit" ☐ taxi
☐ Servicios de transporte de Medicaid ☐ nada
☐ Otro (indique) _____

3. ¿Qué problemas tiene usted con el transporte? (Indique todo lo que le aplica)
☐ No tengo problemas con el transporte ☐ está muy lejos
☐ No hay bastante opciones ☐ no es confiable
☐ No está disponible cuando lo necesito ☐ no va adonde necesito
☐ Cuesta demasiado
☐ No está disponible o accesible para alguien con mi discapacidad
☐ Otro (indique) _____

4. ¿Para qué usa usted transporte público? (Indique todo lo que le aplica)

☐ Ir al trabajo
☐ ir a clases/cursos de instrucción
☐ Ir a actividades sociales
☐ ir a citas médicas
☐ Hacer diligencias
☐ ir a actividades religiosas
☐ No uso transporte público
☐ Otro (indique) _____

## CASAS

1. ¿Dónde vive usted?

☐ Casa, apartamento, "tráiler" o "mobile home"
☐ Instalación como institución, hogar de ancianos, "group home," etc.
☐ Refugio ("shelter")
☐ Otro (indique) _____

2. ¿Con quién vive usted?

☐ Vivo solo
☐ familia
☐ Esposo(a)/pareja
☐ ayudante pagado
☐ Ayudante no pagado
☐ amigos, compañeros de casa
☐ Otros residentes de la institución

3. ¿Cuánto paga usted por mes, no incluyendo las utilidades?

☐ $1 - $250
☐ $251 - $500
☐ $501 - $750
☐ $751 - $1,000
☐ más de $1,000
☐ No pago nada; mi familia paga

4. ¿Actualmente vive usted en un lugar de su preferencia?

☐ Sí (vaya a la siguiente sección)
☐ no (vaya a la caja gris)

a. Si no, ¿qué necesitaría usted para vivir donde quiere?
(Indique todo lo que le aplica)

☐ Opciones de vivienda accesibles
☐ ayudante personal
☐ Tecnología útil
☐ Servicios de apoyo en la comunidad
☐ Estrategias para vivir independientemente
☐ Casas de buen precio
☐ Más opciones disponibles para vivir
☐ Otro (indique) _____

## PREPARACIÓN

1. ¿Cuál es el nivel más alto de preparación o educación que usted ha completado?

☐ Escuela primaria
☐ Algunas clases de escuela secundaria
☐ Diploma de escuela secundaria
☐ GED (equivalente a un certificado de escuela secundaria)
☐ negocios/tecnico/escuela vocacional
☐ algunas clases universitarias
☐ Diploma de la universidad

☐ algunas clases de posgrado
☐ Certificado de la escuela secundaria
☐ Maestría

2. ¿Quiere usted seguir, o actualmente está tomando cursos?

☐ Sí (vaya a la caja gris) ☐ o (vaya a la siguiente sección)

I. ¿En qué tipo de programa o escuela actualmente está matriculado?

☐ Educación desde la casa ("Home school")
☐ Escuela pública
☐ Escuela vocacional/negocios/técnica. etc.
☐ Cursos a distancia o en línea.
☐ escuela privada
☐ universidad

a. ¿Cuáles son sus metas educativas actuales? (Indique todo lo que le aplica)

☐ Graduarme de la escuela secundaria
☐ Obtener un GED
☐ Obtener un certificado de la escuela secundaria
☐ Asistir o graduarme de la universidad
☐ Recibir entrenamiento para un trabajo
☐ asistir a clases de posgrado u obtener una maestría
☐ asistir a clases de negocios, escuela vocacional, o nivel técnico

b. ¿Actualmente está usted en una escuela, una universidad o un programa de entrenamiento?

☐ Sí (vaya a la siguiente caja) ☐ No (vaya a la sección c)

c. ¿Qué le impide a obtener la preparación o entrenamiento que usted desea? (Indique todo lo que le aplica)

☐ No tengo transporte
☐ No tengo los aparatos útiles que necesito
☐ Cuesta demasiado
☐ no sé dónde conseguirlo
☐ tengo problemas con las pruebas
☐ no sé cómo conseguirlo
☐ No tengo problemas al conseguir la preparación que necesito
☐ Otro (indique) _____

## EMPLEO

1. ¿Cuál de estos términos mejor describe su situación actual en cuanto al empleo? (Indique todo lo que le aplica)

☐ Trabajo tiempo completo
☐ Trabajo tiempo parcial
☐ Soy estudiante
☐ No tengo trabajo, pero trabajo como voluntario
☐ estoy jubilado ("retired")
☐ no tengo trabajo
☐ actualmente busco trabajo
☐ soy auto-empleado ("self-employed")
☐ Trabajo en un "sheltered workshop," "mobile crew," o "enclave"

2. ¿Cuáles problemas tiene usted para conseguir o mantener un trabajo? (Indique todo lo que le aplica)

☐ No hay bastantes trabajos
☐ No hay oportunidades para adiestramiento
☐ No tengo los aparatos útiles que necesito
☐ No puedo trabajar tanto como necesito
☐ No tengo transporte
☐ No tengo el apoyo que necesito
☐ No puedo encontrar un trabajo que me permita usar las técnicas que conozco
☐ Actualmente no busco trabajo
☐ No tengo problemas en mantener un trabajo
☐ Otro (indique) _____

## FINANZAS

1. ¿Cuánto gana usted (no su familia) cada mes?

☐ $1 - $1,000 ☐ $1001 - $2,000 ☐ $2,001 - $3,000 ☐ más de $3,000 ☐ No gano nada

2. ¿Cuál es la fuente de sus (no de su familia) ingresos? (Indique todo lo que le aplica)

☐ Pensión por divorcio/"child support"
☐ FITAP ("welfare"), asistencia social
☐ Beneficios para veteranos
☐ Beneficios de desempleo
☐ ingresos de empleo o auto-empleo ("self-employment")
☐ beneficios de jubilación de ferrocarril ("Railroad Retirement Benefits")
☐ "Social Security"/"Supplemental Security," seguridad social
☐ beneficios de compensación de empleados ("Worker's Compensation")
☐ Otro (indique) _____
☐ Nada

3. ¿Usted personalmente recibe ayuda de los siguientes programas? Esto significa que la ayuda es para usted y no para su familia. (Indique todo lo que le aplica)

☐ Ayuda con el cuidado de los niños
☐ Ayuda con el costo de Medicare
☐ "Food stamps"
☐ ayuda con las utilidades
☐ Ayuda con las casas (indique) _____

4. ¿Cuál de los siguientes recursos tiene usted a su nombre? (Indique todo lo que le aplica

☐ Anualidades o consorcio ("trust")
☐ Certificados de depósito
☐ Cuentas de jubilación ("retirement")
☐ Vehículos
☐ cuentas bancarias
☐ propiedad, incluyendo su casa
☐ acciones y bonos ("stocks and bonds")
☐ no tengo nada de éstos
☐ Otro (indique) _____

5. ¿Cuánto valen sus propiedades, además de su casa y vehículo?

☐ $1 - $2,500
☐ $2,501 - $5,000
☐ $5,000 - $7,500
☐ $7,501 - $10,000
☐ más de $10,000
☐ no tengo más recursos

## PARTICIPACIÓN EN LA COMUNIDAD

1. ¿En cuáles actividades participa usted en su comunidad? (Indique todo lo que aplica)

☐ Grupos cívicos o de apoyo ("advocacy")
☐ Actividades de entretenimiento
☐ Actividades de una escuela
☐ Actividades o eventos deportivos
☐ Visitar a familia o amigos
☐ Centros o grupos de apoyo
☐ Nada
☐ comer en la calle
☐ actividades de ejercicio
☐ comprar
☐ organizaciones sociales
☐ trabajar como voluntario
☐ actividades religiosas
☐ Otro (indique) _____

2. ¿En cuáles actividades le gustaría hacer, pero no se puede? (Indique todo lo que le aplica)

☐ Grupos cívicos o de apoyo
☐ Actividades de entretenimiento
☐ Actividades de una escuela
☐ Actividades o eventos deportivos
☐ Visitar a familia o amigos
☐ Centros o grupos de apoyo
☐ Nada
☐ comer en la calle
☐ actividades de ejercicio
☐ comprar
☐ organizaciones sociales
☐ trabajar como voluntario
☐ actividades religiosas
☐ Otro (indique) _____

3. ¿Hay algo que hace que le sea difícil hacer las cosas que usted quiere? (Indique todo lo que le aplica)

☐ No, hago todo lo que quiero hacer
☐ No tengo transporte
☐ No tengo amigos ni familia
☐ Mi condición médica no me permite
☐ La gente me trata diferentemente/me siento incómodo
☐ cuesta demasiado
☐ los lugares no están accesibles
☐ no tengo los aparatos que necesito

## PARTICIPACIÓN CIVICA

1. ¿Usted se inscribió para votar?
☐ Sí, soy adulto y me inscribí para votar (vaya a la caja gris)
☐ No, soy adulto y no me inscribí para votar (vaya a #2)
☐ No, soy menor y no puedo votar (vaya a la siguiente sección)

a. ¿Votó usted en alguna elección durante los últimos cuatro años?
☐ Sí (conteste la siguiente pregunta) ☐ no (vaya a #2)

i. ¿Ha usado servicios de votar especiales como votar por correo o votar temprano?
☐ Sí ☐ no

2. ¿Hay algo que hace que le sea difícil votar?
☐ No, no hay ningún problema
☐ Los aparatos para ayudarme no están disponibles
☐ No tengo transporte
☐ No recibo la ayuda que necesito
☐ Los edificios donde me inscribiría para votar no son accesibles para mí porque_____
☐ Los edificios donde voto no están accesibles porque_____
☐ Otro (indique) _____

## PREPARACIÓN PARA EMERGENCIAS

1. ¿Tiene usted un plan si hay una situación como pérdida de electricidad, desastre natural como huracán o inundación, o ataque terrorista?
☐ Sí ☐ no

2. ¿Qué necesitaría usted para estar preparado para una futura emergencia?
☐ Un plan para seguir en una emergencia
☐ Una persona o una agencia para ponerse en contacto en caso de emergencia
☐ Transporte si tengo que salir de mi casa
☐ Un lugar accesible y seguro a adonde ir
☐ Un lugar seguro para mis animales domésticos
☐ Comida y agua extra
☐ Medicina extra
☐ Cosas de emergencia como pilas, radio, linternas, generador, vendas
☐ Un teléfono célular
☐ Otro (indique) _____

## COMENTARIOS GENERALES

Por favor denos alguna información que usted cree que podría ayudarnos a mejorar la vida de personas que viven con discapacidades.

**VIETNAMESE**

Nhập số căn cước vào đây _____
*(Số căn cước ở góc phải bên trên của thư đính kèm)*

# Bản điều tra cho người tàn tật

Bản điều tra sau đây tìm hiểu về cuộc sống của quý vị. Cuộc điều tra này được thực hiện hoàn toàn ẩn danh. Câu trả lời của quý vị sẽ được giữ bí mật. Thông tin từ cuộc điều tra này sẽ được trình cho cơ quan lập pháp của bang và sử dụng để nâng cao dịch vụ cho người tàn tật tại Louisiana. Quý vị có thể tự nguyện tham gia và có thể chọn bỏ qua những câu hỏi mà quý vị không muốn trả lời.

**Quý vị NÊN điền vào bản điều tra này nếu QUÝ VỊ là:**
□ Người tàn tật
□ Cha mẹ/ người bảo hộ chăm sóc cho trẻ tàn tật
□ Bạn, thành viên gia đình, luật sư hoặc chuyên viên trợ giúp người tàn tật và đang ghi âm những câu trả lời của người này
□ Bạn, thành viên gia đình, luật sư hoặc chuyên viên điền vào bản điều tra này cho người không có khả năng thực hiện việc này

**Quý vị KHÔNG NÊN điền vào bản điều tra này nếu:**
□ Quý vị dưới 18 tuổi
□ Người nhận bản điều tra này không muốn quý vị điền vào
□ Quý vị là người tàn tật mà không muốn tham dự
□ Bản điều tra này được gửi nhầm cho quý vị hoặc người sống tại địa chỉ gửi đến không sống ở địa chỉ này

Bản điều tra này có 61 câu hỏi, bao gồm 54 câu hỏi chọn lựa. Xin hãy trả lời từng câu hỏi chọn lựa bằng cách đánh dấu 'X' vào ô trống. Hãy viết trả lời những câu hỏi khác vào chỗ trống để sẵn. **Nếu quý vị có nhiều câu trả lời cho một câu hỏi hãy đánh dấu 'X' vào ô trống phù hợp.** Khi hoàn thành bản điều tra, xin quý vị gửi nó lại bằng phong bì có dán sẵn tem kèm theo.

Nếu quý vị có thắc mắc về cuộc điều tra hoặc nếu quý vị cần bản điều tra ở định dạng khác, ngôn ngữ khác, hoặc in lớn hơn, xin hãy vào trang web hoặc gọi cho chúng tôi theo số **1-866-854-0894**

Bản điều tra trực tuyến có tại **http://dhhsurvey.ossrd.net**

Chúng tôi trân trọng sự giúp đỡ của quý vị!

## THÔNG TIN CHUNG

1. Ai là người điền vào bản điều tra này?
☐ Một người tàn tật
☐ Một người trợ giúp hoặc bạn của người tàn tật
☐ Cha mẹ hoặc người bảo hộ cho trẻ nhỏ tàn tật
☐ Cha mẹ hoặc người bảo hộ cho người trưởng thành tàn tật
☐ Người bảo hộ do tòa chỉ định, người quản lý, giám hộ hoặc nhân viên
☐ Chuyên viên hoặc luật sư

2. Tại sao người đó lại giúp điền vào bản điều tra này?
(đánh dấu những câu phù hợp)
☐ Không áp dụng với tôi – Tôi tự trả lời bản điều tra này
☐ Tôi đưa ra câu trả lời và người này ghi âm lại chúng
☐ Tôi không thể trả lời bản điều tra
☐ Tôi không muốn tham gia vào cuộc điều tra
☐ Tôi dưới 18 tuổi và người này là cha mẹ hoặc người bảo hộ của tôi
☐ Khác (hãy nêu rõ) _____

3. Loại tàn tật của quý vị là gì?
☐ Sức khỏe tâm thần/Rối loạn cảm xúc ☐ Thể chất ☐ Học hỏi/Nhận thức
☐ Diễn đạt bằng ngôn ngữ ☐ Thuộc giác quan ☐ Tình trạng bệnh mãn tính

4. Triệu chứng như thế nào?_____

5. Quý vị đã bị tàn tật trong bao lâu? _____ năm

6. Quý vị nhận định tình trạng của mình như thế nào?
☐ Đang tiến triển tốt ☐ Lúc tốt lúc xấu ☐ Diễn tiến xấu
☐ Tiếp diễn và ổn định ☐ Tiếp diễn và có thay đổi thường xuyên

7. Sự tàn tật sẽ kéo dài trong bao lâu?
☐ Suốt đời ☐ Tạm thời ☐ Tôi không rõ

8. Quý vị thuộc chủng tộc hoặc dân tộc nào? (đánh dấu những câu phù hợp)
☐ Mỹ Phi/Da đen ☐ Á châu/Đảo Thái Bình Dương ☐ Cáp-ca/Da trắng
☐ Tây Ban Nha/Mỹ la tinh ☐ Mỹ bản địa ☐ Đa chủng tộc
☐ Khác (hãy nêu rõ) _____

10. Quý vị bao nhiêu tuổi? _____ tuổi

11. Mã bưu điện của quý vị là gì? _____

12. Những thứ nào sau đây giúp quý vị tìm ra các dịch vụ sẵn có? (đánh dấu những câu phù hợp)

☐ Các đại lý ☐ Nhà cung cấp dịch vụ y tế ☐ Internet
☐ Thư viện ☐ Tạp chí ☐ Thư
☐ Thư mời ☐ Báo ☐ Radio
☐ Họ hàng/bạn bè ☐ Vô tuyến
☐ Khác (hãy nêu rõ) _____

## CHĂM SÓC Y TẾ

1. Quý vị có loại bảo hiểm y tế nào? (đánh dấu những câu phù hợp)

☐ Không ☐ Bảo hiểm do chủ lao động trả
☐ Medicaid (thẻ xanh & trắng) ☐ Medicare (thẻ đỏ, trắng & xanh)
☐ Bảo hiểm dược phẩm kê đơn Medicare ☐ Bảo hiểm tư nhân
☐ Khác (hãy nêu rõ)_____

2. Quý vị và gia đình chi trả bao nhiêu mỗi tháng cho bảo hiểm này? _____

3. Quý vị hoặc gia đình chi phí khoảng bao nhiêu tiền mỗi tháng cho dược phẩm ngoài bảo hiểm? _____

4. Những dịch vụ y tế nào quý vị thường xuyên sử dụng? (đánh dấu những câu phù hợp)

☐ Bác sỹ đa khoa ☐ Bác sỹ chuyên khoa ☐ Trợ cấp dược phẩm
☐ Dược phẩm kê đơn ☐ Dịch vụ y tế tâm thần ☐ Chăm sóc ở bệnh viện
☐ Dịch vụ y tế tại nhà ☐ Chăm sóc khẩn cấp ☐ Dịch vụ dinh dưỡng
☐ Tư vấn lạm dụng chất kích thích ☐ Dịch vụ điều dưỡng ☐ Thẩm tách
☐ Dịch vụ khiếm thính ☐ Dịch vụ nha khoa ☐ Nhãn khoa
☐ Dịch vụ trị liệu ☐ Dịch vụ phục hồi chức năng ☐ Chỉnh hình
☐ Không
☐ Khác (hãy nêu rõ) _____

5. Các dịch vụ y tế nào quý vị cần nhưng chưa có được? (đánh dấu những câu phù hợp)

☐ Bác sỹ đa khoa ☐ Bác sỹ chuyên khoa ☐ Trợ cấp dược phẩm
☐ Dược phẩm kê đơn ☐ Dịch vụ y tế tâm thần ☐ Chăm sóc ở bệnh viện
☐ Dịch vụ y tế tại nhà ☐ Chăm sóc khẩn cấp ☐ Dịch vụ dinh dưỡng
☐ Tư vấn lạm dụng chất kích thích ☐ Dịch vụ điều dưỡng ☐ Thẩm tách
☐ Dịch vụ khiếm thính ☐ Dịch vụ nha khoa ☐ Nhãn khoa

6. Vì sao quý vị không nhận được chăm sóc y tế mà quý vị cần? (đánh dấu những câu phù hợp)

☐ Bảo hiểm của tôi không chi trả
☐ Quá tốn kém
☐ Không có ở nơi tôi sống
☐ Tôi không có phương tiện đi lại
☐ Dịch vụ hỗ trợ hạn chế
☐ Khó tìm nơi cung cấp dịch vụ
☐ Tùy chọn hạn chế
☐ Không thể tiếp cận cơ sở y tế/văn phòng
☐ Tôi được chăm sóc y tế đủ nên điều này không áp dụng với tôi
☐ Khác (hãy nêu rõ) _____

## CUỘC SỐNG ĐỘC LẬP

1. Quý vị sử dụng những dịch vụ và hỗ trợ nào? (đánh dấu những câu phù hợp)

☐ Trợ giúp tìm kiếm dịch vụ
☐ Phục vụ chăm sóc cá nhân
☐ Hỗ trợ/tư vấn từ bạn hoặc chuyên viên
☐ Dịch vụ đi lại
☐ Đạo tạo kỹ năng để sống độc lập
☐ Trợ giúp tài chính
☐ Dịch vụ thông dịch/giao tiếp
☐ Luật sư
☐ Thiết bị công nghệ trợ giúp
☐ Tôi không dùng gì
☐ Khác (hãy nêu rõ) _____

2. Ai cung cấp những trợ giúp và dịch vụ này cho quý vị?

☐ Văn phòng dành cho công dân tàn tật tiến triển (OCDD)
☐ Văn phòng dịch vụ cho người cao tuổi (OAAS)
☐ Văn phòng sức khỏe tâm thần (OMH)
☐ Dịch vụ phục hồi chức năng Louisiana (LRS)
☐ Văn phòng thống đốc về vấn đề người tàn tật (GODA)
☐ Trung tâm cuộc sống độc lập
☐ Văn phòng dành cho rối loạn các chất gây nghiện và tư vấn (OADC)
☐ Mạng lưới tiếp cận công nghệ trợ giúp Louisiana (LATAN)
☐ Trợ giúp kế hoạch hóa khích lệ làm việc (WIPA)
☐ Sở giáo dục Louisiana
☐ Quỹ ủy thác chấn thương não bộ và dây thần kinh (Quỹ ủy thác THSCI)
☐ Medicaid
☐ Khác (hãy nêu rõ)_____
☐ Tôi không nhận được những dịch vụ này

3. Các dịch vụ và trợ giúp nào quý vị cần mà chưa có được? (đánh dấu những câu phù hợp)

☐ Trợ giúp tìm kiếm dịch vụ
☐ Phục vụ chăm sóc cá nhân
☐ Hỗ trợ/tư vấn từ bạn hoặc chuyên viên
☐ Dịch vụ đi lại
☐ Đạo tạo kỹ năng để sống độc lập
☐ Trợ giúp tài chính
☐ Dịch vụ thông dịch/giao tiếp
☐ Luật sư

4. Vì sao quý vị không nhận được dịch vụ và trợ giúp mà quý vị cần? (đánh dấu những câu phù hợp)

☐ Bảo hiểm của tôi không chi trả ☐ Quá tốn kém
☐ Không có ở nơi tôi sống ☐ Tôi không có phương tiện đi lại
☐ Dịch vụ hỗ trợ hạn chế ☐ Khó tìm nơi cung cấp dịch vụ
☐ Tùy chọn hạn chế ☐ Không thể tiếp cận cơ sở y tế/văn phòng
☐ Tôi sống theo cách mình muốn nên điều này không áp dụng với tôi
☐ Khác (hãy nêu rõ) _____

5. Ai lập kế hoạch dịch vụ chăm sóc cho quý vị?

☐ Tôi làm ☐ Một họ hàng ☐ Một người bạn ☐ Một đại lý
☐ Khác (hãy nêu rõ)_____

6. Quý vị có nhiều chọn lựa không khi lập kế hoạch dịch vụ chăm sóc cho mình?

☐ Tôi được điều khiển ☐ Tôi không tham gia vào lập kế hoạch
☐ Tôi không được điều khiển

## CÔNG NGHỆ TRỢ GIÚP

1. Quý vị có cần hoặc sử dụng thiết bị công nghệ trợ giúp để sống độc lập, làm việc, tới trường hoặc tham gia các hoạt động xã hội không?

☐ Có (trả lời vào ô trống tô đậm dưới đây) ☐ Không (chuyển tới mục tiếp theo)

a. Quý vị sử dụng loại công nghệ trợ giúp nào? (đánh dấu những câu phù hợp)

☐ Giải trí/thể thao/vui chơi ☐ Trợ thính
☐ Điều chỉnh theo môi trường ☐ Hỗ trợ giao tiếp
☐ Học tập/nhận thức/phát triển ☐ Trợ giúp hàng ngày
☐ Di chuyển/ngồi/định vị ☐ Trợ lực
☐ Xe đặc biệt/vận chuyển ☐ Máy tính
☐ Khác (hãy nêu rõ)_____

b. Loại công nghệ trợ giúp nào quý vị cần mà không có? (đánh dấu những câu phù hợp)

☐ Giải trí/thể thao/vui chơi ☐ Trợ thính
☐ Điều chỉnh theo môi trường ☐ Hỗ trợ giao tiếp
☐ Học tập/nhận thức/phát triển ☐ Trợ giúp hàng ngày
☐ Di chuyển/ngồi/định vị ☐ Trợ lực
☐ Xe đặc biệt/vận chuyển ☐ Máy tính
☐ Khác (hãy nêu rõ)_____

c. Nếu quý vị không tiếp cận được công nghệ trợ giúp thì lý do là gì? (đánh dấu những câu phù hợp)

☐ Tôi không thể chi trả
☐ Tôi cần trợ giúp để sử dụng nó
☐ Tôi cần đào tạo để sử dụng nó
☐ Không có ở nơi tôi ơ
☐ Bảo hiểm của tôi không chi trả
☐ Không áp dụng cho tôi
☐ Khác (hãy nêu rõ)_____

d. Quý vị mô tả việc sử dụng công nghệ trợ giúp của mình như thế nào? (đánh dấu những câu phù hợp)

☐ Tôi có mọi công nghệ trợ giúp tôi cần
☐ Tôi có một số nhưng không đủ mọi công nghệ trợ giúp tôi cần
☐ Tôi không có công nghệ trợ giúp tôi cần
☐ Công nghệ trợ giúp tôi sử dụng ở trạng thái tốt
☐ Công nghệ trợ giúp tôi sử dụng đã lỗi thời hoặc cần sửa chữa
☐ Tôi không biết về công nghệ trợ giúp hiện có
☐ Tôi thấy khó khăn học sử dụng công nghệ trợ giúp mới

## VẬN CHUYỂN

1. Những phương tiện đi lại nào quý vị có? (đánh dấu những câu phù hợp)

☐ Đi bộ hoặc xe đạp
☐ Tôi có xe riêng
☐ Bạn/gia đình chở
☐ Phương tiện công cộng
☐ Xe cho người tàn tật
☐ Dịch vụ taxi
☐ Dịch vụ vận chuyển Medicaid
☐ Không
☐ Khác (hãy nêu rõ) _____

2. Quý vị sử dụng loại phương tiện đi lại nào? (đánh dấu những câu phù hợp)

☐ Đi bộ hoặc xe đạp
☐ Tôi có xe riêng
☐ Bạn/gia đình chở
☐ Phương tiện công cộng
☐ Xe cho người tàn tật
☐ Dịch vụ taxi
☐ Dịch vụ vận chuyển Medicaid
☐ Không
☐ Khác (hãy nêu rõ) _____

3. Quý vị có vấn đề gì về đi lại không? (đánh dấu những câu phù hợp)

☐ Tôi không có vấn đề gì về đi lại
☐ Ở quá xa
☐ Không có đủ chọn lựa
☐ Không đáng tin cậy
☐ Không có khi tôi cần
☐ Không tới nơi tôi cần đi
☐ Quá tốn kém
☐ Không có hoặc không thể dùng được với người tàn tật như tôi

4. Quý vị sử dụng phương tiện công cộng vì mục đích gì? (đánh dấu những câu phù hợp)

☐ Đi làm
☐ Đi tới trường/khóa đào tạo
☐ Tham dự các hoạt động xã hội
☐ Đến các cuộc hẹn y tế
☐ Làm việc vặt cá nhân
☐ Tham dự các hoạt động tôn giáo
☐ Tôi không dùng phương tiện công cộng
☐ Khác (hãy nêu rõ) _____

## NHÀ Ở

1. Quý vị sống ở đâu?

☐ Nhà, căn hộ hoặc nhà di động
☐ Cơ sở dịch vụ như nhà điều dưỡng, nhà chung hoặc những cơ sở khác
☐ Chỗ ở tạm
☐ Khác (hãy nêu rõ) _____

2. Quý vị sống với ai?

☐ Tôi sống một mình
☐ Gia đình
☐ Vợ/ chồng
☐ Phục vụ chăm sóc có trả lương
☐ Phục vụ chăm sóc miễn phí
☐ Bạn cùng phòng
☐ Nhà điều dưỡng/nhà chung/chỗ ở tạm hoặc cơ sở khác

3. Quý vị chi trả bao nhiêu cho nhà ở mỗi tháng không bao gồm các dịch vụ điện nước?

☐ $1 - $250
☐ $251 - $500
☐ $501 - $750
☐ $751 - $1,000
☐ Hơn $1,000
☐ Tôi không phải chi trả/gia đình tôi chi trả nhà ở cho tôi

4. Quý vị hiện tại được sắp xếp nơi ở phù hợp mong muốn không?

☐ Có (chuyển tới mục tiếp theo)
☐ Không (trả lời các ô trống tô đậm sau)

a. Nếu không thì quý vị muốn ở nơi như thế nào? (đánh dấu những câu phù hợp)

☐ Có thể chọn lựa nhà ở
☐ Phục vụ chăm sóc cá nhân
☐ Công nghệ trợ giúp
☐ Dịch vụ hỗ trợ cộng đồng
☐ Kỹ năng sống độc lập
☐ Tùy chọn nhà ở giá phù hợp
☐ Thêm tùy chọn nhà ở
☐ Khác (hãy nêu rõ)_____

## GIÁO DỤC

1. Trình độ giáo dục cao nhất hoặc bằng cấp quý vị đã hoàn thành là gì?

☐ Trung học cơ sở hoặc thấp hơn
☐ Trung học phổ thông
☐ Chứng nhận trung học phổ thông
☐ Đào tạo phổ thông
☐ Bằng trung học phổ thông
☐ Trường kinh tế/kỹ thuật/học nghề
☐ Đại học
☐ Bằng đại học
☐ Học sau đại học
☐ Bằng sau đại học

2. Quý vị có muốn hoặc hiện đang tiếp tục quá trình học của mình?

☐ Có (trả lời các ô tô đậm dưới đây)
☐ Không (chuyển tới mục tiếp theo)

a. Mục tiêu giáo dục hiện nay của quý vị là gì? (đánh dấu những câu phù hợp)

☐ Lấy bằng phổ thông trung học
☐ Lấy chứng nhận đào tạo phổ cập
☐ Lấy chứng chỉ phổ thông trung học
☐ Học nghề
☐ Tham dự và hoàn thiện trường kinh tế/kỹ thuật/học nghề
☐ Tham dự hoặc hoàn thiện đại học
☐ Tham dự hoặc hoàn thiện sau đại học

b. Quý vị hiện thời có đang tham gia chương trình đào tạo nào không?

☐ Có (trả lời ô trống dưới đây)
☐ Không (tới mục c)

i. Loại trường hoặc chương trình nào quý vị đang tham dự?

☐ Tại nhà
☐ Trường công
☐ Trường tư
☐ Cao đẳng đại học
☐ Trường kinh tế/kỹ thuật/học nghề
☐ Các khóa học qua thư tín hoặc trực tuyến

c. Điều gì cản trở quý vị tiếp thu giáo dục và đào tạo cần thiết? (đánh dấu những câu phù hợp)

☐ Tôi không có phương tiện đi lại
☐ Tôi không có thiết bị hỗ trợ cần thiết
☐ Quá tốn kém
☐ Tôi không biết phải đến đâu
☐ Tôi gặp khó khăn với bài thi
☐ Tôi không biết phải làm gì để đăng ký
☐ Tôi không gặp vấn đề với giáo dục hoặc đào tạo tôi cần
☐ Khác (hãy nêu rõ) _____

## CÔNG VIỆC

1. Tình trạng công việc hiện tại của quý vị như thế nào? (đánh dấu những câu phù hợp)

☐ Tôi làm việc toàn phần ☐ Tôi đã nghỉ hưu
☐ Tôi làm việc bán phần ☐ Tôi thất nghiệp
☐ Tôi là sinh viên ☐ Tôi đang kiếm việc làm
☐ Tôi không được thuê việc mà làm tình nguyện thường xuyên
☐ Tôi làm việc riêng ☐ Tôi làm việc ở hội thảo nhà ở, đội lưu động

2. Quý vị có vấn đề tìm kiếm hoặc tiếp tục công việc nào? (đánh dấu những câu phù hợp)

☐ Không có đủ việc làm
☐ Không có đủ cơ hội đào tạo
☐ Tôi không có thiết bị trợ giúp cần thiết
☐ Tôi không thể làm việc như tôi muốn
☐ Tôi không có phương tiện đi lại
☐ Tôi không có hỗ trợ tôi cần
☐ Tôi không thể tìm được công việc sử dụng kỹ năng của mình
☐ Tôi không tìm việc
☐ Tôi không gặp vấn đề về tìm hoặc tiếp tục công việc
☐ Khác (hãy nêu rõ) _____

## TÀI CHÍNH

1. Thu nhập hàng tháng của quý vị (không phải của gia đình) là bao nhiêu?

☐ $1 - $1,000 ☐ $1001 - $2,000 ☐ $2,001 - $3,000 ☐ Hơn $3,000
☐ Tôi không có thu nhập riêng

2. Nguồn thu nhập của quý vị (không phải của gia đình) là gì? (đánh dấu những câu phù hợp)

☐ Cấp dưỡng hoặc hỗ trợ cho trẻ ☐Từ việc làm có lương hoặc công việc riêng
☐ FITAP (phúc lợi xã hội) ☐ Railroad Retirement Benefits
☐ Phúc lợi cựu binh ☐ Thu nhập từ trợ cấp xã hội/phụ cấp
☐ Trợ cấp thất nghiệp ☐ Trợ cấp nhân công
☐ Khác (hãy nêu rõ)_____
☐ Không

3. Quý vị có nhận trợ cấp tài chính từ một trong các chương trình sau đây không? Chỉ riêng trợ cấp dành cho quý vị chứ không phải cho quý vị và gia đình. (đánh dấu những câu phù hợp)

☐ Trợ cấp chăm sóc trẻ ☐ Tem thực phẩm
☐ Trợ cấp chăm sóc y tế ☐ Trợ cấp chi phí điện nước

4. Quý vị sở hữu riêng những loại tài sản hoặc nguồn thu nào? Chỉ riêng những tài sản do quý vị đứng tên. (đánh dấu những câu phù hợp)

☐ Trợ cấp hàng năm hoặc ủy thác ☐ Tài khoản ngân hàng
☐ Giấy chứng tiền gửi ☐ Tài sản, gồm cả nhà đất
☐ Tài khoản hưu trí ☐ Cổ phiếu hoặc trái phiếu
☐ Xe cộ ☐ Tôi không có những thứ này
☐ Khác (hãy nêu rõ) _____

5. Tài sản riêng của quý vị trị giá bao nhiêu ngoài nhà đất hoặc xe cộ?

☐ $1 - $2,500 ☐ $2,501 - $5,000 ☐ $5,000 - $7,500
☐ $7,501 - $10,000 ☐ Hơn $10,000 ☐ Tôi không có tài sản khác

## GIAO LƯU CỘNG ĐỒNG

1. Quý vị tham dự những hoạt động nào trong cộng đồng? (đánh dấu những câu phù hợp)

☐ Hội công dân hoặc luật sư ☐ Ăn nhà hàng
☐ Hoạt động giải trí ☐ Hoạt động tập luyện
☐ Hoạt động ngoại khóa do trường học tài trợ ☐ Mua sắm
☐ Sự kiện hoặc hoạt động thể thao ☐ Tổ chức xã hội
☐ Thăm gia đình và bạn bè ☐ Tình nguyện
☐ Hội hoặc trung tâm trợ giúp ☐ Hoạt động tôn giáo
☐ Không
☐ Khác (hãy nêu rõ)_____

2. Những hoạt động nào mà quý vị muốn tham dự nhưng không thể? (đánh dấu những câu phù hợp) Quý vị tham dự những hoạt động nào trong cộng đồng? (đánh dấu những câu phù hợp)

☐ Hội công dân hoặc luật sư ☐ Ăn nhà hàng
☐ Hoạt động giải trí ☐ Hoạt động tập luyện
☐ Hoạt động ngoại khóa do trường học tài trợ ☐ Mua sắm
☐ Sự kiện hoặc hoạt động thể thao ☐ Tổ chức xã hội
☐ Thăm gia đình và bạn bè ☐ Tình nguyện
☐ Hội hoặc trung tâm trợ giúp ☐ Hoạt động tôn giáo
☐ Không
☐ Khác (hãy nêu rõ)_____

3. Có gì làm quý vị khó khăn khi làm những điều quý vị muốn không? (đánh dấu những câu phù hợp)

☐ Không, tôi làm mọi việc tôi muốn ☐ Quá tốn kém
☐ Tôi không có phương tiện đi lại ☐ Không dễ tiếp cận
☐ Tôi không có bạn hoặc gia đình ☐ Tôi không có phương tiện hỗ trợ cần
☐ Tình trạng sức khỏe/tàn tật của tôi không cho phép

## THỰC HIỆN QUYỀN CÔNG DÂN

1. Quý vị có đăng ký bầu cử không?
☐ Có, tôi là người được đăng ký bầu cử (trả lời ô tô đậm dưới đây)
☐ Không, tôi không được đăng ký bầu cử (chuyển tới mục #2)
☐ Không, tôi là trẻ nhỏ và không thể bầu cử (chuyển tới mục tiếp theo)

a. Quý vị có tham gia bầu cử trong 4 năm gần đây không?
☐ Có (trả lời ô dưới đây) ☐ Không (chuyển tới mục #2)

i. Quý vị có sử dụng các dịch vụ đặc biệt như bầu cử qua thư hoặc bầu cử sớm không?
☐ Có ☐ Không

2. Có điều gì làm quý vị khó có thể bầu cử không? (đánh dấu những câu phù hợp)
☐ Không, không có vấn đề gì
☐ Không có thiết bị trợ giúp
☐ Tôi không có phương tiện đi lại
☐ Tôi không nhận được trợ giúp cần thiết
☐ Không tiếp cận được khu vực nơi tôi đăng ký bầu cử vì_____
☐ Không tiếp cận được khu vực nơi bầu cử vì_____
☐ Khác (hãy nêu rõ) _____

## ĐỐI PHÓ VỚI TÌNH TRẠNG KHẨN CẤP

1. Quý vị có kế hoạch sẵn sàng để đối phó với tình trạng khẩn cấp như mất điện, thảm họa thiên nhiên như bão nhiệt đới, lốc xoáy hoặc tấn công khủng bố không?
☐ Có ☐ Không

2. Quý vị cần gì để sẵn sàng đối phó với tình trạng khẩn cấp trong tương lai?
☐ Một kế hoạch để làm theo trong trường hợp khẩn cấp
☐ Một người hoặc cơ quan liên lạc khẩn cấp theo chỉ định
☐ Phương tiện đi lại nếu tôi phải dời nhà
☐ Một nơi an toàn để tới
☐ Một nơi an toàn cho vật nuôi của tôi
☐ Cung cấp thực phẩm và nước uống
☐ Cung cấp dược phẩm/dịch vụ y tế
☐ Nhu thiết yếu như radio, đèn pin, hộp dụng cụ cấp cứu, máy phát điện

# Ý KIẾN CHUNG

Hãy chia sẻ những thông tin mà quý vị cho rằng sẽ giúp chúng tôi giúp đỡ những người tàn tật.

**ASL**

**ID _____**

# Survey for People with Disabilities

This important form asks questions about your life. We will not use your name. We will not share your answers with others. Your information will be kept confidential.

Why are we doing this? We will use the information to help improve services to Louisiana citizens living with disabilities. To help people, we must know about their needs.

You are not required to fill out this form. If you feel uncomfortable with a question, you don't have to answer it.

If you communicate using American Sign Language (ASL), you can get help with this form. If you can use a videophone, you can use Video Relay Service (VRS) to call our office. Through the VRS, questions on this form can be interpreted for you. You may use any VRS provider you wish Please call 1-866-854-0894. We are available Tuesday, Wednesday and Thursday from 2:00pm to 7:00pm and Saturday 11:00am to 4:00pm.

We hope that you will help us by completing this form. Thank you very much; we appreciate your help.

**Please complete this form if YOU:**

1. Are an adult, over 18 years of age, who has a disability.
2. Are the parent/guardian of a child under 18 years old who has a disability.
3. Are a friend, family member, advocate or professional who is recording answers provided by a person with a disability.
4. Are a friend, family member, advocate or professional who is filling out this form **for** someone who is unable to provide answers to the questions.

This form is long, but most of the questions can be answered by checking "yes" or "no." When you have finished, please use the enclosed envelope to mail the form back to us.

Please disregard this survey if you feel that it has been sent to you by mistake.

This survey is available on the Internet: http://dhhsurvey.ossrd.net.

You may call us at (866) 854-0894 if you:

- Have any questions about this form,
- Need the form in a different format,
- Need the form in a different language, or
- Need a large print version.

## GENERAL INFORMATION .

1. Please answer "yes" or "no":

   a. I am a person with a disability. ☐ Yes ☐ No
   b. I am a helper or friend of a person with a disability. ☐ Yes ☐ No
   c. My minor child has a disability. ☐ Yes ☐ No
   d. My adult child has a disability. ☐ Yes ☐ No
   e. I am a court-appointed guardian, curator, tutor or agent.
      ☐ Yes ☐ No
   f. I am a professional or advocate for a person with a disability.
      ☐ Yes ☐ No

2. Someone is helping me fill out this survey. ☐ Yes ☐ No

   If yes, please answer:
   a. I give answers to someone. He/she writes my answers. ☐ Yes ☐ No
   b. I am under 18. This person is my parent/guardian. ☐ Yes ☐ No
   c. There is a different reason that someone is helping me.
      ☐ Yes ☐ No
      If yes, please tell the reason: _____

3. The type of my disability is:
   a. Mental health/Emotional disorder ☐ Yes ☐ No
   b. Speech Communication Disorder ☐ Yes ☐ No
   c. Physical Disability ☐ Yes ☐ No
   d. Sensory Disability (blindness, deafness) ☐ Yes ☐ No
   e. Learning/Cognitive Disability (Examples: ADD, ADHD, Dyslexia, Mental Retardation, Autism, etc.) ☐ Yes ☐ No
   f. Chronic health condition ☐ Yes ☐ No

4. The name (diagnosis) of my disability or condition is:
   _____
   _____

5. How long have you lived with your disability?
   All of my life ☐ Yes ☐ No If no: For _____ years

6. How would you judge your condition?
   a. It is getting better ☐ Yes ☐ No
   b. It comes and goes ☐ Yes ☐ No
   c. It continues to get worse; it does not get better ☐ Yes ☐ No

7. How long is your disability expected to last?
   a. My disability is permanent ☐ ☐ No
   b. My disability is temporary ☐ Yes ☐ No
   c. I'm not sure ☐ Yes ☐ No

8. What is your race or ethnicity?
   a. African American/Black ☐ Yes ☐ No
   b. Asian/Pacific Islander ☐ Yes ☐ No
   c. Caucasian/White ☐ Yes ☐ No
   d. Hispanic/Latino ☐ Yes ☐ No
   e. Native American ☐ Yes ☐ No
   f. Multi-racial ☐ Yes ☐ No
   g. Other: _____

9. What is your gender?
   ☐ Male
   ☐ Female

10. How old are you? _____ years old

11. What is your zip code? _____

12. How do you learn about services that are available to you?
   a. Agencies (such as Department of Health and Hospitals, La. Commission for the Deaf, Veteran's Administration, etc.) ☐ Yes ☐ No
   b. Healthcare providers (Doctors, audiologists, therapists, etc.) ☐ Yes ☐ No
   c. Internet ☐ Yes ☐ No
   d. Library ☐ Yes ☐ No
   e. Magazines ☐ Yes ☐ No
   f. Mail ☐ Yes ☐ No
   g. Newsletters ☐ Yes ☐ No
   h. Newspaper ☐ Yes ☐ No
   i. Radio ☐ Yes ☐ No
   j. Television ☐ Yes ☐ No
   k. Relatives/friends ☐ Yes ☐ No
   l. Other ☐ Yes ☐ No If yes, please list: _____
   _____

## HEALTH CARE

1. Please tell us about your health insurance coverage:

   a. I don't have any health insurance coverage. ☐ Yes ☐ No
   b. I have insurance through my job or my family member's job.
      ☐ Yes ☐ No
   c. I have Medicaid (blue & white card) ☐ Yes ☐ No
   d. I have Medicare (red, white & blue card) ☐ Yes ☐ No
   e. I have Medicare prescription drug (Rx medicine) coverage.
      ☐ Yes ☐ No
   f. I have other health care benefits (dental or cancer insurance, etc.)
      ☐Yes ☐ No
      If yes, please list: _____
      _____

2. My family or I pay for my health insurance. ☐ Yes ☐ No

   If yes, please tell how much you pay each month

   Check ONE:
   ☐ Less than $50/month
   ☐ $50 - $75/month
   ☐ $75 - $100/month
   ☐$100 - $150/month
   ☐ $150 - $200/month
   ☐ $200 - $250/month
   ☐ $250 - $300/month
   ☐ Over $300/month

3. Do you have medical expenses that insurance does not cover? If yes, please tell how much you and/or your family spend on **YOUR** non-covered medical costs.

   Check ONE:
   ☐ Less than $50/month
   ☐ $50 - $75/month
   ☐ $75 - $100/month
   ☐ $100 - $150/month
   ☐ $150 - $200/month
   ☐ $200 - $250/month
   ☐ $250 - $300/month

4. Below is a list of medical services. Please put checks in the correct boxes.

| TYPE OF MEDICAL SERVICE: | I don't need this | I need this and I **can** get it | I need this but I **can't** get it |
|---|---|---|---|
| a. Primary care doctor | ☐ | ☐ | ☐ |
| b. Specialist doctor | ☐ | ☐ | ☐ |
| c. Medical supplies | ☐ | ☐ | ☐ |
| d. Prescription medications | ☐ | ☐ | ☐ |
| e. Mental health services | ☐ | ☐ | ☐ |
| f. Hospital care | ☐ | ☐ | ☐ |
| g. Home health services | ☐ | ☐ | ☐ |
| h. Emergency Care | ☐ | ☐ | ☐ |
| i. Nutrition services | ☐ | ☐ | ☐ |
| j. Substance abuse counseling | ☐ | ☐ | ☐ |
| k. Nursing services | ☐ | ☐ | ☐ |
| l. Dialysis | ☐ | ☐ | ☐ |
| m. Hearing services | ☐ | ☐ | ☐ |
| n. Dental services | ☐ | ☐ | ☐ |
| o. Eye/vision | ☐ | ☐ | ☐ |
| p. Therapy Services | ☐ | ☐ | ☐ |
| q. Rehabilitation services | ☐ | ☐ | ☐ |
| r. Orthotics | ☐ | ☐ | ☐ |
| s. None | ☐ | ☐ | ☐ |
| t. Other: _____ | ☐ | ☐ | ☐ |

5. If you can not get all services you need, what is the reason?
   a. It's not covered by my insurance ☐ Yes ☐ No
   b. It costs too much ☐ Yes ☐ No
   c. It's not available where I live ☐ Yes ☐ No
   d. I don't have transportation ☐ Yes ☐ No
   e. Support services are limited ☐ Yes ☐ No
   f. Interpreting services are not provided ☐ Yes ☐ No
   g. It's hard to find out where to get services ☐ Yes ☐ No
   h. There are not enough care choices ☐ Yes ☐ No
   i. Medical facilities/offices are not accessible ☐ Yes ☐ No
   j. Other: _____

# INDEPENDENT LIVING

1. What services and supports do you use? Please check the correct boxes below:

| Service or Support | I don't need or use this | I need this and I use it | I need this but I can't get it |
|---|---|---|---|
| a. Assistance finding out where or how to get services | ☐ | ☐ | ☐ |
| b. Personal care attendant | ☐ | ☐ | ☐ |
| c. Support/counseling from a peer or professional | ☐ | ☐ | ☐ |
| d. Transportation services | ☐ | ☐ | ☐ |
| e. Training for independent living skills | ☐ | ☐ | ☐ |
| f. Financial assistance | ☐ | ☐ | ☐ |
| g. Interpreter/communication services | ☐ | ☐ | ☐ |
| h. Advocacy | ☐ | ☐ | ☐ |
| i. Assistive technology devices | ☐ | ☐ | ☐ |
| j. Other: _____ | | | |

2. If you receive any of the above services and supports, who provides them to you?

   a. Office for Citizens with Developmental Disabilities (OCDD) ☐Yes ☐ No
   b. Office of Aging and Adult Services (OAAS) ☐Yes ☐ No
   c. Office of Mental Health (OMH) ☐Yes ☐ No
   d. Louisiana Rehabilitation Services (LRS) ☐Yes ☐ No
   e. Governor's Office of Disability Affairs (GODA) ☐Yes ☐ No
   f. Independent living centers ☐Yes ☐ No
   g. Office for Addictive Disorders and Counseling (OADC) ☐Yes ☐ No
   h. Louisiana Assistive Technology Access Network (LATAN) ☐Yes ☐ No
   i. Work Incentive Planning Assistance (WIPA) ☐Yes ☐ No
   j. Louisiana Department of Education ☐Yes ☐ No
   k. Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund) ☐Yes ☐ No
   l. Medicaid ☐Yes ☐ No
   m. Other: _____

   _____

3. If you need some services or supports that you don't get, please tell the reasons.
   a. I get all of the services and support that I need to live as I like
      ☐Yes ☐ No *(If yes, go to the next question.)*
   b. Not covered by my insurance ☐Yes ☐ No
   c. Costs too much ☐Yes ☐ No
   d. Not available where I live ☐Yes ☐ No
   e. Transportation is not available ☐Yes ☐ No
   f. I don't know where to get services ☐Yes ☐ No
   g. Facilities/offices are not accessible ☐Yes ☐ No
   h. Support services are limited ☐Yes ☐ No
   i. There are not enough care choices ☐Yes ☐ No
   j. Other: _____

4. Who plans **most** of the care you get?
   Check *only one* choice:
   ☐ Myself
   ☐ A relative
   ☐ A friend
   ☐ An agency
   ☐ Other: _____

5. How much choice do ***you*** have in planning these services and care?
   Check *only one* choice:
   ☐ I have most control
   ☐ I have a little control
   ☐ I do not get to participate in planning

## ASSISTIVE TECHNOLOGY

Assistive technology devices and/or services can help people to live independently, work, go to school and participate in community activities. You can look at Question 2 for examples of assistive technology.

1. Do you ***need or use*** assistive technology?
   ☐ No
   ☐ Yes

2. Please put a check in the correct boxes below:

| Type of Assistive Technology | I don't need this | I need this and I **use it** | I need this but I **can't** get or use it |
|---|---|---|---|
| a. Recreation/sports/leisure | ☐ | ☐ | ☐ |
| b. Hearing (hearing aid, cochlear implant) | ☐ | ☐ | ☐ |
| c. Environmental adaptations | ☐ | ☐ | ☐ |
| d. Speech communication devices | ☐ | ☐ | ☐ |
| e. Learning/cognitive/development | ☐ | ☐ | ☐ |
| f. Mobility/seating/positioning | ☐ | ☐ | ☐ |
| g. Vehicle modification/transportation | ☐ | ☐ | ☐ |
| h. Daily living aids | ☐ | ☐ | ☐ |
| i. Vision | ☐ | ☐ | ☐ |
| j. Computers & related devices | ☐ | ☐ | ☐ |
| k. Other: | ☐ | ☐ | ☐ |
| | | | |

3. If you need but cannot get or use assistive technology, please tell the reason(s):

   a. I cannot afford it ☐ Yes ☐ No
   b. I need help to use it ☐ Yes ☐ No
   c. I need training/education about it ☐ Yes ☐ No
   d. My community does not provide it ☐ Yes ☐ No
   e. It is not covered by my insurance ☐ Yes ☐ No
   f. Other: _____

4. Please describe your use of assistive technology:

   a. I have all the assistive technology I need. ☐ Yes ☐ No
   b. I have some but not all of the assistive technology I need. ☐ Yes ☐ No
   c. I have NONE of the assistive technology I need. ☐ Yes ☐ No
   d. My assistive technology devices are in good condition. ☐ Yes ☐ No ☐ N/A
   e. My assistive technology devices are old or broken. ☐ Yes ☐ No ☐ N/A
   f. I don't know enough about assistive technology or what would help me. ☐ Yes ☐ No
   g. It's hard for me to learn to use new assistive technology.

# TRANSPORTATION

1. Do you have access to any transportation?
   ☐ No. I currently do not have access to transportation.
   ☐ Yes.

2. Please tell us about your use of transportation. Check the correct boxes.

| **Kind/Method of Transportation:** | I use this | I cannot get this |
|---|---|---|
| a. Walk or ride a bike | ☐ | ☐ |
| b. My own vehicle | ☐ | ☐ |
| c. Rides from friends/family | ☐ | ☐ |
| d. Public transportation (bus, train) | ☐ | ☐ |
| e. Para Transit | ☐ | ☐ |
| f. Taxi Service | ☐ | ☐ |
| g. Medicaid transportation services | ☐ | ☐ |
| h. Other: _____ | ☐ | ☐ |

3. What problems do you have with transportation?
   a. I don't have any problems with transportation ☐ Yes ☐ No
   b. It is too far away ☐ Yes ☐ No
   c. There are not enough options ☐ Yes ☐ No
   d. It is not always on time ☐ Yes ☐ No
   e. The schedule does not work for me ☐ Yes ☐ No
   f. It does not go where I need to go ☐ Yes ☐ No
   g. It costs too much ☐ Yes ☐ No
   h. It is not available or accessible for someone with my disability
      ☐ Yes ☐ No
   i. Other: _____ ☐ Yes ☐ No

4. Do you ever use public transportation? (bus, train)
   ☐ No. *(If no, go to the next section, "Housing.")*
   ☐ Yes. Please answer Question 5:

5. Why do you use public transportation?
   a. To go to work ☐ Yes ☐ No
   b. To go to social activities ☐ Yes ☐ No
   c. To go to school/training program ☐ Yes ☐ No
   d. To do personal errands ☐ Yes ☐ No
   e. To go to religious activities ☐ Yes ☐ No
   f. To go to medical appointments ☐ Yes ☐ No
   g. Other: _____ ☐ Yes ☐ No

# HOUSING

1. Where do you live?
   a. House, apartment, or mobile home ☐ Yes ☐ No
   b. Facility such as a nursing home, group home, or other institution
      ☐ Yes ☐ No
   c. Shelter ☐ Yes ☐ No
   d. Other:
      ☐ Yes ☐ No

2. Who do you live with?
   a. I live alone ☐ Yes ☐ No
   b. Family ☐ Yes ☐ No
   c. Spouse/significant other ☐ Yes ☐ No
   d. Paid caretaker or care attendant ☐ Yes ☐ No
   e. Unpaid caretaker or care attendant ☐ Yes ☐ No
   f. Roommate(s)/friend(s) ☐ Yes ☐ No
   g. Other residents of nursing home/group home/institution/shelter
      ☐ Yes ☐ No

3. What is your monthly housing cost? (Rent/house payments only; don't include utilities such as electricity, water or cable.)
   Check *only one* box below:
   ☐ I do not pay anything/my family pays for my housing
   ☐ $1 - $250
   ☐ $251 - $500
   ☐ $501 - $750
   ☐ $751 - $1,000
   ☐ More than $1,000

4. My home/apartment meets my needs.
   ☐ Yes *(Go to "Education" section below)*
   ☐ No. If no, please answer:
      a. I need better accessibility. ☐ Yes ☐ No
      b. I need assistive technology. ☐ Yes ☐ No
      c. I need better independent living skills. ☐ Yes ☐ No
      d. I need a personal care attendant. ☐ Yes ☐ No
      e. I need better community support services. ☐ Yes ☐ No
      f. I need cheaper (more affordable) rent/house payments.
         ☐ Yes ☐ No
      g. I need more available housing options ☐ Yes ☐ No
      h. Other help with housing: _____

# EDUCATION

1. What is the highest level of education that you have finished?
   a. Junior high or less ☐ Yes ☐ No
   b. Some high school ☐ Yes ☐ No
   c. High school certificate ☐ Yes ☐ No
   d. GED ☐ Yes ☐ No
   e. High school diploma ☐ Yes ☐ No
   f. Business/technical/vocational school ☐ Yes ☐ No
   g. Some college ☐ Yes ☐ No
   h. College degree ☐ Yes ☐ No
   i. Some post graduate study ☐ Yes ☐ No
   j. Graduate degree ☐ Yes ☐ No

2. Are you now in school or in a training program?
   ☐ Yes
   ☐ No

3. What are your educational goals?
   a. I do not need or want more education/training now. ☐ Yes ☐ No
   b. Get a high school diploma. ☐ Yes ☐ No
   c. Get a GED. ☐ Yes ☐ No
   d. Get a high school certificate. ☐ Yes ☐ No
   e. Get job training. ☐ Yes ☐ No
   f. Attend or finish business/vocational/technical school. ☐ Yes ☐ No
   g. Attend or finish college. ☐ Yes ☐ No
   h. Attend or finish graduate school. ☐ Yes ☐ No

4. Are you now in school or a training program?
   ☐ No. *Go to the next Question, #5*.
   ☐ Yes. Please answer: What type of school or program are you in?
   a. Home school ☐ Yes ☐ No
   b. Public school ☐ Yes ☐ No
   c. Private school ☐ Yes ☐ No
   d. Business/vocational/technical school ☐ Yes ☐ No
   e. College or university ☐ Yes ☐ No
   f. Correspondence courses or online instruction ☐ Yes ☐ No

5. Is something preventing you from getting the education or training you need?
   a. No, I don't have problems getting education/training.
      ☐ Yes ☐ No
   b. I don't have transportation. ☐ Yes ☐ No
   c. I don't know where to get education/training. ☐ Yes ☐ No
   d. I don't have assistive devices I need. ☐ Yes ☐ No
   e. I have trouble with tests. ☐ Yes ☐ No
   f. Education/training costs too much. ☐ Yes ☐ No
   g. I don't know how to get more education/training. ☐ Yes ☐ No
   h. Other reason: _____

## EMPLOYMENT

1. Please describe your employment status.
   a. I work full-time ☐ Yes ☐ No
   b. I work part-time ☐ Yes ☐ No
   c. I am unemployed ☐ Yes ☐ No
   d. I am currently looking for a job ☐ Yes ☐ No
   e. I am a student ☐ Yes ☐ No
   f. I am retired ☐ Yes ☐ No
   g. I am not employed but volunteer regularly I am self-employed
      ☐ Yes ☐ No
   h. I work in a sheltered workshop, mobile crew, or enclave
      ☐ Yes ☐ No

2. Do you have problems finding or keeping a job?
   ☐No. *(Go to next section, "Finances.")*
   ☐Yes. Please answer:
      a. There are not enough jobs ☐ Yes ☐ No
      b. There are not enough training opportunities ☐ Yes ☐ No
      c. I do not have the assistive devices I need ☐ Yes ☐ No
      d. I can't work as much as I need or want ☐ Yes ☐ No
      e. I don't have transportation ☐ Yes ☐ No
      f. I do not have the supports I need ☐ Yes ☐ No
      g. I can't find a job that will let me use my existing skills
         ☐ Yes ☐ No
      h. I am not looking for a job ☐ Yes ☐ No
      i. Other: _____ ☐ Yes ☐ No

## FINANCES

1. How much money do you (yourself, not your family) get every month?
   Check *only one:*
   ☐ $1 - $1,000
   ☐ $1001 - $2,000
   ☐ $2,001 - $3,000
   ☐ More than $3,000
   ☐ I have no personal income

3. We would like to know about how you get your money.
   Please answer yes or no:
   a. I get alimony or child support. ☐ Yes ☐ No
   b. I get FITAP (welfare) benefits. ☐ Yes ☐ No
   c. I get Veteran's benefits. ☐ Yes ☐ No
   d. I get unemployment compensation benefits. ☐ Yes ☐ No
   e. I get pay from my job (including self-employment).
      ☐ Yes ☐ No
   f. I get Railroad Retirement benefits. ☐ Yes ☐ No
   g. I get Social Security/Supplemental Security Income (SSI) benefits. ☐ Yes ☐ No
   h. I get money from other sources ☐ Yes ☐ No
      What sources? _____
   i. I do not get money myself. ☐ Yes ☐ No

4. Please answer:
   a. I get money for child care costs. ☐ Yes ☐ No
   b. I get help with Medicare costs. ☐ Yes ☐ No
   c. I get food stamps. ☐ Yes ☐ No
   d. I get help with utility (electricity, water) costs. ☐ Yes ☐ No

   e. I get money to pay rent/housing costs. ☐ Yes ☐ No
      If yes, please describe: _____

   f. I get money from other sources. ☐ Yes ☐ No
      If yes, please describe: _____

5. Do you (yourself, not your family) **OWN** any of these assets:
   a. I have annuities or trusts. ☐ Yes ☐ No
   b. I have Certificates of Deposit. ☐ Yes ☐ No
   c. I have retirement accounts. ☐ Yes ☐ No
   d. I have bank (savings) accounts. ☐ Yes ☐ No
   e. I own property and/or my home. ☐ Yes ☐ No
   f. I own vehicle(s). ☐ Yes ☐ No
   g. I own stocks or bonds. ☐ Yes ☐ No
   h. I own other assets. ☐ Yes ☐ No
      If yes, what? _____
   i. I do not own any of these. ☐ Yes ☐ No.
      *(If yes, go to next section, "Community Involvement.")*

6. If you own any of the assets in Question 4 above, what do you think they are worth? (Check only one below.)
   ☐ $1 - $2,500
   ☐ $2,501 - $5,000
   ☐ $5,000 - $7,500
   ☐ $7,501 - $10,000
   ☐ More than $10,000

## COMMUNITY INVOLVEMENT

1. Please tell us how you participate in your community.
   Check the correct boxes.

   ☐ I do not participate in any community activities. *(Go to Question 2 below.)*

| Community Activities | No; I am not interested | Yes, I participate in this | I want to participate, but cannot |
|---|---|---|---|
| a. Civic or advocacy groups. (Examples: neighborhood civic associations, Louisiana Commission for the Deaf) | ☐ | ☐ | ☐ |
| b. Entertainment activities (theaters, bowling, movies, etc.) | ☐ | ☐ | ☐ |
| c. School-sponsored extracurricular activities | ☐ | ☐ | ☐ |
| d. Sporting events | ☐ | ☐ | ☐ |
| e. Visiting with family and/or | ☐ | ☐ | ☐ |

| | | | |
|---|---|---|---|
| friends | | | |
| f. Support groups or centers | ☐ | ☐ | ☐ |
| g. Eating out | ☐ | ☐ | ☐ |
| h. Fitness activities (sports, health club, etc.) | ☐ | ☐ | ☐ |
| i. Shopping | ☐ | ☐ | ☐ |
| j. Social organizations or clubs | ☐ | ☐ | ☐ |
| k. Volunteer work | ☐ | ☐ | ☐ |
| l. Religious activities | ☐ | ☐ | ☐ |
| m. Other community activities: _____ | ☐ | ☐ | ☐ |

2. I can participate in all community activities that I want.
   ☐ Yes. *(Go to next section, "Civic Involvement.)*
   ☐ No. *Please answer:*
   a. Some locations are not accessible to me. ☐ Yes ☐ No
   b. I don't have transportation. ☐ Yes ☐ No
   c. I have no friends or family. ☐ Yes ☐ No
   d. I need assistive devices, but don't have them. ☐ Yes ☐ No
   e. It costs too much to do the things I want. ☐ Yes ☐ No
   f. My medical condition/disability makes it too hard to do the things that I want. ☐ Yes ☐ No
   g. People treat me differently or make me feel uncomfortable. ☐ Yes ☐ No
   h. I can't get the help or support I need to participate in community activities. ☐ Yes ☐ No
   i. I cannot participate in community activities for other reasons: _____

## CIVIC INVOLVEMENT

1. Are you registered to vote? Please check one of the following:
   ☐ No, I am a minor child and cannot vote *(Go to the next section, "Emergency Preparedness.")*
   ☐ No, I am an adult who is not registered to vote *(Go to Question 2 below.)*
   ☐ Yes, I am an adult who is registered to vote. *Please answer:*
   a. In the past four years, have you voted in any election?
      ☐ No. *(Go to "b" below.)*
      ☐ Yes. *Please answer:* Have you used special voting services such as vote by mail or early voting? ☐ Yes ☐ No.
2. Does anything make it hard for you to vote?

☐ No. It is not hard for me to vote. *(Go to the next section, "Emergency Preparedness.)*
☐ Yes. *Please answer:*

a. I need assistive equipment. ☐ Yes ☐ No
b. I don't have transportation. ☐ Yes ☐ No
c. I need help to vote, but don't have it. ☐ Yes ☐ No
d. I have problems registering to vote. ☐ Yes ☐ No.
   If yes, why? _____

e. I have problems voting. ☐ Yes ☐ No
   If yes, why? _____

## EMERGENCY PREPAREDNESS

1. Do you have a plan for what to do in an emergency? (Emergencies include a loss of power, a natural disaster such as a hurricane, flood or tornado, or a terrorist attack)
   ☐Yes
   ☐No

2. What would help you be prepared for an emergency?
   a. A plan to follow in case of an emergency ☐ Yes ☐ No
   b. An emergency contact person or agency ☐ Yes ☐ No
   c. Transportation if I must leave my home ☐ Yes ☐ No
   d. Accessible, safe place to go ☐ Yes ☐ No
   e. A safe place for my animals to go ☐ Yes ☐ No
   f. Extra supply of food and water ☐ Yes ☐ No
   g. Extra medication/ medical supplies ☐ Yes ☐ No
   h. Emergency supplies such as a radio, flashlight, first aid kit or generator ☐ Yes ☐ No
   i. Cell phone ☐ Yes ☐ No
   j. Please list any other need(s): _____
   _____

# GENERAL COMMENTS

Our goal is to improve services to people living with disabilities. Please share any suggestions or information that will help us achieve this goal.

LARGE PRINT

**Enter your ID number here _____**
**(ID number is located on the upper right corner of the enclosed letter.)**

## SURVEY FOR PEOPLE WITH DISABILITIES

The following survey asks questions about your life. This survey is completely anonymous. Your answers will be kept in confidence. The information from this survey will be presented to the state legislature and used to improve services for people with disabilities in Louisiana. Your participation is voluntary and you may choose to skip any questions that you are not comfortable answering.

**You SHOULD fill out this survey if YOU are a:**

□ person with a disability
□ parent/guardian caring for a minor child with a disability
□ friend, family member, advocate, or professional assisting a person with a disability and are recording answers provided by this person
□ friend, family member, advocate, or professional filling out this survey for someone who is unable to do so

**You SHOULD NOT fill out this survey if:**

□ You are under 18 years of age

□ The person to whom this survey was sent does not want you to fill it out

□ You are a person with a disability who does not want to participate

□ This survey was sent to you by mistake or the person to whom it is addressed does not live at this address

This survey contains 61 questions, including 54 multiple choice questions. Please answer each multiple choice question by putting an 'X' in the correct box. Write in other answers in the space provided. **If you have more than one answer to any question, please put an 'X' in all of the boxes that apply.** When you have completed the survey, please return it using the enclosed postage-paid envelope.

If you have any questions about the survey, or if you need it in another format, a different language, or in larger print, please see our survey website or call us at **1-886-854-0894**.

The survey is available online at http://dhhsurvey.ossrd.net

## GENERAL INFORMATION

1. Who is filling out this survey?
☐ A person with a disability filling out this survey
☐ A helper or friend of a person with a disability
☐ The parent or guardian of a minor child with a disability
☐ The parent or guardian of an adult with a disability
☐ A court appointed guardian, curator, tutor or agent
☐ A professional or advocate

2. Why are they helping you fill out this survey? (check all that apply)
☐ This doesn't apply to me – I am answering this survey by myself
☐ I am providing the answers and this person is recording them
☐ I am unable to answer the survey
☐ I do not want to participate in the survey
☐ I am under 18 and this person is my parent or guardian
☐ Other (specify) _____
_____

**If you are assisting someone with this survey, please r<u>ecord</u> the answers of the person who is being surveyed (instead of answering for them) UNLESS you are answering for a minor child or for a person who is unable to do so without help.**

3. What is the type of your disability? (check all that apply)

☐ Mental health or Emotional disorder
☐ Physical
☐ Learning or Cognitive
☐ Speech Communication
☐ Sensory
☐ Chronic health condition

4. What is your diagnosis?_____
_____

5. How long have you lived with your disability? ____years

6. How would you judge your condition?

☐ It is getting better
☐ It comes and goes
☐ It only gets worse
☐ It is ongoing with little or no change
☐ It is ongoing with constant change

7. How long is your disability expected to last?
☐ It is permanent
☐ It is temporary
☐ I'm not sure

8. What is your race or ethnicity? (check all that apply)
☐ African American or Black
☐ Asian or Pacific Islander
☐ Caucasian or White
☐ Hispanic or Latino
☐ Native American
☐ Multi-racial
☐ Other (specify)_____
_____

9. What is your gender?
☐ Male
☐ Female

10. How old are you? _____ years old

11. What is your zip code? _____

12. Which of the following helps you find out about available services? (check all that apply)

☐ Agencies
☐ Healthcare providers
☐ Internet
☐ Library
☐ Magazines
☐ Mail
☐ Newsletters
☐ Newspaper
☐ Radio
☐ Relatives or friends
☐ Television
☐ Other (specify) _____
_____

## HEALTH CARE

1. What type of health insurance do you have? (check all that apply)

☐ None
☐ Insurance through an employer
☐ Medicaid (blue and white card)
☐ Medicare (red, white and blue card)
☐ Medicare prescription drug coverage

☐ Private insurance
☐ Other (specify)_____
_____

2. About how much do you or your family pay each month for this insurance? _____

3. About how much of your own or your family's money is spent each month for medical expenses other than insurance? _____

4. What medical services do you use on a regular basis? (check all that apply)
☐ Primary care doctor
☐ Specialist doctor
☐ Medical supplies
☐ Prescription medications
☐ Mental health services
☐ Hospital care
☐ Home health services
☐ Emergency Care
☐ Nutrition services
☐ Substance abuse counseling
☐ Nursing services
☐ Dialysis
☐ Hearing services

☐ Dental services
☐ Eye or vision
☐ Therapy Services
☐ Rehabilitation services
☐ Orthotics
☐ None
☐ Other (specify) _____

_____

5. What medical services do you need but not get? (check all that apply)
☐ Primary care doctor
☐ Specialist doctor
☐ Medical supplies
☐ Prescription medications
☐ Mental health services
☐ Hospital care
☐ Home health services
☐ Emergency Care
☐ Nutrition services
☐ Substance abuse counseling
☐ Nursing services
☐ Dialysis
☐ Hearing services
☐ Dental services

☐ Eye or vision
☐ Therapy Services
☐ Rehabilitation services
☐ Orthotics
☐ None
☐ Other (specify) _____
_____

6. Why don't you get the medical care you need? (check all that apply)
☐ It's not covered by my insurance
☐ It costs too much
☐ It's not available where I live
☐ I don't have transportation
☐ Support services are limited
☐ It's hard to find out where to get services
☐ Care options are limited
☐ Medical facilities or offices are not accessible
☐ I get the care I need so this doesn't apply to me
☐ Other (specify)_____
_____

## INDEPENDENT LIVING

1. What services and supports do you use? (check all that apply)

☐ Assistance finding out where or how to get services
☐ Personal care attendant
☐ Support or counseling from a peer or professional
☐ Transportation services
☐ Skills training to live independently
☐ Financial assistance
☐ Interpreter or communication services
☐ Advocacy
☐ Assistive technology devices
☐ I do not use any of these
☐ Other (specify) _____

_____

2. Who provides these supports and services to you?

☐ Office for Citizens with Developmental Disabilities (OCDD)
☐ Office of Aging and Adult Services (OAAS)
☐ Office of Mental Health (OMH)
☐ Louisiana Rehabilitation Services (LRS)
☐ Governor's Office of Disability Affairs (GODA)
☐ Independent living centers
☐ Office for Addictive Disorders and Counseling (OADC)

☐ Louisiana Assistive Technology Access Network (LATAN)
☐ Work Incentive Planning Assistance (WIPA)
☐ Louisiana Department of Education (LA DOE)
☐ Traumatic Head and Spinal Cord Injury Trust Fund (THSCI Trust Fund)
☐ Medicaid
☐ Other (specify)_____
_____
☐ I don't receive any of these services

3. What services and supports do you need but not get? (check all that apply)
☐ Assistance finding out where or how to get services
☐ Personal care attendant
☐ Support or counseling from a peer or professional
☐ Transportation services
☐ Skills training to live independently
☐ Financial assistance
☐ Interpreter or communication services
☐ Advocacy
☐ Assistive technology devices
☐ I do not use any of these
☐ Other (specify)_____
_____

4. Why don't you get the services and supports you need? (check all that apply)

☐ It's not covered by my insurance
☐ It costs too much
☐ It's not available where I live
☐ Transportation is not available
☐ I don't know where to get services
☐ Facilities or offices are not accessible
☐ Support services are limited
☐ Available care options are limited
☐ I live how I want to live so this does not apply to me
☐ Other (specify) _____

_____

5. Who plans most of the care you get?

☐ I do
☐ A relative
☐ A friend
☐ An agency
☐ Other (specify)_____

_____

6. How much choice do you have when planning for the services or care that you get?
☐ I have most control
☐ I do not get to participate in planning
☐ I have little control

## ASSISTIVE TECHNOLOGY

1. Do you need or use assistive technology devices or services to help you live independently, work, go to school, or participate in community activities?
☐ No (skip to TRANSPORTATION section)
☐ Yes

a. What sort of assistive technology do you use? (check all that apply)
☐ Recreation, sports, or leisure
☐ Hearing
☐ Environmental adaptations
☐ Speech communication
☐ Learning, cognitive, development
☐ Daily living aids
☐ Mobility, seating, positioning
☐ Vision
☐ Vehicle modification or transportation

☐ Computers and related
☐ Other (specify)_____
_____

b. What sort of assistive technology do you need but not get? (check all that apply)
☐ Recreation, sports, or leisure
☐ Hearing
☐ Environmental adaptations
☐ Speech communication
☐ Learning, cognitive, development
☐ Daily living aids
☐ Mobility, seating, positioning
☐ Vision
☐ Vehicle modification or transportation
☐ Computers and related
☐ None
☐ Other (specify)_____
_____

c. If you don't have access to assistive technology, what is the reason? (check all that apply)
☐ I can't afford it
☐ I need help to use it
☐ I need training to use it
☐ It is not available in my community

☐ It is not covered by my health insurance
☐ This does not apply to me
☐ Other (specify)_____
_____

d. How would you describe your use of assistive technology? (check all that apply)
☐ I have all the assistive technology I need
☐ I have some but not all of the assistive technology I need
☐ I do not have any of the assistive technology I need
☐ The assistive technology I use is in good condition
☐ The assistive technology I use is outdated or in need of repair
☐ I don't think I know about of the assistive technology available
☐ I find it difficult to learn to use new assistive technology

**TRANSPORTATION**

1. What means of transportation are available to you? (check all that apply)
☐ Walking or riding a bike
☐ I have my own vehicle
☐ Rides from friends or family

☐ Public transportation
☐ Para transit
☐ Taxi service
☐ Medicaid transportation services
☐ None
☐ Other (specify) _____
_____

2. What means of transportation do you use? (check all that apply)
☐ Walking or riding a bike
☐ I have my own vehicle
☐ Rides from friends or family
☐ Public transportation
☐ Para transit
☐ Taxi service
☐ Medicaid transportation services
☐ None
☐ Other (specify) _____
_____

3. What problems do you have with transportation? (check all that apply)
☐ I don't have any problems with transportation
☐ It is too far away
☐ There are not enough options

☐ It is not reliable
☐ It is not available when I need it
☐ It does not go where I need to go
☐ It costs too much
☐ It is not available or accessible for someone with my disability
☐ Other (specify) _____
_____

4. For which purposes do you use public transportation? (check all that apply)
☐ To go to work
☐ To go to social activities
☐ To do personal errands
☐ To go to school or training program
☐ To go to medical appointments
☐ I do not use public transportation
☐ To go to religious activities
☐ Other (specify) _____
_____

## HOUSING

1. Where do you live?
☐ House, apartment, or mobile home
☐ Facility such as a nursing home, group home, or other institution
☐ Shelter
☐ Other (specify) _____
_____

2. Who do you live with?
☐ I live alone
☐ Family
☐ Spouse or significant other
☐ Paid caretaker or care attendant
☐ Unpaid caretaker or care attendant
☐ Roommate(s) or friend(s)
☐ Other residents of nursing home, group home, shelter or other institution

3. How much do you pay for housing each month, not including utilities?
☐ $1 to $250
☐ $251 to $500
☐ $501 to $750
☐ $751 to $1,000

☐ More than $1,000
☐ I do not pay anything or my family pays for my housing

4. Are you currently living in your preferred living arrangement?
☐ Yes (skip to to EDUCATION section)
☐ No (answer below)

If no, what would you need to live where you want to live? (check all that apply)
☐ Accessible housing options
☐ Personal care attendant
☐ Assistive technology
☐ Community support services
☐ Independent living skills
☐ Affordable housing options
☐ More available housing options
☐ Other (specify)_____
_____

## EDUCATION

1. What is the highest level of education or grade level that you have completed?
☐ Junior high or less
☐ Some high school

☐ High school certificate
☐ GED
☐ High school diploma
☐ Business, technical or vocational school
☐ Some college
☐ College degree
☐ Some postgraduate study
☐ Graduate degree

2. Do you want to or are you currently continuing your education?
☐ No (skip down to EMPLOYMENT section)
☐ Yes (answer directly below)

a. What are your current educational goals? (check all that apply)
☐ Get a high school diploma
☐ Attend or complete business or vocational or technical school
☐ Get a GED
☐ Get a high school certificate
☐ Attend or complete college
☐ Get job training
☐ Attend or complete graduate school

b. Are you currently enrolled in school or in a training program?

☐ No (go to c)

☐ Yes (answer directly below)

What type of school or program are you enrolled in?

☐ Home school

☐ Private school

☐ Public school

☐ College or university

☐ Business, vocational or technical school

☐ Correspondence courses or online instruction

c. What keeps you from getting the education or training you need (check all that apply)

☐ I don't have transportation

☐ I don't know where to get it

☐ I don't have assistive devices I need

☐ I have trouble with tests

☐ It costs too much

☐ I don't know how to get it

☐ I don't have any problems getting the education or training I need

☐ Other (specify) _____

_____

## EMPLOYMENT

1. Which of the following describe your employment situation? (check all that apply)

☐ I work full-time
☐ I am retired
☐ I work part-time
☐ I am unemployed
☐ I am a student
☐ I am currently looking for a job
☐ I am not employed but volunteer regularly
☐ I am self-employed
☐ I work in a sheltered workshop, mobile crew, or enclave

2. What problem(s) you have finding or keeping a job? (check all that apply)

☐ There are not enough jobs
☐ There are not enough training opportunities
☐ I do not have the assistive devices I need
☐ I can't work as much as I need or want
☐ I don't have transportation
☐ I do not have the supports I need
☐ I can't find a job that will let me use my existing skills
☐ I am not looking for a job
☐ I do not have a problem finding or keeping jobs
☐ Other (specify) _____

## FINANCES

1. How much is your individual (not family) monthly income?

☐ $1 to $1,000
☐ $1001 to $2,000
☐ $2,001 to $3,000
☐ More than $3,000
☐ I have no personal income

2. What is the source of your individual (not family) income? (check all that apply)

☐ Alimony or child support
☐ Earnings from employment or self-employment
☐ FITAP (welfare)
☐ Railroad Retirement Benefits
☐ Veteran's benefits
☐ Social Security or Supplemental Security Income
☐ Unemployment compensation benefits
☐ Worker's compensation benefits
☐ Other specify)_____
_____
☐ None

3. Do you personally get financial help from any of the following programs? This means help that is intended just for you rather than you and your family. (check all that apply)

☐ Child care assistance
☐ Food stamps
☐ Help with Medicare costs
☐ Help with utility costs
☐ Housing assistance (specify)_____
_____
☐ Other (specify) _____
_____
☐ No, I don't get any of these

4. Which of the following kinds of assets or resources do you personally own? This means assets that are in your name. (check all that apply)

☐ Annuities or Trusts
☐ Bank accounts
☐ Certificates of Deposit
☐ Property, including your home
☐ Retirement accounts
☐ Stocks or Bonds
☐ Vehicles
☐ I don't have any of these
☐ Other (specify) _____

5. How much are your personal resources worth, other than your home or vehicle?

☐ $1 to $2,500
☐ $2,501 to $5,000
☐ $5,000 to $7,500
☐ $7,501 to $10,000
☐ More than $10,000
☐ I don't own any additional assets

## COMMUNITY INVOLVEMENT

1. What activities do you participate in within your community? (check all that apply)

☐ Civic or advocacy groups
☐ Eating out
☐ Entertainment activities
☐ Fitness activities
☐ School sponsored extracurricular activities
☐ Shopping
☐ Sporting events or activities
☐ Social organizations
☐ Visiting with family and friends
☐ Volunteering
☐ Support groups or centers
☐ Religious activities
☐ None

☐ Other (specify) _____

_____

2. What activities would you like to participate in, but cannot? (check all that apply)

☐ Civic or advocacy groups
☐ Eating out
☐ Entertainment activities
☐ Fitness activities
☐ School sponsored extracurricular activities
☐ Shopping
☐ Sporting events or activities
☐ Social organizations
☐ Visiting with family and friends
☐ Volunteering
☐ Support groups or centers
☐ Religious activities
☐ None
☐ Other (specify) _____

_____

3. Is there anything that makes it hard for you to do the things you want? (check all that apply)

☐ No, I do all that I want to do
☐ Locations are not accessible
☐ I don't have transportation

☐ I have no friends or family
☐ I don't have the assistive devices I need
☐ It costs too much
☐ My medical condition or disability makes it too hard
☐ People treat me differently or make me feel uncomfortable
☐ I can't get the help or support I need to participate in community activities
☐ Other (specify) _____
_____

## CIVIC INVOLVEMENT

1. Are you registered to vote?
☐ No, I am an adult who is not registered to vote (go to 2)
☐ No, I am a minor child and cannot vote (go to the EMERGENCY PREDAREDNESS section)
☐ Yes, I am an adult who is registered to vote (answer directly below)

Have you voted in any election in the last four years?
☐ No (go to #2)
☐ Yes (answer directly below)

Have you used special voting services such as vote by mail or early voting?

☐ Yes

☐ No

2. Is there anything that makes it hard for you to vote? (check all that apply)

☐ No, there is no problem

☐ Assistive equipment is not available

☐ I don't have transportation

☐ I do not get the help I need

☐ Buildings where I am to register to vote are not accessible because_____

_____

☐ Buildings where I vote are not accessible because_____

_____

☐ Other (specify) _____

_____

## EMERGENCY PREDAREDNESS

1. Do you have a plan in place to deal with an emergency situation such as a loss of power, a natural disaster such as a hurricane or tornado, or a terrorist attack?

☐ Yes
☐ No

2. What would you need to be prepared for a future emergency situation?

☐ A plan to follow in case of an emergency
☐ A designated emergency contact person or agency
☐ Transportation if I have to leave my home
☐ An accessible, safe place to go
☐ A safe place for my animals to go
☐ Extra supply of food and water
☐ Extra medication or medical supplies
☐ Emergency supplies such as a radio, flashlight, first aid kit, or generator
☐ A cell phone
☐ Other (specify)_____
_____

## GENERAL COMMENTS

Please share any information you think would help us help people living with disabilities. (use back of page if needed)