

Please return to: *InfoUse* 2560 Ninth Street, #216, Berkeley CA 94710  
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## California Independent Living Needs Survey

This survey will help us assemble information on the independent living needs of Californians with disabilities for the State Independent Living Council and the Department of Rehabilitation. Your responses will be confidential and will be reported without references to individuals.

Complete this survey only if

- You have a disability, or you have a family member who has a disability, and
- You live in California

The following questions are about your independent living needs, and what needs are not being met in your community.

### 1. Please check the areas of need that are most important to you.

#### Housing

- Accessible housing or housing appropriate for my disability
- Affordable housing in a safe location
- Home modifications

#### Transportation

- Accessible, available, reliable public transportation
- Reliable paratransit that adheres to appointment schedule
- Help in obtaining an accessible car or van

#### Emergency Services

- Available, accessible services for medical emergencies and disasters
- Available program for emergency personal assistant services
- Help with abusive situations

#### Health Care

- Health care professionals who take MediCal
- Timely access to health care
- Disability aware health care professionals
- Nutrition services: beneficial nutrition, diet, weight control

#### Health Insurance

- Coverage that meets health care needs/access to specialists
- Availability of dental insurance
- Coverage that provides equipment or other assistive devices

#### Personal Assistance Services

- Finding, training and keeping a reliable personal assistant
- Personal assistance services at my job

**Employment**

- Appropriate on the job training
- Employment that matches my interests and skills
- Job search programs/resources: resume writing, interviewing, etc.

**Disability Rights**

- Programs and information about my rights
- People to help and support me on disability rights issues
- Legal help

**Education and training**

- Career planning
- School to work services
- Classroom accommodations: assistive devices, notetakers, test time
- Help with education and training issues

**Assistive Technology/special supports/devices**

- Help in obtaining assistive technology, supports, devices
- Training in assistive technology
- Maintenance and repair services

**Recreation and social access**

- Participation in recreation, religious and social activities

**Financial/Economic Supports**

- Service to determine benefit eligibility: SSI/SSDI/MediCal/Other
- Timely eligibility process
- Help with obtaining benefits

**Record-keeping**

- Assistance with payroll, taxes, etc.
- Assistance with personal business, bill paying, budgeting, etc.

**Communication Needs**

- Access to interpreters, TTY
- Alternate formats
- Internet access

**Access to Information and Resources**

- Counseling with peers and support groups
- Access to information about independent living in my community
- Resources to live independently: rent, furnishings, supplies, etc.
- Independent Living Skills Training

**Accessibility in—**

- Public places
- Offices
- Government services
- Private businesses

Other (Specify) \_\_\_\_\_  
Other (Specify) \_\_\_\_\_  
Other (Specify) \_\_\_\_\_

2. What California County do you live in? \_\_\_\_\_

3. Please indicate below what your disability or disabilities are. Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Cognitive             | <input type="checkbox"/> Mental                             |
| <input type="checkbox"/> Physical              | <input type="checkbox"/> Hearing                            |
| <input type="checkbox"/> Vision                | <input type="checkbox"/> Traumatic Brain Injury/Head Injury |
| <input type="checkbox"/> Learning Disability   | <input type="checkbox"/> Developmental Disability           |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Other (specify) _____              |

4. Gender:  Male  Female

5. Age \_\_\_\_\_

6. Ethnicity

Please check or write in the category that you most identify with. (Please choose only one)

- |   |   |
|---|---|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino  | <input type="checkbox"/> Native American        |
| <input type="checkbox"/> White            | <input type="checkbox"/> Other (specify) _____  |

Thank you for taking the time to fill out this survey. Please use a separate sheet of paper for additional comments.