

Take a Stand on the Plan

Right NOW the Department of Health Services (DHS) is creating a plan that will make BIG changes to how services are provided to people with disabilities, the elderly and families. Without your input, these changes may not be strong enough to make lives better!

This tool will help you tell the Department of Health Services about changes you want for people with disabilities at home, work, and in their decision-making. Once you fill this out, we will submit your comments to the Department of Health Services and send you a copy of your comments.

1. Your address and contact information is required so we can send DHS your comments.

Name:

Address:

City/Town:

ZIP:

Email Address:

2. Are you a:

- Person with a disability (or using this tool to assist someone with a disability to answer)
- Family member (sharing own perspective)
- Paid Provider of Services

3. Do you think the community supports in place or available to your family member support your loved one to be part of the community?

Yes

No

Not Sure

Describe how the supports do or do not support your community vision.

4. Does your family member's circle of friends include people without disabilities who are not relatives or paid service providers? Do you believe your family member has or will have enough support to continue to make and keep friends?

Yes

No

Not sure

Describe your vision for friendships for your loved one with a disability.

5. Do the home choices available to your family member with a disability offer access to transportation and other supports that enable your family member to be a full community member – i.e. to go to work, go shopping, attend worship, volunteer with people without disabilities? (If you are parent of a child, think about access in your community as you know it.)

Yes

No

Not sure

Describe your vision for community membership for your family member; why is this important to you and what might you need to realize this vision.

6. Are there employment choices and supports available in your community that allows your family member to pursue a job (not in a segregated setting) that reflects their interests and abilities and allows them to work alongside people without disabilities?

Yes

No

Not sure

Describe your concerns about availability of supports in your community that would allow your family member to truly pursue a job or career aligned with their unique interests.

7. Has the person-centered planning process (that leads to individual supports planning) that you have been involved in truly reflect your family member's needs and desires about what they want for their life?

Yes

No

Not sure

Describe what you think could improve this process to ensure it is individualized to your family member's needs, desires and future.

I am Family member (sharing own perspective)

- 8. Thank you for using this tool. We will now submit your comments directly to the Department of Health Services as part of their public input process. If you have provided us with an e-mail address we will send you a copy of your comments. Use the box below to add any final comments.**

Please return this document to:

Wisconsin Board for People With Developmental Disabilities
Wisconsin Transition Plan
101 East Wilson, Room 219
Madison, WI 53703