

I am a Person With a Disability (or using this tool to assist someone with a disability to answer)

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

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3. Can you choose what you do each day? (For example, do you decide when you eat, when you go to sleep, what to watch on TV?)

- Yes
- No
- Sometimes

Provide examples of things you cannot choose.

4. Do you choose when and where you go out in the community? (For example, can you go out in your community to places and activities that you want? Can you get help with transportation?)

- Yes
- No
- Sometimes

Provide examples of when you haven't been able to go where you want to go.

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5. Did you choose where you live? (For example: Did you make the decision about where you live or were you assigned to this place?)

Yes

No

Not Sure

Describe any time when you felt like you didn't have a choice in where you lived.

6. Did you choose who you live with? If you have roommates are they people you chose?

Yes

No

Other (please specify)

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7. Can you use the kitchen, laundry room, cabinets, closets and other rooms of your house whenever you want?

Yes

No

Describe any parts of your home that you cannot get to or things you cannot do in your home.

8. Do you have a key to your home?

Yes

No

Share a story about how not having a key is a concern for you.

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9. Can you have visitors of your choice at any time in your home?

Yes

No

Describe any time where you weren't able to see somebody in your home or rules about visit times and visitors that you have to live with.

10. Do you have control over how you spend money and any accounts, like your checking or savings account and your SSI or your SSDI check?

Yes

No

Describe what your concerns are about being able to control your money.

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11. Do you have concerns for where other people with disabilities who you know live? If so, explain.

12. Do you work mostly with people who have disabilities?

Yes

No

I don't work and am not interested in working.

I would like to work in the community but have not been able to.

If you have not been able to find work in the community, describe the types of support you would need to find and keep the right community job.

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13. Did you have a choice in the type of work that you do?

Yes

No

14. Did you have a choice in where you work?

Yes

No

15. Do you take breaks and eat lunch with people who do not have disabilities?

Yes

No

16. If you wanted to change jobs or work somewhere else, do you have people supporting you who would help you do that?

Yes

No

17. Does your work pay at least minimum wage (\$7.25 an hour)?

Yes

No

18. Do you have concerns for where other people with disabilities who you know work? If so, explain.

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19. When you helped to develop the plan about your supports did people ask you about things you are good at and what you want and need to live your life? Did they listen?

Yes

No

Not sure

Describe a time when you felt you were not listened to in developing your support plan.

20. Were the people who helped develop your plan people you chose?

Yes

No

Describe anyone you wish could help you plan your supports that were not included in your planning.

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21. Do you have a copy of your support plan (on paper) that you understand and that tells you about your needs and who helps you?

Yes

No

Other (please specify)

22. Do you have choices in the supports that you could receive and the people who help you?

Yes

No

23. Which of these statements (choose as many as apply or write your own) sum up how you feel about your current supports and your wish for change in your life?

I do not have as many choices in my life as I would like. There are some things I would like to change so I have more choice and control.

I do not see or get a chance to talk and make friends with many people without disabilities where I live or where I work. It is important to me to be part of my community and to get to know more people.

I have ideas on how to make the places where I receive services better.

I feel isolated in my life and wish my supports could help me get out more.

I do not currently live a full life like the people without disabilities that I know.

None of the above.

Other (please specify)

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- 24. 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