

MOUNT ROGERS DISABILITY SERVICES BOARD

NEEDS ASSESSMENT SURVEY

INTRODUCTION: The Mount Rogers Disability Services Board (DSB) is conducting this survey to develop ways to assist residents with PHYSICAL and/or SENSORY disabilities. This survey is used by the DSB to develop a Needs Assessment Report, which is compiled every three years. This Report is provided to state and local officials to help determine priorities and funding levels for programs designed to assist people with physical and/or sensory disabilities.

INSTRUCTIONS: If you have a disability, please take the time to fill out this survey. You may also complete a survey for a friend or family member. You can return the form to the Disability Services Board by mail at : MRDSB, 1021 Terrace Drive, Marion, VA 24354 or online at www.mrpdc.org/dsb. All responses must be received by October 31, 2005. If you would like to complete the survey by telephone or if you have any questions, please call (276) 783-5103.

DEMOGRAPHIC INFORMATION:

1. **Please check:** ___ I have a disability
 ___ My family member has a disability
 ___ Disability Provider (Social Worker, advocate, case manager, etc.)

The following questions are related to the individual with a disability.

2. **Age:** ___ **Sex:** M ___ F: ___ **Resident of:** _____ (City/County)
3. **Disability:** (please specify) _____
4. **Highest level of education:** _____
5. **Are you a United States Veteran:** Yes No
6. **Employment:** Part Time ___ Full Time ___ Retired ___ Student ___ Volunteer ___
Unemployed ___ If unemployed, are you looking for a job? _____
7. **Health care coverage:** Private ___ Medicare ___ Medicaid ___ None ___
8. **Current living arrangement:** Own house/apt/condo ___ Rent ___ Group Home ___
Nursing Home: ___ Parent/relative/friend ___ Homeless ___
9. **OPTIONAL:** Name _____
Address: _____
Telephone: _____ e-mail: _____

PLEASE CHECK THE APPROPRIATE BOXES AND INCLUDE ANY ADDITIONAL INFORMATION IN THE COMMENT SECTION AREA.

Identified Area of services. Please check the box that most represents your situation. Include any comments at the end of survey that will help us understand the area of need.	Critical Need	Important Need	Receive these services but need more	Receive adequate services already	Does not apply to me or do not need these services
Assistive Technology (wheelchairs, hearing aids, talkers, switches, signalers, TTY's, Braille materials, interpreters, computers, scooters, walkers, etc)					
Case Management (Need a person or agency to help you access and coordinate available services)					
Counseling (professional help with vocational or personal problems; developing coping skills)					
Education Children with disabilities receive appropriate education and reasonable accommodations, transitions services to work or higher education)					
Employment Services (job search/placement, job preparation, on the job training, work site adaptations)					
Family Support Services/ Respite Services (assistance to family members, support groups, Respite services provide care to the individual with a disability so that their caregivers can take a temporary break from care-giving duties)					
Housing (affordable, accessible or subsidized, home modifications, group homes)					
Independent Living Skills (training and services to allow maximum self- sufficiency, such as budgeting, life skills, advocacy, peer counseling and community education)					
Medical/Therapeutic Services (medical, dental services, physical therapy and medical insurance)					
Personal Assistance (activities of daily living, bathing, communicating, cooking, dressing, eating, housekeeping, shopping, toileting)					
Training (Qualified service providers: Interpreters, In-home caregivers, medical practitioners)					
Transportation (Available and accessible public or private transportation)					
Other: Please identify any other need:					

Additional Comments: _____
