|  |
| --- |
| **NY Consumer Survey** The purpose of this survey is to seek broad public input about coordinating services for older adults and individuals of all ages with disabilities with the goal of improving service delivery and program outcomes. This survey seeks your opinion about your experiences in obtaining services in order to live independently in the community.  Before you choose to participate, there are few things you should know:                                     **Your responses are confidential and anonymous. You can choose not to answer any question. You will not be penalized in any way if you choose not participate. Even if you get many copies of the survey, please respond to the survey once**We have a few questions about any assistance you are receiving now that helps you to live in the community. This can be from a family member or friend, or from a paid worker or agency.  We’d like to know about your experiences with these kinds of services and supports.  We’d also like to know if you have other needs that are not being met that would make it easier for you to live in the community, or that you will need if you are returning to the community. We are interested in knowing about any services or assistance that could help you live independently in the community. **When thinking about services or assistance, please think of any government sponsored (local, state or federal) service or assistance you receive.**If you have any questions about the survey, please contact Abbey Lavazzo at NYSOFA (Phone: 518-391-4553; email: abbey.lavazzo@aging.ny.gov). Thank you! |

**1. What age group are you in? Please check one.**

* Under 18
* 18-35
* 36-50
* 51-59
* 60-74
* 75-84
* 85+

**2. Please indicate if you are a person with a disability:**

* Yes
* No

If **YES**, and if you are comfortable sharing more information, please explain.

**3. Are you receiving any assistance now from family members, friend(s), a paid worker, or from an agency to help you live independently in the community?  Again, when thinking about services or assistance, please think of any government sponsored (local, state or federal) service or assistance you receive.**

* Yes
* No

If YES, please describe the assistance or services you are getting and whether they are from a family/friend or worker/agency. Please try to be as specific as you can. For example: “*I receive homemaker and transportation services from ABC agency*.”  “*My sister comes every day to help with laundry and bathing*.”

If NO, please describe the supports or services that would help make your life easier to live independently in the community. Again, we are interested in knowing about any services or assistance that could help you live independently.

**4. If you needed assistance or a service, how confident are you that you know who to call or where to go?**

* Very confident
* Somewhat confident
* Not very confident
* Not at all confident

Please describe how you would get assistance or services.

**5. Now please tell us about your experiences with any assistance that you are receiving or have received in the past year. Overall, how satisfied would you say you are with the services or assistance you’ve received?**

* Very satisfied
* Somewhat satisfied
* Somewhat Dissatisfied
* Very Dissatisfied

Please explain in the space provided.

**6. How difficult is it for you to find out about and get the services or assistance you need? Please explain your response. Would you say:**

* Very difficult
* Somewhat difficult
* Not very difficult
* Not at all difficult

Please explain in the space provided.

7. What would make it easier for you to find out about and get the services or assistance you need?

***8. If you use more than* one service, did you find it confusing or difficult to enroll in the services you needed?**

* Yes
* No

Please explain in the space provided.

**9. How much of an impact would state level coordination of aging and disability services have on your services?**

* A great deal of impact
* Some impact
* Not very much impact
* No impact at all
* Don't know

Please explain in the space provided.

10. Please tell us anything else about the services or assistance you receive or who provides them.

We have just a few more questions. The following questions will help us understand a little more about you.

**11. What is your gender?**

* Male
* Female
* Transgender

**12. I identify my race as: (You may check more than one)**

* American Indian or Alaska Native
* Black or African American
* Asian
* Native American or Pacific Islander
* White
* Prefer not to answer

**13. Do you consider yourself Latino/Hispanic?**

* Yes
* No
* Prefer not to answer

14. What city/county do you live in?

**15. Are you receiving:**

* Medicare
* Medicaid
* Both
* Neither

**16. Are you covered by private insurance of any kind?** Yes No