



Preview

Plain Language Survey

This survey in printable PDF form is available to help you prepare for the online survey.

We recommend reviewing the demographic questions before taking the online survey.

Note that some questions may not show up in the online survey, depending on how you answered prior questions.

The online survey will be available on April 9 at <https://www.keyswi.org/survey>.

Northeast Wisconsin Housing Market Survey: Plain Language

We want to build more housing for people with autism and other disabilities in your area. Your answers will help us understand what you need and want in a home.

We will not share your answers with others.

If you have questions or need help with the survey, email: HMAhelp@firstplace.org

This survey is for self-advocates. If you are a family member of someone with a disability, please fill out the survey here: <https://www.keyswi.org/survey>.

Thank you for sharing with us!

* Required

1. I am: *

- A self-advocate
- A family member of a person with autism or other intellectual / developmental disabilities
- Not a person with a disability

2. Which county do you live in now? *

- Winnebago county
- Outagamie county
- Calumet county
- Brown county
- Green Lake, Kewaunee, Oconto, Shawano, Waushara county or Oneida Nation
- Other county in Wisconsin
- Other state

3. I am: (Check all that apply) *

- a person with autism
- a person with an intellectual disability
- a person with a developmental disability
- a person with a physical disability: someone who might use a wheelchair or mobility device
- a person with another disability or health condition
- Other _____

4. How old are you? *

- 0-13
- 14-18
- 19-21
- 22-34
- 35-49
- 50-65
- 65+
- Don't want to say

5. Where do you live now? *

- My family home
- My own place by myself
- My own place with a housemate
- My own place with a partner and/or my child
- My own place with a caregiver (not my family)
- My own place and different staff come to help me
- Homeless
- Not in my home: in a car, friend's house, etc.
- Other _____

6. Do you live with a family caregiver? *

- Yes
- No

7. How old is your family caregiver? *

- 18-30
- 31-45
- 46-60
- 61-75
- 76+

8. Do you work now? (Check all that apply) *

- Yes, I work at least once a week
- Yes, I volunteer at least once a week
- No, I do not work or volunteer

9. How many hours do you work? (If you do not work, please put 0)*

Number must be between 0 ~ 80

10. How many hours do you volunteer? (If you do not volunteer, please put 0) *

Number must be between 0 ~ 80

11. How much money do you earn from work each month? *

- Less than \$300 per month
- \$301 to \$600 per month
- \$601 to \$900 per month
- \$901 to \$1,200 per month
- \$1,201 to \$1,500 per month
- \$1,501 to \$2,000 per month
- More than \$2,000 per month
- I work, but I do not know how much I make.
- I volunteer and I don't get paid
- I do not work or volunteer

12. How do you go places? (check all that apply) *

- I drive
- I go with friends or family
- I use Uber or Lyft
- I walk
- I ride a bike
- I use special transportation services for people with disabilities
- I take the bus
- I use Carepool or taxi cabs

13. How often do you need help or services? (check all that apply) *

- I need at least two support staff to help me at all times
- I need one support staff to help me at all times
- I need help all the time, can share staff
- I need help due to meltdowns
- I need help a few times a day
- I need help once a day
- I need help every few days
- I need memory care help. (I have Dementia or Alzheimer's.)
- I need help for a physical disability
- I need medical help everyday
- I need help with my daily routine
- I never need help
- Other _____

14. How do you want to get help to do things in life? (check all that apply) *

- I want to use technology or virtual support.
- I want someone else to find and schedule staff for me.
- I want to invite staff to live with me in my home.
- I want to live with staff in their home.

- I want to find and schedule staff myself
- I want a neighbor to help me.
- I want to get help from my family and friends who are not paid.

15. Which public benefits do you get? (Check all that apply) *

- SSI - Supplemental Security Income
- SSDI - Social Security Disability Income
- SNAP (Money for food)
- Energy assistance/ WHEAP (Money to pay heat and air conditioner)
- Housing Choice Voucher (Money to help pay rent: Section 8; Mainstream; Non-elderly disabled; etc.)
- I live in affordable housing
- Lifeline (help with phone or internet bill)
- Medicaid (healthcare: Badgercare)
- Medicare (healthcare)
- I am on a waiver (CLTS, Family Care, IRIS)
- I am not getting any public benefits
- I do not know.
- Other _____

16. Who do you want to control your housing? *

- Provider-controlled: I find a service provider I like and move into their housing
- Consumer-controlled: I find and control my own housing. I choose any service provider I want
- Hybrid: a mix of provider-controlled and consumer-controlled

17. Where do you want to live? *

- In my own place by myself
- Live with housemate(s) who have disabilities
- Live with housemate(s) who do not have disabilities
- In a housing community built for people with disabilities
- Live with a caregiver
- Live with a partner
- Live with a family member
- Live with a friend
- Other _____

18. I want the place I live: (check all that apply) *

- To be easy to use for everyone
- To be easy to change if my needs change
- To have lots of green plants and nature around it
- To use more pictures than words
- To be easy to clean
- To include things that don't break easily
- To be close to transportation
- To be able to safely walk in my community
- To have things that keep me safe from strangers
- To be easy on my senses
- To have technology that helps me
- To be easy to move around for people who use wheelchairs
- To have shared spaces to hangout
- To have safe space to calm down
- To have shared spaces to relax
- To allow pets

19. Some homes have extras. Would any of these be helpful? (check all that apply) *

- Someone to help me manage my money.
- Fun things that someone else plans.
- I can choose to join or skip.
- Someone to help me connect with people or places.
- Classes to help me stay healthy.
- Someone to help me clean.
- Classes that help me become more independent.
- Already cooked meals that are not expensive.
- Someone to help me find a job.
- Emergency help button in my home.
- A therapist to talk to about hard things in life.
- A front desk where I can ask questions or get help.
- Help with getting transportation.
- Other therapies (OT/PT etc.)
- Other _____

20. What would you want close by? (check all that apply) *

- Swimming pool
- Community center (a place to do fun things and meet people)
- Sports court for basketball, pickleball, etc.
- Gym
- Art studio
- Grocery store
- Hospital, doctor, therapist or health clinic
- Dentist
- Job
- Meditation or yoga studio
- A movie theater
- Restaurants or a food court
- Public transportation (bus, train)

- A walking or bike path
- Church, temple, house of worship or faith center
- A dog park
- Bank
- Greenspace or park
- Pharmacy
- Library School

21. Do you have friends to hang out with (not paid staff or family members)? *

- Yes
- No
- Other _____

22. Do you talk to, visit, or hang out with your friends as much as you want? *

- Yes
- No
- Sometimes

23. Do you get to go out to do things you like? *

- Yes
- No
- Sometimes

24. What makes it hard to do things you want to do? (check all that apply) *

- I do not have a way to get there
- I do not have money to spend.
- I cannot find things to do that I like.
- I cannot find help I need.
- I cannot pay for help I need.
- I do not always want my family to go with me.
- Going out is hard for my senses.
- I do not feel safe.

- I do not have friends to do things with.
- Nothing.
- Other _____

25. Are you afraid of any of the following? (check all that apply) *

- I may be forced to live somewhere I do not want to.
- Some friends may not be good friends.
- I may be abused.
- I may lose funding for services.
- I may not be healthy.
- I may not be able to get healthy food.
- I may not be able to go places I want to go.
- I may not find a career
- I may not find good people to help me.
- I may not be able to afford a place to live.
- I may not be able to reach my goals
- I may not find friends.
- I may be left out.
- I may not have someone to be there for me when my family is no longer around

26. Would you like to go to a residential transition program? *

- Yes
- Yes, but need help paying for it.
- Maybe
- No
- I am currently in or have been in a residential transition program
- Other _____

27. Is there anything else you want to share about what you want or don't want?

Thank you!