



Survey Preview

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

In particular, 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 survey will be available starting on April 7 at <https://www.keyswi.org/survey>.

Northeast Wisconsin Housing Market Survey

We are planning for housing needs in your area and want to hear from you. Your answers to the survey below will help us understand what people with autism, intellectual and other developmental disabilities need and want.

A few things to keep in mind:

- Your answers will be kept private. You do not need to give your name, email or any other contact information.
- The questions should be answered from the perspective of a single individual with A/I/DD.
- The responses from this survey are for research purposes only.
- If you require a plain-language version of this survey, you can find it here: <https://www.keyswi.org/survey>.

If you have any questions or problems while completing the survey, please email: hmahelp@firstplaceaz.org.

* Required

1. The person completing this survey is

(If a self-advocate is participating, even with assistance, please choose self): *

- ☐ Self (individual with A/I/DD)
- ☐ Parent/Guardian of individual with A/I/DD
- ☐ Sibling or other relative of individual with A/I/DD
- ☐ Support coordinator or service provider of individual with A/I/DD
- ☐ Spouse/Partner/Significant other of individual with A/I/DD

2. Which county do you primarily receive services in? *

- ☐ Winnebago county
- ☐ Outagamie county
- ☐ Calumet county
- ☐ Brown county
- ☐ Green Lake, Kewaunee, Oconto, Shawano, Waushara counties; The Oneida Nation
- ☐ Other county in Wisconsin
- ☐ Other state

3. Which county do you currently live in? *

- ☐ Winnebago county
- ☐ Outagamie county
- ☐ Calumet county
- ☐ Brown county
- ☐ Green Lake, Kewaunee, Oconto, Shawano, Waushara counties; The Oneida Nation
- ☐ Other county in Wisconsin
- ☐ Other state

Demographics

4. How old are you (the person with A/I/DD)? *

- ☐ 0-13
- ☐ 14-18
- ☐ 19-21
- ☐ 22-34
- ☐ 35-49
- ☐ 50-65
- ☐ 65+
- ☐ Prefer not to share.

5. Where do you live now? *

- ☐ My own place by myself (rented or owned)
- ☐ My own place with a housemate
- ☐ My own place with a partner and/or my child
- ☐ My own place with a non-family caregiver (shared living)
- ☐ My own place with rotational staffing
- ☐ In my family home
- ☐ With family, but at risk of homelessness if they move or pass away
- ☐ Host home (Adult Foster Care)
- ☐ Certified home with 1-2 people (Adult Family Home)
- ☐ Licensed home with 4 people or less (Adult Family Home)
- ☐ Licensed home with 5 people or more (Community Based Residential Facility)
- ☐ Currently homeless or in a shelter
- ☐ In a temporary setting, such as in a car, a friend's house, etc.

6. If you live with a family member who is your primary caregiver, what is their age (Age of family caregiver)? *

- ☐ 18-30
- ☐ 31-45
- ☐ 46-60
- ☐ 61-75
- ☐ 76+
- ☐ I do not live with a family caregiver

7. Does your current housing arrangement support your needs? (If yes or no, please explain)*

8. I identify as: *

- ☐ American Indian or Alaska Native Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White or Caucasian
- ☐ Hmong
- ☐ LGBTQ+
- ☐ Prefer not to say
- ☐ Other _____

9. The disabilities you have been diagnosed with: (check all that apply) *

- ☐ Anxiety
- ☐ Autism
- ☐ Asperger's
- ☐ Bipolar disorder
- ☐ Blind and/or visually impaired
- ☐ Cerebral palsy
- ☐ Deaf or hard of hearing
- ☐ Depression
- ☐ Down syndrome
- ☐ Epilepsy or other condition causing seizures
- ☐ Intellectual disability
- ☐ Obsessive compulsive disorder (OCD)
- ☐ Physical disability and use a mobility device
- ☐ Prader-Willi Syndrome
- ☐ Traumatic brain injury
- ☐ Williams syndrome
- ☐ Other developmental disability
- ☐ Other disability not specified
- ☐ Other mental health challenges
- ☐ Respiratory conditions
- ☐ Self-injurious behaviors
- ☐ I'd rather not disclose
- ☐ Other _____

10. Do you currently volunteer at least once a week? (Unpaid volunteering) *

- ☐ Yes
- ☐ No

11. How many hours of volunteer or unpaid work do you do per week? *

Number must be between 1 ~ 80

12. Are you currently employed? (Paid employment) *

- ☐ Yes
☐ No

13. How many hours of paid employment do you do per week? *

Number must be between 1 ~ 80

14. Select current earned income from work (Not including SSI and SSDI): *

- ☐ Less than \$300 a month
☐ Earned income \$300 to 600 a month
☐ Earned income \$601 to \$900 a month
☐ Earned income \$901 to \$1200 a month
☐ Earned income \$1201 to \$1500 a month
☐ Earned income \$1501 to \$2000 a month
☐ Earned income over \$2000 a month
☐ I work, but I do not know how much I make
☐ Prefer not to say
☐ Other _____

15. Has your family done any future financial planning? (check all that apply) *

- ☐ Yes, I have a Special Needs Trust
☐ Yes, I am a part of a Pooled Special Needs Trust
☐ Yes, we have met with a special needs lawyer
☐ Yes, I opened up an ABLE Account
☐ No, we do not have the income to do this
☐ No

- ☐ Unsure / I don't know
- ☐ Other _____

16. Which of the following future planning tasks have you accomplished? *

- ☐ Discussed future plans with parents/sibling(s)/other family members.
- ☐ Identified a key person to follow my current family caregiver.
- ☐ Established powers of attorney for healthcare and/or property.
- ☐ Established or discussed legal guardianship or supported decision making contract.
- ☐ Looked into a residential program.
- ☐ Made residential plans.
- ☐ Created a letter of intent.
- ☐ Reviewed my government benefits with an Aging and Disability Resource Center (ADRC) benefit specialist or other professional.
- ☐ Discussed other details with my family important to my future well-being.
- ☐ Received information about housing navigation/housing options.
- ☐ None of the above
- ☐ Not sure / I don't know
- ☐ Other _____

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

- ☐ I drive
- ☐ I am learning to drive
- ☐ I do not plan to drive
- ☐ I rely on friends, family or caregivers
- ☐ I use paratransit (door to door transportation for seniors and people with disabilities)

- ☐ I use ride-sharing, like Uber and/or Lyft
- ☐ I walk
- ☐ I ride a bike
- ☐ I use Carepool or taxi cabs through my IRIS benefits
- ☐ Other _____

Individualized Services

18. How would you describe your support needs? (Check all that apply) *

- ☐ 2:1 Support needs: I need the full attention and in-person support of at least two direct support professionals at all times.
- ☐ 1:1 Support needs: I need the full attention and in-person support of at least one direct support professional at all times.
- ☐ 24/7 Support needs: I need 24-hour direct support and supervision; sharing staff with others is OK.
- ☐ Intermittent high behavioral support due to challenging behaviors such as aggression, self-injury, pica, elopement or property destruction.
- ☐ Moderate support needs: I need support throughout the day but can be by myself for several hours at a time.
- ☐ Low support needs: I need support with a few tasks each day but can be self-sufficient for most of the day.
- ☐ Drop-in support: I need some support or a check-in every few days.
- ☐ Memory care: Due to age, I get confused easily. I need extra structure and support to navigate the day.
- ☐ I have a physical disability. I need help with daily living activities.
- ☐ Daily medical support: I have medical needs that require daily support.
- ☐ Daily living skills.
- ☐ Other _____

19. Are you receiving services through any of the following waivers? *

- ☐ Yes, Children's Long-Term Care Supports Waiver
- ☐ Yes, Family Care Waiver
- ☐ Yes, IRIS (Include, Respect, I Self-Direct) Waiver
- ☐ Yes, PACE (Program of All-Inclusive Care for the Elderly)
- ☐ Applied but waiting on approval
- ☐ Not applied

- ☐ I am on a waitlist
- ☐ Not eligible
- ☐ Denied
- ☐ No or not sure what these programs are.
- ☐ Other _____

20. What are your preferred ways to receive long-term support services? (check all that apply) *

- ☐ Remote support
- ☐ Rotational staffing managed by agency
- ☐ Shared living (consumer-controlled live-in caregiver I hired)
- ☐ Host Home (provider-controlled)
- ☐ Self-directed support (I directly hire people to support me)
- ☐ Intentionally supportive and/or paid neighbor
- ☐ Intermediate care facilities for individuals with intellectual disability (ICF/IID)
- ☐ Natural supports (Support provided by family, friends or community members for no financial payment)
- ☐ Day services
- ☐ Certified home with 1-2 people (Adult Family Home)
- ☐ Licensed home with 4 people or less (Adult Family Home)
- ☐ Licensed home with 5 people or more (Community Based Residential Facility)
- ☐ Other _____

21. Select current public benefits. (check all that apply) *

- ☐ SSI - Supplemental Security Income
- ☐ SSDI - Social Security Disability Insurance
- ☐ SNAP (money for food)
- ☐ WHEAP (Heat or AC energy assistance)

- ☐ Housing Choice Voucher (Section 8; Mainstream; Non-elderly disabled; etc.)
- ☐ I live in a housing unit with rental assistance
- ☐ Lifeline (help with phone or internet bill)
- ☐ Medicaid (healthcare like Forward Health and Badger Care)
- ☐ Medicare (healthcare)
- ☐ Not currently enrolled in any public benefits
- ☐ I do not know

22. Have you received housing navigation services? *

- ☐ Yes
- ☐ No
- ☐ Other _____

23. Are you on any type of housing waiting list in Northeast Wisconsin? *

- ☐ Yes
- ☐ No
- ☐ Other _____

24. What is important for your future home and supports?

(Not important, Neutral, Important, Extremely important) *

	Not Important	Neutral	Important	Extremely Important
Friendly and helpful neighbors				
Respect for my privacy				
Finding things I like to do				
I can afford housing without roommates				
Supported to live with life partner				
Supported to have a pet				
I can walk to see friends				
Helps me be independent				
Helps keep me safe				
I can make changes and have choices				
Help to support my daily living routine				

Home Preferences

25. Who do you prefer 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 combination of Provider-controlled and Consumer-controlled.

26. Do you want to rent or buy your future home? (Check all that apply) *

- ☐ Rent
- ☐ Buy
- ☐ Remain in current group home or supportive living arrangement
- ☐ Remain in current family home
- ☐ Add an accessory dwelling unit to family or friend's home

27. What type of community are you interested in? (check all that apply) *

- ☐ Scattered site - A home/apartment that is located within the general community - not focused on people with A/I/DD
- ☐ Planned Neuro-inclusive Community - housing community targeted for people with A/I/DD
- ☐ Mixed-Use Neuro-inclusive Community - housing community targeted for people with A/I/DD and has stores or public spaces onsite
- ☐ Cohousing Community - housing created and managed by its residents
- ☐ Group Living - a resident development with furnished living units hosting 3 to 4 people
- ☐ Group Home - a provider-controlled setting with 2 to 6 unrelated people with disabilities sharing a home
- ☐ Student Housing - residential option intentionally designed for students
- ☐ Assisted Living - a provider-controlled setting where 25 or more residents live in a private room or separate apartments, share common areas and receive support

- ☐ Nursing Home - a licensed private facility that offers a range of health and personal care services
- ☐ Community-based residential facilities (CBRF) - A place where five or more unrelated people live together in a community setting.
- ☐ Residential care apartment complex (RCAC) - A type of assisted living facility; It is an independent apartment complex where five or more adults live.
- ☐ Unsure
- ☐ Other _____

28. What types of housing are you interested in? (Check all that apply) *

- ☐ Accessory dwelling unit (ADU), like a granny pod or in-law suite located on someone's property
- ☐ Tiny Home
- ☐ Townhome
- ☐ Apartment or condominium
- ☐ Manufactured home
- ☐ Single family home
- ☐ Adaptable home, a residential unit that is adaptable, an example is moveable walls
- ☐ Dormitory
- ☐ Facility based setting, a room or suite of rooms in a provider controlled setting that offer medical and/or behavioral care
- ☐ Single room occupancy (private bedroom with shared common space)
- ☐ Pocket neighborhood or cottage court (smaller homes with shared common amenities)
- ☐ Other _____

29. Select the living arrangements you prefer. (check all that apply) *

- ☐ Live by myself, without housemates
- ☐ Live with housemates who have disabilities

- ☐ Live with housemates who do not have disabilities
- ☐ Live in a housing community built for people with disabilities
- ☐ Live with a live-in caregiver
- ☐ Live with a significant other
- ☐ Live with another family member
- ☐ Live with a friend
- ☐ Unsure
- ☐ Other _____

30. In which of the following areas would you like to live? (check all that apply) *

- ☐ Outagamie county
- ☐ Winnebago county
- ☐ Calumet county
- ☐ Brown county
- ☐ Other counties in Wisconsin
- ☐ Other state, if needed
- ☐ Other _____

31. Would you/the person with A/I/DD prefer to live in a community that is: *

- ☐ Urban: A region within or around a city
- ☐ Rural: A region that is outside of a city or urban area, typically having low populations
- ☐ Semi-rural: A region that is close to the city but is a small town or village
- ☐ Suburban: A region that separates residential and commercial areas

32. How soon would you like to move out of your present housing? *

- ☐ As soon as possible
- ☐ Within 1-2 years
- ☐ Within 2-3 years
- ☐ 3 or more years in the future
- ☐ I'm happy with my home. I do not want to move.

☐ Other _____

33. What is the maximum amount you can afford to pay for rent or mortgage per month, without financial help from family or friends? *

- ☐ \$300 or less
- ☐ \$450 or less
- ☐ \$600 or less
- ☐ \$800 or less
- ☐ \$1,100 or less
- ☐ \$1,500 or less
- ☐ \$2,000 or less
- ☐ \$3,500 or less
- ☐ \$3,500+
- ☐ Unsure
- ☐ Other _____

34. How much of your monthly housing cost (rent or mortgage) is your family willing and able to help you cover? *

- ☐ \$300 or less
- ☐ \$450 or less
- ☐ \$600 or less
- ☐ \$800 or less
- ☐ \$1,100 or less
- ☐ \$1,500 or less
- ☐ \$2,000 or less
- ☐ \$3,500 or less
- ☐ \$3,500+
- ☐ Unsure
- ☐ Other

35. What type of physical amenities would be helpful in making your housing and community more accessible?

(Not helpful, Neutral, Helpful, Extremely helpful) *

	Not Important	Neutral	Important	Extremely Important
Universal design: Most people can use regardless of age or ability.				
Adaptable design: Adapt to changing needs, also called age-in-place features.				
Biophilic design: Design connects people to nature.				
Cognitive accessibility features: Uses colors and icons to help people understand.				
Easy-to-clean features: waterproofing, no grout, raised toilets, etc.				
Extra-durable features: no-scratch floors, push-button toilet, etc.				
Transit access: near public bus or rail stops.				
Pedestrian-oriented: designed for people and limits traffic.				
Security features: keycard access, check in and out, front desk, etc.				
Sensory-friendly design: noise reduction, neutral colors and nooks in common spaces.				
Smart-home features: smart locks, motion detection, stove shut-off, etc.				
Accessible design: residential unit that meets local codes for accessible housing.				
Common area space: designed to have areas of interaction outside of residential units.				
Deescalation space: for example, a space for self-directed calming.				
Relaxation amenities: for example, a room with soothing sounds, hammocks and beanbags.				

36. Would these supportive property amenities help you?

(Not helpful, Neutral, Helpful, Extremely helpful) *

	Not Important	Neutral	Important	Extremely Important
Benefits counseling: staff to help with public benefits				
Community life: the property coordinates hobby groups or planned social activities				
Community navigator: on-site staff who facilitate community integration and connecting with opportunities off-site				
Health and fitness activities: on-site activities that promote fitness, wellness and health				
Housekeeping service: hired/contracted staff who regularly help residents with light cleaning and upkeep of their home				
Life-skills training: staff and/or courses that help residents learn and practice daily activities for independence				
Meal service: option to purchase prepared meals from an on-site restaurant, café, dining hall or meal plan				
Workplace and vocational support: staff to help people and jobs and volunteering				
Emergency help button or on-site 24/7 support				
On-site mental health services/clinical staff or life-coaching				
Concierge, resident assistant or front desk support for questions and extra support				
Transportation assistance				
Other therapies (OT/PT, etc.) on-site				

37. What things would you like on the property or within walking distance?

(Not important, Neutral, Important, Extremely important) *

	Not Important	Neutral	Important	Extremely Important
Swimming pool/community pool				
Community center				
Sports court for basketball, dodgeball, etc.				
Gym				
Art studio				
Grocery store				
Hospital, doctor, therapist or health clinic				
Workplace that hires people with I/DD				
Yoga/meditation space				
Movie theater				
Restaurant or a food court				
Access to public transportation				
A walking or bike path				
Church, temple, house of worship or faith center				
Dog park				
Bank				
Green space				
Pharmacy				
Library				
School				

Community Engagement

38. Do you participate in any other meaningful daily activities? (check all that apply) *

- ☐ I attend a pre-vocational training program.
- ☐ I am actively seeking employment.
- ☐ I am not interested in employment.
- ☐ I attend a day program.
- ☐ I create my own schedule and do things I like to do.
- ☐ I am often bored because of the lack of opportunities.
- ☐ I attend college classes or participate in a post-secondary program.
- ☐ Other _____

39. Do you have friends to spend time with (not staff or paid caregivers)? *

- ☐ Yes
- ☐ No
- ☐ Other _____

40. Do you see or hang out with your friends as often as you want to? *

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ Other _____

41. What are your barriers to friendship, or seeing your friends as often as you want?
(check all that apply) *

- ☐ I don't know where to go to meet potential friends.
- ☐ Too much anxiety to try and meet new people.
- ☐ Difficulty scheduling to meet with friends.
- ☐ People do not understand how to be a supportive friend to me.
- ☐ I do not know how to turn potential friends into long-term friendships.
- ☐ Lack of transportation to see friends.

- ☐ I need staff support to see my friends.
- ☐ Money to spend on outings.
- ☐ I accidentally do things that have hurt relationships.
- ☐ None; I see my friends as much as I want.
- ☐ Other _____

42. Do you engage in activities in your community with other people around? *

- ☐ Yes
- ☐ No
- ☐ Sometimes

43. Are you satisfied with how you engage in activities in your community? *

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Somewhat dissatisfied
- ☐ Not satisfied at all

44. If you do not engage in activities in your community or are not satisfied with how you engage, what barriers do you experience? (check all that apply) *

- ☐ Lack of personal transportation
- ☐ Limited public transportation (access, route, and/or schedule)
- ☐ Not enough money in my budget to spend on outings
- ☐ Cannot find activities that meet my interests
- ☐ Cannot find activities that I can participate in with only natural supports (unpaid support)
- ☐ Cannot find direct support staff I need
- ☐ Cannot pay for direct support staff I need
- ☐ Do not always want my family to supervise so would rather not go

- ☐ Feeling overwhelmed by crowds or unexpected overstimulation of the senses
- ☐ Feeling unsafe in my community
- ☐ Do not have friends who want to attend activities with me so would rather not go
- ☐ No barriers; I interact with my community as much as I like
- ☐ Other _____

45. Have you ever experienced the following? (check all that apply) *

- ☐ I was harassed or bullied by my housing provider or their staff
- ☐ I was harassed or bullied by other housemates and my provider did nothing to help
- ☐ I was threatened or punished for making a complaint or requesting an accommodation
- ☐ I felt pressured or forced to leave my housing even though I was never formally evicted
- ☐ I was refused housing or a rental application because of my disability
- ☐ I asked for a reasonable accommodation or modification and was denied
- ☐ I was not offered a housing option I was entitled to because of my disability
- ☐ I lost housing because I wasn't given clear information about my rights or options
- ☐ I lost housing because I wasn't given enough time, information, or steps to resolve a problem
- ☐ None of the above
- ☐ Other _____

46. How important are these elements in making spaces more accessible for you?

(Not important, Neutral, Important, Extremely Important) *

	Not Helpful	Neutral	Helpful	Extremely Helpful
Knowing what to expect when going somewhere				
More visual, less text-based cues				
Knowing who will be present ahead of time				
A quiet, low sensory space to decompress at an event				
Color coding for wayfinding				
Extra time and space to interact at my own pace				
A person or space to go to if I feel scared or confused or need help				
Knowing what to expect when going somewhere				
More visual, less text-based cues				

47. Would you be interested in a residential transition program providing enhanced support to help bridge the gap between the family home and independent living? *

- ☐ Yes, but only if there is assistance in covering the cost.
- ☐ Yes, even if it is private pay.
- ☐ No.
- ☐ I am currently attending or have already attended a residential transition program.
- ☐ Unsure.

48. What concerns you about what could happen in the future? (check all that apply) *

- ☐ I am concerned I will be forced to live in a group home or adult foster care.
- ☐ I am concerned a friend may not be a real friend.
- ☐ I am concerned I may be abused.
- ☐ I am concerned I will lose funding for services.
- ☐ I am concerned my health will decline due to neglect.
- ☐ I am concerned I will not be able to access healthy food.
- ☐ I am concerned I will not be able to go places I want to go.
- ☐ I am concerned I will not find my purpose or have a career.
- ☐ I am concerned I will not find quality staff.
- ☐ I am concerned I will become homeless.
- ☐ I am concerned I will not be supported to reach my goals, personal or professional.
- ☐ I am concerned I may be lonely.
- ☐ I am concerned that I will be left out.
- ☐ I am concerned that I won't have a co-signer to secure housing.
- ☐ I am concerned that I won't have people to advocate for me when my family caregiver passes away.
- ☐ I am concerned I will have to move away from my community (job, friends and supports).
- ☐ Other _____

49. What opportunities would you like to see in the future?

(check all that apply) *

- ☐ Planning grants to launch housing options
- ☐ Help for families to bequeath or buy a home for a dependent
- ☐ Connect people to buy or rent together
- ☐ More help to find housing assistance
- ☐ Help for families to plan for the future
- ☐ Help getting needed services
- ☐ Help using home technology for support
- ☐ Classes for life skills
- ☐ Fun things to do every week
- ☐ More work with the state to increase options
- ☐ Help making a person-centered plan
- ☐ More inclusion of self-advocates and family members in decisions and policies that impact the lives of adults with A/I/DD
- ☐ Support for meaningful activities such as paid or unpaid work
- ☐ Other _____

Review of Educational Presentation & Next Steps

Almost done!

This short section is to help us understand if this presentation was helpful to you.

50. How did you hear about this presentation?

- ☐ My Housing Voice website
- ☐ Press release
- ☐ Referred by a provider or community partner
- ☐ Email
- ☐ Referred by a friend, neighbor, co-worker, or relative
- ☐ Social media

51. Please share anything else you would like us to know for future planning:

Thank you!

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