

Attachment D

Children's Creative Connection (C3)

Needs Assessment Survey

June 2007

Children's Personal Care Services Survey

This information is anonymous and confidential; responses to this survey will in no way affect your child's allocation.

- 1) Do you identify your child's primary diagnosis as a:
 - Autism Spectrum Disorder
 - Developmental Disability (other than Autism)
 - Physically Disability or health condition
 - Mental Health Condition
 - More than one disability
- 2) Do you currently employ your own children's personal care worker?
 - Yes No
- 3) Do you currently use all or nearly all of your allocated hours of care?
 - Yes No
- 4) If the flexible option were offered, would you take advantage of it?
 - Yes No
 - 4.a. If "no" → Why not?
 - Too complicated
 - Happy with the what I have
 - Can't think of anything I would use it for
 - Worried I would lose hours
 - Other _____
- 5) If you did choose the flexible option, what would you use it for: (Please check all that apply)
 - Service Coordination/Case Management
 - Community Supports (helping your child/adolescent access the community)
 - Respite, including overnight respite
 - Behavior Interventionist Services
 - Non-Medicaid Funded Goods related to the child's disability or health condition (i.e. ramp, air conditioner, etc.)
 - Mileage for your employee(s)
 - Traditional Personal Care Services
 - Advertising for workers
 - Training, including training for family members
 - Pay your worker a higher hourly rate or benefits
 - Pay your worker a lower hourly rate
 - Other _____
- 6) If you had the option, would you use this flexibility to pay two CPCS workers to care for your child at the same time?
 - Yes No
- 7) Do you feel like you understand this new option as described in the cover letter and survey?
 - Yes No
- 8) County of Residence:
 - Addison Essex Orange Windham
 - Bennington Franklin Orleans Windsor
 - Caledonia Grand Isle Rutland
 - Chittenden Lamoille Washington
- 9) If you would like more information, you may call Jennifer or April at 888-268-4860 or e-mail flexiblechoices@dail.state.vt.us

When you have completed the survey, please fold so Children's Personal Care Services address shows, tape or staple it closed and drop it in any mailbox. Thank you for your help.

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Children's Personal Care Services
Disabilities, Aging and Independent Living
103 South Main Street, Weeks Building
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