

State Plan for Independent Living Community Survey

The Idaho State Independent Living Council (SILC)

The Idaho State Independent Living Council's (SILC) mission is to promote, advocate for and enhance the ability of all Idahoans with disabilities to live independently, direct their lives and participate fully in their community of choice. We envision an Idaho where people across disabilities and lifespan live in their community of choice with the services and supports they need to reach their full potential.

The SILC, in collaboration with the Centers for Independent Living (CILs) and the Idaho Commission for the Blind and Visually Impaired (ICBVI), develop the State Plan for Independent Living (SPIL) at least every three-years. The SPIL is a three-year plan that sets goals and guides plans for the delivery of independent living services, and systemic advocacy in Idaho. The SILC is responsible for monitoring the implementation and effectiveness of the SPIL. The SILC also conducts systems advocacy, public education about disability related topics and provides technical assistance related to community living.

CIL Core Services

Independent Living Services are designed to help people with disabilities reach their personal goals for independence and participation with their families and communities. The five core services of the Independent Living program are:

- Information and Referral
- Independent Living Skills Training
- Peer Counseling
- Individual and Systems Advocacy
- Life Transition Assistance (related to youth leaving high school or people moving out of nursing homes or staying in their own homes with the right supports).

Access

2022 marks the 32nd anniversary of the Americans with Disabilities Act (ADA). The ADA says it is illegal to discriminate on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. There are many other laws that protect the rights of people with disabilities so we can access our communities.

Access means:

- You can go to the places you need and want to go.
- You can do the things you need and want to do in your community.
- You can get the services you need and want; and you are able to buy the things you need or want within reason.

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By completing this survey, you'll help us better understand the needs of Idahoans with disabilities; that we may better advocate for improved access, supports and services across our state. The survey is voluntary and anonymous.

1. Are you a person with a disability?

- Yes
- No

2. Are you a service provider or family member of a person with a disability?

- No
- Yes - Family member of a person with a disability
- Yes - Service Provider/Agency owner or manager
- Yes - Direct care or community support worker

3. What is your City or 5-digit zip code?

City: _____

Zip Code: _____

Housing

4. What is your current housing? **Check all that apply.**

- I rent
- I own
- I live in a group setting (ResHab, Certified Family Home, Group home)
- I live in a facility (nursing home, assisted living)
- I live with family or roommates I chose
- I live in a shelter or other temporary housing
- Other _____

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Housing continued

5. What issues, barriers or worries do you face related to your housing? Check all that apply.

- No worries or concerns
- Rent increase
- Affordability
- Location
- Accessibility (ramp, wider doors, shower, toilet, pathways, appliances)
- Property taxes
- Maintenance on home I own
- I need help with daily activities (cooking, showering, getting out of bed, cleaning, getting and taking medication, getting dressed, shopping, etc.)
- Having the technology (computer, phone, teleservices, internet) I need to do the things I want to do
- Having the aids (grabbers, bathroom benches, Hoyer lift, magnifier, bump dots) to be independent in my home
- Problems with landlord or property management
- Timely repairs of property I rent
- Disability or other discrimination
- Group home - owner or manager
- ResHab/assisted living provider or staff
- Housing assistance application, recertification or long wait list
- Landlords won't accept housing vouchers
- Lack of public transportation where I live
- Not enough housing in the town where I live
- There aren't sidewalks where I live
- There isn't a care provider (service agency), family or friends near me
- I don't have control over my own money
- I don't get to see my friends or do things I want to do
- Other _____

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Life skills

6. What things do you struggle with or need help doing? Check all that apply.

- Mobility training
- Standing up for or protecting myself
- Knowing how much money I have
- Being allowed to buy the things I need with my own money
- Cooking
- Cleaning
- Getting around my home
- Medication management
- Budgeting and money management
- Time management
- Wellness and self-care (bathing, hygiene, washing clothes)
- Taking care of pets or service animals
- Organization skills
- Communication skills (written, verbal or specialized communication books or specialized interpreters or communication devices)
- None
- Other _____

Transportation

7. How do you get to the places you want to go? **Check all that apply.**

- Public Transportation/bus
- Private vehicle/driver's license
- Walking/Using a wheelchair/scooter
- Bicycle
- Taxi/Uber/Lyft
- Rides from friends/family
- Accessible bus services
- Medicaid transportation
- Other _____

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Transportation continued

8. Can you get where you want to go in your community by using public transit (bus), personal vehicle, crosswalks, sidewalks, and entryways?

- Always
- Most of the time
- Sometimes
- Never

9. What places in your community are hard to get to? **Check all that apply.**

- It's easy to go where I want
- Grocery store or other shopping
- Pharmacy
- Doctor or Counseling appointments
- Visit with nearby friends or relatives
- Church
- Social, community or recreational activities
- Other _____

10. What would help you get where you want to go? **Check all that apply.**

- I don't need help
- Public transportation or bus
- Taxi/Uber/Lyft
- Drivers training and testing that includes adaptive equipment (hand controls)
- Accessible parking near places I want to go
- Help paying for rides through public or private transportation services
- Safe pedestrian routes like sidewalks, curb cuts and crosswalks
- Bus stops that I can get to
- Other _____

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Independent Living Supported Services

11. Do you have paid or unpaid supports (helpers, including family members) who help you stay in your home?

- Yes
- No
- I have paid and unpaid help
- Does not apply

12. If you rely on friends or family for help, what things would be hard for you without their help? **Check all that apply.**

- I don't need help
- Cooking
- Shopping
- Hygiene (bathing, brushing teeth, etc.)
- Getting dressed
- Paying bills
- Getting or taking my medications
- Going to the doctor and picking up my prescriptions
- Getting to work, school, church or other places I want or need to go
- Cleaning my home
- Taking care of pets or service animals
- Other _____

13. If you have paid support, who is the payer? **Check all that apply.**

- Medicaid
- Managed Care (Medicaid/Medicare)
- Private insurance
- Private pay
- Don't know

14. In the last 12 months, have you gone without staff, help or support (paid or unpaid) when you needed it?

- Yes
- No
- Does not apply

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Independent Living Supported Services continued

15. If yes, how long did you go without paid direct care staff or community support workers?

- Does not apply
- Less than 2 hours
- 3 – 6 hours
- 8 – 12 hours
- 1 – 2 days
- 2 – 7 days
- Several weeks
- Several months
- I still don't have help at home
- I have given up on getting help at home
- Other or additional information

16. In the last 12 months, what paid supports or services have you had trouble getting or keeping? **Check all that apply.**

- I've gotten all the support I need
- Community support worker
- Personal assistance services
- Case management
- Target service coordination
- Medication management
- Chore services, including help with grocery shopping
- Transportation to medical appointments
- Job coaching or supported employment services
- Other _____

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Independent Living Supported Services continued

17. What things would you like to do, but can't because you don't have help (paid or unpaid)? **Check all that apply.**

- I do everything I want to do
- Shower and change clothes as often as I'd like
- Cook my own food
- Go shopping for groceries, clothes or other things
- Have a cleaner home
- Go out to community activities, like movies, sporting events and the farmer's market
- Get a job
- Go to college or get other training
- Learn to drive
- Other _____

18. What things make it difficult to get the support you need? **Check all that apply.**

- I get all the support I need
- I don't know what to ask for
- I don't have anyone who can help me talk to Medicaid or other insurance
- I don't have or use the internet
- I don't have a smart phone
- I don't have anyone to help me ask for what I need
- No one answers the phone or returns my calls when I call Medicaid, care manager, caseworker, service provider agency, doctor, nurse, etc.
- There are no service providers where I live
- My support workers need better training
- My support workers need better pay and benefits
- My support workers don't listen to me or they are bossy
- I live too far from town
- There is no one to translate my language
- It is hard for me to read
- It is hard for me to write
- It is hard for people who don't know me to understand what I am saying
- Other

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Independent Living Supported Services continued

19. Would you like to know more about training and working with your staff or in-home helpers?

- Yes
- No
- Maybe
- Does not apply

Interests

20. I would like to learn more about the following - **Check all that apply:**

- How to manage my own support services as the employer
- Where to get help when I feel isolated or alone
- The Americans with Disabilities Act (ADA) and other disability rights laws
- Service or emotional support animals
- Housing laws, rights and responsibilities
- Individual Education Plan (IEP) or behavioral and medical plan (504)
- How to talk to or write to elected officials (city, county, state, federal) about the things that matter to me
- Vocational Rehabilitation
- Centers for Independent Living
- Idaho Commission for the Blind and Visually Impaired
- Focus on my well-being (health, nutrition, fitness, wellness)
- Budgeting or money management
- Who to call if I feel like someone is taking advantage of me
- Skills training to increase my independence (cooking, budgeting, shopping, etc.)
- Aids and technology available to help with the things I want, need or like to do (activities of daily living)
- How to be prepared for personal or public emergencies or disasters
- Voting rights, accessible voting options and information
- Recreation in my area
- Computer or smart phone skills
- How to advocate, "speak up" for myself and others
- Who can help when someone says bad things to me or hurts me
- Aging in place
- Education
- Employment
- Other _____

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Interests (continued)

21. If you could educate (teach) people (businesses, government, family, friends, other people with disabilities) on ONE topic, what would it be? _____

22. Do you have any additional comments? _____

Optional

23. Preferred Language:

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> ASL |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Other _____ |

24. Age:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0 - 11 | <input type="checkbox"/> 41 – 50 |
| <input type="checkbox"/> 12 - 20 | <input type="checkbox"/> 51 – 60 |
| <input type="checkbox"/> 21 - 30 | <input type="checkbox"/> 60 + |
| <input type="checkbox"/> 31 - 40 | |

25. Race and ethnicity – **check all that apply:**

- Black/African American
- Native Alaskan
- Pacific islander
- Native American
- Hispanic or Latino
- White
- Other

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Optional (continued)

26. If you are interested in learning more about independent living or would like to serve on a board or council that works for people with disabilities, please provide your name and contact information.

Contact Information:

Name: _____

Email: _____ Phone: _____

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