Survey of South Dakota Waiver Services – SDDC Individual/Guardian/Parent

Recently the Department of Human Services contracted with Align by Benchmark to complete an assessment of the continuum of services for individuals living with an intellectual or developmental disability. A large part of this assessment is obtaining feedback from individuals currently receiving services, their families, guardians, and providers. We are requesting you take a few minutes to complete the following survey and return it to us by **March 20, 2020**. Thank you for your time and assistance! You can return the survey 3 ways;

**Email:** radams@BenchmarkHS.com  
**Fax:** 317-974-3034 (Please note: Attention Rick Adams)  
**Mail:** Benchmark Human Services  
Attention: Rick Adams  
2431 Directors Row, Suite A  
Indianapolis, IN 46241

1. Are you completing this survey for yourself or for someone else?
   - [ ] Self  
   - [ ] Family Member  
   - [ ] Other

2. Is someone helping you complete this survey?
   - [ ] YES  
   - [ ] NO

3. If someone is helping you complete this survey, who is helping you? Circle All That Apply:
   - [ ] Family Member  
   - [ ] Guardian  
   - [ ] Provider Staff  
   - [ ] Other

If you are an advocate completing this survey, please answer as applicable to the person receiving services.
4. How old are you?

5. How long have you lived at SDDC?

6. Where did you live before SDDC?

7. Please rate your level of satisfaction with your current services
   (1= extremely dissatisfied, 5= extremely satisfied).
   □ 1   □ 2   □ 3   □ 4   □ 5

8. What could improve your level of satisfaction with services?

9. Do you believe SD has the resources for you, to be served in the community?

10. If you had the ability to create a brand new service to help you live in the community, what
    would it be?

11. Do you have a desire to live in the community?

12. What services are most difficult to receive?
13. What are your previous experiences with living in the community?

________________________________________________________________________

14. Do you like living here at SDDC?

________________________________________________________________________

15. What things would you change at SDDC if you could?

________________________________________________________________________

16. What is the biggest barrier to being able to participate in those activities as often as you would like?

________________________________________________________________________

17. How difficult is it to find a provider to serve you in a community setting?

________________________________________________________________________

18. Is the location of where you want to live a major barrier for you living in the community?

________________________________________________________________________

19. Where do you see opportunities within the current system to give individuals more choice?

________________________________________________________________________

20. What issues or barriers make it difficult for you to live in the community?

________________________________________________________________________
21. Do you have a job at SDDC or in the community?

22. What are the barriers that prevent you from working?

23. From your perspective, are there obvious inefficiencies within the current State system or waiver design that could be corrected to benefit all stakeholders involved?

24. What do you need to increase your independence?

25. When you need assistance with managing a crisis, do you get it?

26. Is there additional assistance or services you feel are needed when you are in a crisis?

27. Do you feel you have the right amount of input for your services and your life?

28. What changes need to be made to the system to give you a better quality of life?