

What Matters to Me: A Survey of Mississippians with Disabilities

For the following questions, please check the answers that apply to you, and provide additional information where requested. Your answers to this survey will be used to guide system change efforts regarding employment and other important issues for people with disabilities in Mississippi. Your response to the survey will be kept confidential. You may ask for assistance in completing this survey.

Thank you!

Employment

1. Describe your current work situation. (Check all that apply.)	<input type="checkbox"/> I am currently not working.
	<input type="checkbox"/> I have a full-time job (40 hours/week).
	<input type="checkbox"/> I work part-time (20 hours/week).
	<input type="checkbox"/> I work less than 20 hours per week.
2. If you are working, which best describes your pay?	<input type="checkbox"/> I make minimum wage (\$7.25/hour) or higher.
	<input type="checkbox"/> I make less than minimum wage.
	<input type="checkbox"/> I work voluntarily without getting paid.
	<input type="checkbox"/> N/A
3. If you are working, do you want to work more hours than you work now?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
4. If you are NOT working, do you want to work?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
5. No matter if you currently are working or not working, how do you feel about working? (Check all that apply.)	<input type="checkbox"/> I feel/would feel like everyone else in my community.
	<input type="checkbox"/> I have/would have more spending money.
	<input type="checkbox"/> I feel/would feel better about myself when I work.
	<input type="checkbox"/> I have/would have more friends because I work.
	<input type="checkbox"/> Other (Please specify.):
6. If you are not working or choose to work part-time (or less than 20 hours/week), what concerns cause you to do so? (Check all that apply.)	<input type="checkbox"/> I am afraid I will lose my Medicaid (healthcare).
	<input type="checkbox"/> I am afraid I will lose other benefits (food stamps, SSI, etc.).
	<input type="checkbox"/> I do not have enough employment support.
	<input type="checkbox"/> My family does not want me to work.
	<input type="checkbox"/> I do not have enough transportation.
	<input type="checkbox"/> Other (Please specify.):

Housing

7. What type of residence do you live in?	<input type="checkbox"/> My own house/apartment.
	<input type="checkbox"/> My family member's house/apartment.
	<input type="checkbox"/> My friend's house/apartment.
	<input type="checkbox"/> Group home/Supervised setting
	<input type="checkbox"/> Other (Please specify.):
8. Do you like where you live?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
9. Which of these are concerns for you about where you live? (Check all that apply.)	<input type="checkbox"/> I do not decide where I live; someone else decides for me.
	<input type="checkbox"/> I cannot make choices at home (meals, bedtime, curfew, etc.).
	<input type="checkbox"/> I do not live near my family.
	<input type="checkbox"/> I cannot go where I want (work, shopping, worship, etc.).
	<input type="checkbox"/> I cannot afford to move.
	<input type="checkbox"/> I cannot access parts of my home.
	<input type="checkbox"/> My community does not have enough accessible housing.
<input type="checkbox"/> Other (Please specify.):	

Transportation

10. Do you have adequate transportation to get where you need and want to go?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
11. If no, what might be the causing issues? (Check all that apply.)	<input type="checkbox"/> I do not own a vehicle.
	<input type="checkbox"/> I have to rely on my friends or family for transportation.
	<input type="checkbox"/> I have to rely on my personal care attendant for transportation.
	<input type="checkbox"/> I have difficulties scheduling Medicaid Healthcare Transport.
	<input type="checkbox"/> There is no public transportation available in my area.
	<input type="checkbox"/> Other (Please specify.):
12. Transportation affects my ability to: (Check all that apply.)	<input type="checkbox"/> Work
	<input type="checkbox"/> Shop in the community
	<input type="checkbox"/> Get around and participate in the community activities
	<input type="checkbox"/> Get to medical appointments and take care of my health
	<input type="checkbox"/> See my family or friends
	<input type="checkbox"/> Other (Please specify.):

13. Have you had problems getting rides to medical appointments? What were the problems? (check all that apply)	<input type="checkbox"/> No, I have not had problems getting rides to my medical appointments.
	<input type="checkbox"/> I have had problems. I had no source to get rides.
	<input type="checkbox"/> I have had problems. I could not afford to pay for rides.
	<input type="checkbox"/> I have had problems. My scheduled ride never showed up.
	<input type="checkbox"/> I have had problems. The ride canceled at the last minute.
	<input type="checkbox"/> I have had problems. The vehicle was not accessible.
	<input type="checkbox"/> Other (Please specify.):

Education

14. Did your school experience adequately prepare you to get a job of your choice?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

15. Did your school prepare you to read and do math that you need in your everyday life?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

16. Were you included with other students in most activities at your school?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

17. Which diploma did you seek to obtain when you were in school?	<input type="checkbox"/> Regular
	<input type="checkbox"/> Occupational
	<input type="checkbox"/> Special Education Certificate
	<input type="checkbox"/> GED

18. Did you graduate?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Voting

19. Do you vote in local and state elections?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

20. If you do not vote in elections, why not? (Check all that apply.)	<input type="checkbox"/> I was under 18 years old on the election day.
	<input type="checkbox"/> I do not know when to vote.
	<input type="checkbox"/> I do not know how to vote.
	<input type="checkbox"/> The polls are not accessible.
	<input type="checkbox"/> I do not have transportation to the polls.
	<input type="checkbox"/> I do not know the candidates.
	<input type="checkbox"/> Candidates do not talk about disability issues.
	<input type="checkbox"/> Other (Please specify.):

21. Beginning on June 3, 2014, Mississippians are required to show photo IDs at the polls. Does that make it more difficult to vote now than in the past?	<input type="checkbox"/> Yes, it is more difficult.
	<input type="checkbox"/> No, it is the same to me.
	<input type="checkbox"/> N/A

Health Care

22. Since the Affordable Care Act (“Obama Care”) has become a law, have you felt it is easier to access health care now than in the past?	<input type="checkbox"/> Yes, it is easier.
	<input type="checkbox"/> No, it is more difficult.
	<input type="checkbox"/> It is the same to me.
	<input type="checkbox"/> N/A

23. Do you have health insurance? (Check all that apply.)	<input type="checkbox"/> No, I do not have health insurance.
	<input type="checkbox"/> Yes, I have both Medicaid and Medicare.
	<input type="checkbox"/> Yes, I have Medicaid.
	<input type="checkbox"/> Yes, I have Medicare.
	<input type="checkbox"/> Yes, I have private commercial health insurance.
	<input type="checkbox"/> Yes, I have an Affordable Care plan (ACA—“Obama Care”).

24. How have accessibility issues affected your health care services? (Check all that apply.)	<input type="checkbox"/> I do not have accessibility issues.
	<input type="checkbox"/> I have not been able to get a wheelchair or other equipment repaired or replaced if needed.
	<input type="checkbox"/> I have not been able to get approval for therapies.
	<input type="checkbox"/> I have not been able to get a communication device when needed.
	<input type="checkbox"/> I have not been able to find and keep a doctor.
	<input type="checkbox"/> Other (Please specify.):

**Medicaid Waivers for Long-Term Care—
Family Care, Medicaid Home and Community-Based Services**

25. Do you receive Home and Community-Based services through a Medicaid waiver program?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

26. If yes, how have the Home and Community-Based services (waiver program) positively affected your day-to-day life?	<input type="checkbox"/> I can take care of myself so I stay healthy.
	<input type="checkbox"/> I am able to live independently and take care of my home.
	<input type="checkbox"/> I can work in the community.
	<input type="checkbox"/> I am able to leave my home to do something I like.
	<input type="checkbox"/> I can get where I need to go.
	<input type="checkbox"/> Other (please specify):
	<input type="checkbox"/> N/A


27. If you did not have or if you lost your Home and Community-Based Long-Term Care supports, what concerns or fears would you have? (Check all that apply.)	<input type="checkbox"/> I would be end up in a hospital, nursing home, or institution.
	<input type="checkbox"/> I would not be able to leave my home.
	<input type="checkbox"/> I would not be able to find anyone to help me with my daily care.
	<input type="checkbox"/> My health would get worse.
	<input type="checkbox"/> I would not be able to work.
	<input type="checkbox"/> Other (Please specify.):

About You

28. What is your age?	<input type="checkbox"/> Please specify:
29. What long-term condition do you have? (Check all that apply.)	<input type="checkbox"/> Physical disability
	<input type="checkbox"/> Intellectual disability
	<input type="checkbox"/> Developmental disability
	<input type="checkbox"/> Mental illness
	<input type="checkbox"/> Other (Please specify.):
30. Where do you live?	<input type="checkbox"/> City/town (Please specify.):
31. How did you complete this survey?	<input type="checkbox"/> Self alone
	<input type="checkbox"/> Self with assistance
	<input type="checkbox"/> Proxy (someone else)

**Thank you for completing the survey.
Do you have any additional comments that you would like to address or share?**

<p>Please mail completed surveys to: Institute for Disability Studies The University of Southern Mississippi 3825 Ridgewood Road, Suite 727 Jackson, MS 39211</p>	<p>This survey can be completed online by clicking on: https://usmep.co1.qualtrics.com/SE/?SID=SV_bJWI8mIWUd5ILpX If you have questions about the survey, need additional copies, or need help mailing completed surveys, contact Dr. Mina Li at mli@ihl.state.ms.us</p>
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