



Sharing our Hopes & Dreams

Integrated Living Opportunities (ILO) is committed to empowering adults with disabilities in Washington DC, Northern Virginia and Montgomery County Maryland to live their dreams as fully integrated, contributing and participating members in their communities. Please take 10 minutes to share your hopes and current realities you are facing regarding services for your relative with disabilities. We assure your full confidentiality. Only summarized group data will be reported.

Please Tell Us about Yourself

Name: _____

Address: _____

Phone: _____

Email: _____

Your relationship to a person with disabilities (please circle one):

- Mother
- Father
- Guardian
- Sibling
- Caretaker
- Other

Your age (please circle one):

- less than 35 years old
- 35 - 59 years old
- 60 or older

Total number of adults in your household: _____



Total number of children in your household: _____

Ages of children in your household: _____

Please provide some information on the individual with disabilities in your life.

The individual with disabilities you are involved with is (please circle one):

- Male
- Female

The individual with disabilities you are involved with is (please circle one):

- Less than 18 years old
- 18 - 21 years old
- 22 - 35 years old
- over 35

The individual with disabilities you are involved with is diagnosed with a (circle all that apply):

- developmental disability
- traumatic brain injury
- physical disability
- learning disability
- mental illness
- epilepsy
- other _____

The individual with disabilities you are involved with is functioning at a:

- high level
- moderate level
- low level



The individual with disabilities you are involved with is employed:

- full-time
- part-time
- not employed
- other _____

The individual with disabilities you are involved with is in school:

- grade school
- high school
- transition program
- post-high school education option
- not currently in school

The individual with disabilities you are involved with is currently living:

- at home with family
- alone in their own apartment/home
- in an apartment/home with roommate(s)
- in a group home
- in a nursing home
- other _____

The individual with disabilities you are involved with needs support (circle one):

- 24 hours a day
- continuously during waking hours only
- intermittently during waking hours only
- physical assistance for activities of daily living
- to manage difficult behaviors
- for problem solving purposes
- other _____

The individual with disabilities you are involved with is receiving functional supports for (circle all that apply):

- meal planning / preparation
- transportation
- personal care and grooming
- social and recreational activities
- money management and banking
- housekeeping chores



- time management
- shopping
- medical and health care needs/medication management
- connections to community resources
- paperwork (insurance, social security, taxes)
- other

Services and Funding

What Public Funds is the Individual Currently Using (circle all that apply)?

- None
- SSI
- SSDI
- Medicaid
- Medicare
- Private Pay/ Personal Assistance
- Home and Community Based Waiver Funds (HCBS) - Adult with Developmental Disabilities
- Home and Community Based Waiver Funds (HCBS) - Supported Living Services
- Home and Community Based Waiver Funds (HCBS) - Brain Injury
- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps
- Section 8 Housing Voucher
- Other _____

What Private Funds is the Individual Currently Using (circle all that apply)?

- Individual's Earned Income
- Special Needs Trust
- ABLE Account
- Private insurance
- Family support
- Other _____

What Residential Services is the Individual Currently Using (circle all that apply)?

- None
- In-Home Respite
- In-Home Supports
- In-Home Supports - 24-hour



- In-Home Supports – Intermittent
- Other _____

How are these Residential Services being paid for?

- Public Funds
- Private Funds
- Both Public and Private Funds
- No residential services being received
- Other _____

What Transportation Services is the Individual Currently Using (circle all that apply)?

- Public Transportation (Bus, Train, Metro, Metro Access)
- Uses Metro Access Reduced Fare Card
- Cabs
- Uses Reduced Cab Fare Cards
- Uber or Lift
- Van transportation provided by an agency
- Drives own car
- Driven in car by others
- Other _____

How are these Transportation Services being paid for?

- Public Funds
- Private Funds
- Both Public and Private Funds
- No transportation services being received
- Other _____

What Vocational Services is the Individual Currently Using (circle all that apply)?

- DORS, DRS or RSA - Assessment and Evaluation
- DORS, DRS or RSA - Job Placement
- DORS, RSA, DRS or DDA - Job Coaching
- Volunteer Support
- EDJCC Vocational Option
- None
- Other _____

How are these Vocational Services being paid for?



- Public Funds
- Private Funds
- Both Public and Private Funds
- No vocational services being received
- Other _____

What Recreational Services is the Individual Currently Using (circle all that apply)?

- Special Olympics
- EDCJCC in Washington DC
- YMCA/YWCA/Health Club
- Agency Program
- Community Based Activities
- None
- Other _____

How are these Recreational Services being paid for?

- Public Funds
- Private Funds
- Both Public and Private Funds
- No recreational services being received
- Other _____

What Other Services and Equipment is the Individual Currently Using (circle all that apply)?

- Medical care
- Dental Care
- Therapy / Counseling
- Psychiatry
- Medications
- Assistive devices
- Assistive technology devices
- Testing services
- Speech and Language Therapy
- Physical or Occupational Therapy
- Other _____

How are these Other Services and Equipment being paid for?



- Public Funds
- Private Funds
- Both Public and Private Funds
- No recreational services being received
- Other _____

Hopes & Dreams

Do you want your relative with disabilities to live away from home, with appropriate supports, within your community?

- Yes
- No

Our family has talked about moving out with our son or daughter?

- Yes
- Sort of
- No

If yes, how soon would you like this to be able to happen?

- Ready now
- 1-2 Years
- 3-4 Years
- 5 Years or more
- Other _____

In what community does the individual wish to live? (Circle all that the individual would consider)

- Gaithersburg, Maryland
- Bethesda, Maryland
- Silver Spring, Maryland
- Germantown, Maryland
- District of Columbia (DC)
- Virginia
- Other _____



Housing Type Preferred (Circle all that the individual would consider):

- Rental – House
- Rental – Apartment
- Ownership – House
- Ownership – Condo
- Ownership – Townhouse
- Ownership – Cooperative
- Other _____

Living situation preferred (Circle all that the individual would consider):

- Live alone
- Live with roommates (own bedroom and bath; common living spaces)
- Live with roommates (own bedroom, shared bath; common living spaces)
- Live with roommates (shared bedroom and bath; common living spaces)
- Other _____

Estimated number of hours of family support (hygiene, budgeting, food preparation, etc.) given each day to the member of your family with disabilities?

Weekday: _____ Weekend: _____

Family's contribution of time to support the individual with disabilities (circle one):

- 100%
- 50%
- Between 25-50%
- Less than 25%

How important are each of the following features? (Please Check)



Very Important Somewhat Important Not Important

Wheelchair access

No stairs

Minimal stairs

Lowered countertops
and/or cabinets

Accessible shower

Wheelchair accessible sink

Customized appliances
or fixtures

Community gathering space

In unit or in building laundry

Outside yard space

Indoor parking

Shared meal preparation and dining

Walk to public transportation

Walk to grocery store/pharmacy

Same sex residents only

Additional Required Features: _____



Type of neighborhood preferred (Circle all that the individual would consider):

- Residential only
- Mixed commercial and residential
- Other _____

Are you willing/able to financially support the individual to live independently?

- Yes
- No

What is the largest investment in your individual's preferred housing ownership arrangement you would consider? (Provide a \$ range) _____

Would you be willing to invest with others to create a housing option for more than just your individual?

- Yes
- No
- Maybe

How much per month can your family contribute toward the support of your disabled family member? Mark one. (Personal funds)

- \$200 or less
- \$500 or less
- \$501 - \$750
- \$751 - \$1000
- \$1001 - \$1500
- \$1501 - \$2000
- \$2001 - \$2500
- Full support as needed
- Other _____

Are you willing/able to invest your time, talents, resources, and energy into the process to create an alternative housing solution for your loved one with a group of other families?

- Yes
- No
- Maybe



What do you think are the biggest barriers to creating a housing solution for your loved one?

What are your biggest fears about creating a housing solution for your love one?

What Employment hopes and plans do you and your relative with disabilities hope to achieve within the next two years? (Circle all that apply)

- Part-time
- Community Job
- Supported Employment
- Job with Benefits
- Full-time
- Competitive Employment
- Acquire funding for needed supports
- Other _____

What Education and Training hopes and plans do you and your relative with disabilities hope to achieve within the next two years? (Circle all that apply)

- Community College
- Residential College
- Technical/Vocational Training
- Skills in independent living
- Transportation Training
- Acquire funding for education/training
- Other _____

What Living Situation hopes and plans do you and your relative with disabilities hope to achieve within the next two years? (Circle all that apply)

- Continue current situation
- Develop skills to live away from home within our community
- Seek new living arrangement (Explain) _____
- Assistance for daily living activities (Explain) _____
- Acquire funding for residential services



- Other _____

Explain any of the answers about independent living.

What Recreation hopes and plans do you and your relative with disabilities hope to achieve within the next two years? (Circle all that apply)

- Continue with same activities
- Learn new activities
- Locate new program (Explain) _____
- Acquire funding to pay for activities
- Other _____

Explain any of the answers about recreation.

What social hopes and plans do you and your relative with disabilities hope to achieve within the next two years? (Circle all that apply)

- Continue with same activities
- Try at least one new social activity
- Increase social activities
- Expand social network
- Other _____

What Future Planning hopes and plans do you and your relative with disabilities hope to achieve within the next two years? (Circle all that apply)

- Determine Guardianship Issues
- Establish Power of Attorney for Healthcare and Finances
- Conduct Long-term Estate and Financial Planning
- Establish a Special Needs Trust
- Create an ABLE account
- Create networks of support to sustain long-term well-being of relative with disability
- Establish a Beneficiary Advocate and Long Term Facilitation



- Other _____

Explain any Future Planning answers above.

Additional comments or questions:

Please use this section to add any additional comments related to your hopes and the current realities you are facing regarding services for your relative with disabilities. Also include any comments you would like to share about this survey with us.

Integrated Living Opportunities (ILO)

If you know of someone who would be interested in learning more or joining ILO, please provide us with their name and contact information, or have them contact us directly for more information.

Name _____



Address

Email _____

Phone Number _____

Thank you for participating in this survey.

The information you provided is confidential. If survey participants are interested in the same type of housing solution that your responses indicate, we may contact you to ask if you would like to participate in our training to create alternative solutions with other like minded families.