

The Wisconsin Living Well project has a federal grant to improve the health, safety and connections to the community for people with disabilities eligible for Long-Term Care (e.g. people who use Family Care, IRIS, Partnership and the Children's Long-Term supports). We want people with disabilities to know their rights and how to report abuse. We also are working to improve the state's abuse and neglect reporting systems. Please share your experiences so we can better understand how much people with disabilities are currently able to exercise their rights and learn ways to improve people's safety. This survey should take about 10 minutes.

If you are a family member, guardian, or professional, please answer the questions about the experiences of the person with a disability you support.

* 1. Who are you? (Check all that apply)

- Person with a disability
- Family member of a person with a disability
- Supporter of a person with a disability
- Guardian of a person with a disability
- Direct Service Professional or Service Provider
- Care Manager or IRIS Consultant
- State Department staff
- Educator
- Health Care Professional
- Advocate
- Other (please specify)

* 2. If you are a person with a disability (or support a person with a disability), where do you (or the person you support) live?

- In my own apartment or house
- With my family or a family member
- Group Home
- Residential Center
- Does not apply
- Other (please specify)

* 3. People with disabilities have rights. Can you (or the person you support) do the following. Check all the boxes that apply:

- Spend my own money to buy things I want
- Say what I want when I want
- Choose my church or faith
- Vote in elections
- Have privacy (ability to lock your door, go where you want in your home)
- Choose my friends
- Understand how to be free from Abuse and neglect
- Attend school
- Get a job that I want
- Go to the doctor when I need to
- Live where I want
- Live with who I want
- Decide my on my services and supports
- Plan my own schedule or day
- Make decision about my life
- None
- Other (please specify)

* 4. Have you (or the person you support) received any training or education about rights listed above?

- Yes
- No

* 5. Where did you (or the person you support) learn about rights? Check all the apply

Family

School

Friend

Day Services

Group Home or Residential Services

From a direct support caregiver

Managed care manager/IRIS consultant

Advocacy organization or training

Other (please specify)

* 6. Do you (or the person you support) know about file a complaint (get help) if rights are being denied?

Yes

No

7. If you (or the person you support) had rights limited or denied, please share an example.

The questions on the following pages are about abuse and neglect. If these questions make you uncomfortable or upset, please feel free to skip to the end of the survey.

8. Choose an option

Continue with Survey

Skip to end of survey

* 9. Do you (or the person you support) know about these types of abuse? Check all that apply:

- Physical abuse- Hitting, pushing, shoving, or kicking.
- Verbal/Emotional abuse-- Threatening, Yelling, Name calling, Calling you fat, ugly, the R-word, bullying, posting photos or other info that is hurtful to you.
- Sexual abuse- Touching body and private areas when you don't want to be touched.
- Financial abuse- Taking your money and using it for themselves or putting pressure on you to buy something for somebody else.
- Neglect- Leaving you alone when they are not supposed to leave; Not fixing an unsafe home like not having heat, electricity, or running water; Your needs are not being met, like bathing, bathroom, getting dressed, eating, and getting exercise
- I do not know about abuse and neglect

* 10. Where did you (or the person you support) learn about abuse and neglect? (Check all that apply)'

Family

School

Friend

Day Services

Group Home or Residential services

From a direct support professional

Managed care manager/IRIS consultant

Advocacy organization or training

Other (comment box)

* 11. Do you (or the person you support) know where to report abuse and neglect?

Yes

No

* 12. Have you (or the person you support) been abused or neglected?

Yes

No

* 13. Did you (or the person you support) report the abuse or neglect?

Yes

No

* 14. Who did you (or the person you support) report it to? (Check all the apply)'

- Family
- Guardian
- Trusted Person
- County Adult Protective Services
- Police
- Service Provider
- Residential Provider
- Care Manager
- IRIS Consultant
- Other (please specify)

* 15. Were you (or the person you support) OK with the way the report was taken care of?

- I was OK
- I was only a little OK
- I was a little bit not OK
- I was not OK

16. Please provide your contact information. We will not share your information but may contact you to discuss sharing your experience.

Name

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

* 17. Can we share your story with policymakers to make changes that can improve people's health and safety? Your name and location will not be shared.

Yes

No