

**Annual 2022 DD Employment and Day Activities Outcome Survey – Answer Sheet**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Survey ID: \_\_\_\_\_

**Participated in employment or day activities in the community or a DDD facility-based program Feb 1 – Apr 30, 2022:**

Yes  No If No, Reason (see list in instructions): \_\_\_\_\_ Comment (Optional): \_\_\_\_\_

**DEMOGRAPHICS**

**Living Arrangement:**

- Own Home/Apt
- Family Home/Apt
- Agency Owned/ Operated
- Shared Living Provider (SLA)
- Institution/Nursing Home/Hospital
- Homeless / Shelter
- Unknown
- Not Applicable (i.e., deceased)

**Residential Provider:** (  ) NA

\_\_\_\_\_ (Select provider from Appendix D)

**Employment/Day Providers:** (  ) NA

\_\_\_\_\_  
\_\_\_\_\_

**Select provider from Appendix D; list all that apply**

*Continue to Section 1 if the person participated in employment or day activities between Feb 1 – Apr 30, 2022. If not, stop here.*

**SECTION 1: ACTIVITY CATEGORIES AND GENERAL QUESTIONS (Complete the corresponding section for each activity selected.)**

**1. Activities participated Feb 1 - Apr 30:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Supported Employment Services (SES) - Section 2</li> <li><input type="checkbox"/> Individual Employment (IE) - Section 3</li> <li><input type="checkbox"/> Self-Employed (SE) - Section 4</li> <li><input type="checkbox"/> Provider Paid Individual Employment (PPI) - Section 5</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Provider Paid Group Employment (PPG) - Section 6</li> <li><input type="checkbox"/> Community-based Non-work (CBNW) - Section 7</li> <li><input type="checkbox"/> DDD Facility-based Non-work (FBNW) - Section 8</li> <li><input type="checkbox"/> Program for Elderly Persons Non-work – no additional questions</li> </ul> |
|--|---|

**2. Work Incentive Information Received Feb 1 - Apr 30 (check all that apply):**  No information  Written materials

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Information session | <input type="checkbox"/> Individual counseling session | <input type="checkbox"/> SSA website              | <input type="checkbox"/> Spoke w/SSA Rep |
| <input type="checkbox"/> TTW Helpline        | <input type="checkbox"/> Benefits plan received        | <input type="checkbox"/> Benefits plan in process |  |

**3. ORS Status Feb 1 - Apr 30:**  Applied/Pending  Open Case  Closed /Success.  Closed / Other  None

**SECTION 2: (SES) SUPPORTED EMPLOYMENT SERVICES (If you did not check "SES" in Q1, SKIP to Section 3.)**

**4. SES Referred/Started Feb 1-Apr 30:**

Yes  No

**4a. SES Referral source:**

Self/Family  School  Service Provider  ORS  BHDDH  Other: \_\_\_\_\_

**5. SES Job Search Activities**

**Feb 1-Apr 30:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Employment/PCP meeting</li> <li><input type="checkbox"/> Community map – employment focus</li> <li><input type="checkbox"/> Informational interview</li> <li><input type="checkbox"/> Job Trial/situational assess/internship</li> <li><input type="checkbox"/> Job Club/class</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Written resume</li> <li><input type="checkbox"/> Visual resume</li> <li><input type="checkbox"/> Applied 1 or more jobs</li> <li><input type="checkbox"/> Attended 1 or more interviews</li> <li><input type="checkbox"/> None of the above</li> </ul> |
|---|--|

**6. SES # Short-term Voc Exp Feb 1-Apr 30:** \_\_\_\_\_ **7. SES #Long-term Voc Exp Feb 1 – Apr 30** \_\_\_\_\_

*Count each vocational experience only once even if taking place over multiple days.*

**8. SES # businesses contacted to develop a vocational experience or job opportunity Feb 1 – Apr 30:** \_\_\_\_\_

*Count each business only once even if contacted multiple times in 3-month period.*

**9. SES Typical Method of Support:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> In-Person Only</li> <li><input type="checkbox"/> Remote Only</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Combination of in-person and remote</li> <li><input type="checkbox"/> No supports provided</li> </ul> |
|---|---|

**10. SES Hours Apr 10-Apr 23: (Round each activity to nearest 15 minutes)**

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Career planning</li> <li><input type="checkbox"/> Post-secondary ed./voc. Training</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Short-term vocational experience</li> <li><input type="checkbox"/> Long-term vocational experience</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Job search with me</li> <li><input type="checkbox"/> Job search on my behalf</li> <li><input type="checkbox"/> Job Coaching/Retention</li> </ul> |
|---|---|--|

**11. Reason for No Hours:**  Pandemic  Health Issues  Planned Time Off  Lack of Supports  Other

**12. SES Settings: (for activities reported in Question 10.)**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> netWorkRI / OneStop/ DLT</li> <li><input type="checkbox"/> Business/Employer</li> <li><input type="checkbox"/> Public Venue</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> School/Training</li> <li><input type="checkbox"/> DD Provider Organization</li> <li><input type="checkbox"/> Home/Residence</li> </ul> |
|--|--|

**Hours Key: 15 min. = .25 30 min = .50 45 min = .75**

**Round hours to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)**

Name:

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## EMPLOYMENT DATA

**SECTION 3: (IE) INDIVIDUAL EMPLOYMENT (If you did not check IE in Q1, SKIP to Section 4.)**13. IE STARTED Job (on employer payroll):  Yes  No13a. If YES, How was Job Obtained:  existing job  customized job14. IE ENDED Job (on employer payroll):  Yes  No

14a. If YES, Reason Job Ended (check one):  New job  Chose to leave/not a match  Chose to leave/pandemic  
 Laid off/ general  Laid off/pandemic  Employer Closed/Relocated  Lack of job supports/ general  
 Lack of job supports/pandemic  Lack of transportation  Benefits/financial  Benefits/ medical  
 Moved  Health issues  Other

14b. If YES, Job Length:  < 1 month  1 month > < 3 months  3 month > < 6 mos.  6 months > < 12 mos.  
 1 yr > < 2 yrs  2 yrs > < 5 yrs  5 yrs > < 9 yrs  10 yrs >

15. Were you employed in an individual job from April 10 – 23?  Yes (go to Q16)  No (Skip to Section 4)16. IE Title (Appendix B):  
\_\_\_\_\_

16a. If Other (write in) \_\_\_\_\_

If other, contact Vicki, [vferrara@ric.edu](mailto:vferrara@ric.edu), before entering online survey.

17. IE Employer Type (check one):

 For-Profit  Non-Profit  DD Agency  Gov Agency

18. IE Industry (Select from Appendix C): \_\_\_\_\_

19. IE Onsite Support:

 None  Daily (100%)  Daily (some)  Weekly  Monthly

20. IE Offsite Support:

 None  Daily (100%)  Daily (some)  Weekly  Monthly

21. IE Method of Support:

 In-Person Only  Remote Only  Combination

22. IE Employer Consultation (check all that apply):

 None  Face to Face  Remote23. IE Transportation:  On Own  Public Bus (RIPTA)  RIDE Bus On Demand Svs  Priv Amb  Agency/Staff  Family Co-worker/Carpool  NA (works at home)

24. IE Length of Employment:

< 1 mo  1 mo > < 3 mos  
 3 mo > < 6mos  6 mo > < 12mos  
 1 yr > < 2 yrs  2 yrs > < 5 yrs  
 5 yrs > < 10 yrs  10 yrs >

25. IE Benefits Received:

Employer-Offered Health Ins  Sick  
 Per Days  Vac Days  Retirement Plan  
 No benefits offered

26. IE Hourly Wage: \_\_\_\_\_ (i.e., 12.25)

27. IE Work Hours Apr 10-Apr 23:

\_\_\_\_\_ (Round to nearest 15 min.)

27a. IE Reason for No Hours:

Furlough  
 Personal Leave – Pandemic  
 Planned Time Off  Sick Leave  
 Lack of Job Supports  Other

**SECTION 4: (SE) SELF-EMPLOYED (If you did not check SE in Q1, SKIP to Section 5.)**28. SE Title (Appendix B):  
\_\_\_\_\_

28a. If Other (write in) \_\_\_\_\_

If other, contact Vicki, [vferrara@ric.edu](mailto:vferrara@ric.edu), before entering survey.29. SE Length of Employment:  < 1 mo 1 mo > < 3 mos  3 mo > < 6 mos 6 mo > < 12 mos  1 yr > < 2 yrs 2 yrs > < 5 yrs  5 yrs > < 10 yrs  10 yrs >30. SE Onsite Support:  None Daily (100%)  Daily (some)  Weekly  Monthly31. SE Method of Support:  In-Person Only Remote Only  Combination  No Support32. SE Resources:  None  SE Training Support from Business Assoc/Group  SSA PASS Plan ORS Funding  Other: \_\_\_\_\_

33. SE Estimated 2-Week Gross Income:

\_\_\_\_\_ (i.e., 12.25)

34. SE Work Hours:

\_\_\_\_\_ (Round to nearest 15 minutes)

34a. SE Reason for No Hours:  Personal Leave – Pandemic Planned Time Off  Health Issues  Lack of Job Supports Other

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**SECTION 5: (PPI) PROVIDER PAID INDIVIDUAL EMPLOYMENT (If you did not check PPI in Q1 SKIP to Section 6.)**

**35. PPI Title (Appendix B):**  
\_\_\_\_\_

**35a. If Other (write in)** \_\_\_\_\_  
*If other, contact Vicki, [vferrara@ric.edu](mailto:vferrara@ric.edu), before entering survey.*

**36. PPI Industry: (Appendix C):**  
\_\_\_\_\_

**37. PPI Business Type (check one):**  For-Profit  Non-Profit   
DD Agency  Gov  Bus. w/Miss to hire

**38. PPI Transportation:**  
 On Own  Public Bus (RIPTA)  RIDE Bus  
 On Demand Svs  Priv Amb  Agency/Staff  
 Family  Co-worker/Carpool  
 NA (works at home)

**39. PPI Length of Employment:**  
 < 1 mo  1 mo > < 3 mos  
 3 mo > < 6 mos  6 mo > < 12 mos  
 1 yr > < 2 yrs  2 yrs > < 5 yrs  
 5 yrs > < 10 yrs  10 yrs >

**40. PPI Onsite Support:**  
 None  Daily (100%)  Daily (some)  Weekly  Monthly

**41. PPI Offsite Support:**  
 None  Daily (100%)  Daily (some)  
 Weekly  Monthly

**42. PPI Method of Support:**  
 In-Person Only  Remote Only  Combination

**43. PPI Employer Consultation (check all that apply):**  
 None  Face to Face  Remote

**44. PPI Benefits Received:**  
 Employer-Offered Health Ins  
 Sick  Per Days  Vac Days  Retirement Plan  
 No benefits offered

**45. PPI Hourly Wage:** \_\_\_\_\_ (i.e., 12.25)

**46. PPI Work Hours Apr 10-Apr 23:**  
\_\_\_\_\_ (round to nearest 15 minutes)

**46a. PPI Reason for No Hours:**  
 Furlough  
 Personal Leave – Pandemic  
 Planned Time Off  Sick Leave  
 Lack of Job Supports  Other

**SECTION 6: (PPG) PROVIDER PAID GROUP EMPLOYMENT (If you did not check PPG in Q1 SKIP to Section 7.)**

**47. PPG Title (Appendix B):**  
\_\_\_\_\_

**47a. If Other (write in)** \_\_\_\_\_  
*If other, contact Vicki, [vferrara@ric.edu](mailto:vferrara@ric.edu), 401-456-8092*

**48. PPG Industry: (Appendix C):** \_\_\_\_\_

**49. PPG Business Type (check one):**  
 For-Profit  Non-Profit  DD Agency  
 Gov  Bus. w/Miss to hire

**50. PPG Number of Workers:**  
 2-3  4-6  7-10  more than 10

**51. PPG Transportation:**  On Own  Public Bus (RIPTA)  
 RIDE Bus  On Demand Svs  Priv Amb  Agency/Staff  
 Family  Co-worker/Carpool  NA (works at home)

**52. PPG Length of Employment:**  < 1 mo  1 mo > < 3 mos  
 3 mo > < 6 mos  6 mo > < 12 mos  1 yr > < 2 yrs  
 2 yrs > < 5 yrs  5 yrs > < 10 yrs  10 yrs >

**53. PPG Onsite Support:**  
 None  Daily (100%)  Daily (some)  Weekly  Monthly

**54. PPG Method of Support:**  
 In-Person Only  Remote Only  Combination

**55. PPG Benefits Received:**  
 Employer-Offered Health Ins  Sick  Per Days  Vac Days  
 Retirement Contribution  No benefits offered

**56. PPG Hourly Wage:** \_\_\_\_\_ (i.e. 12.25)

**57. PPG Work Hours Apr 10-Apr 23:**  
\_\_\_\_\_ (round to nearest 15 minutes)

**57a. PPG Reason for No Hours:**  
 Furlough  
 Personal Leave – Pandemic  
 Planned Time Off  Sick Leave  
 Lack of Job Supports  Other

**Hours Key: 15 min = .25 30 min = .50 45 min = .75  
Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)**

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**NON-WORK ACTIVITY DATA**

**Section 7: (CBNW) Community-based Non-work Activity (If you did not check CBNW in Q1, skip to Section 8.)**

<b>58. CBNW Hours Apr 10-Apr 23: round to the nearest hour</b> ___ Arts, Leisure, Recreation ___ Health & Fitness (not medical)	___ Adult Education or Training (personal enrichment) ___ Soft Skills/Employment related	___ Activities of Daily Living ___ Volunteering ___ All Other
<b>59. CBNW Activities With:</b> ___ On Own    ___ With 1-2 people    ___ With 3 or more people		
<b>60. CBNW Reason for No Hours:</b> ___ Pandemic    ___ Health Issues    ___ Planned Time Off    ___ Lack of Supports    ___ Other		
<b>61. CBNW Settings:</b> ___ Public Venue    ___ Member-based Organization    ___ School / Training Facility ___ Business/Employer    ___ Senior Center / Facility    ___ Virtual		
<b>62. CBNW Method of Support:</b> ___ In-Person Only    ___ Remote Only    ___ Combination    ___ No Support Provided		
<b>63. CBNW Length:</b> ___ < 3 mos.    ___ 3 mos. > < 6 mos.    ___ 6 mos. > < 12 mos.    ___ 1 yr. > < 3 yrs.    ___ 3 yrs. > < 5 yrs. ___ 5 yrs. > < 10 yrs.    ___ 10 yrs. > < 15 yrs.    ___ 15 yrs. >		

**Section 8: (FBNW) DDD Facility-based Non-work Activity (If you did not check FBNW in Q1, skip to Section 9)**

<b>64. FBNW Hours Apr 10-Apr 23:</b> _____ (Round to nearest 15 minutes.)
<b>65. FBNW Reason for No Hours:</b> ___ Pandemic    ___ Health Issues    ___ Planned Time Off    ___ Lack of Supports    ___ Other
<b>66. FBNW Length: (if exited/left FBNW and returned within the past 3 months indicate the length of time since returning.):</b> ___ < 3 mos.    ___ 3 mos. > < 6 mos.    ___ 6 mos. > < 12 mos.    ___ 1 yr > < 3 yrs ___ 3 yrs > < 5 yrs    ___ 5 yrs > < 10 yrs    ___ 10 yrs > < 15 yrs    ___ 15 yrs >
<b>67. FBNW Method of Support:</b> ___ In-Person Only    ___ Remote Only    ___ Combination    ___ No Support Provided

**Hours Key: 15 min = .25    30 min = .50    45 min = .75**  
**Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)**

Person providing survey data: \_\_\_\_\_

Person entering survey: \_\_\_\_\_

Person entering Data phone \_\_\_\_\_

Person Entering Data email \_\_\_\_\_