

2023 Bi-Annual DD Employment and Day Activity Survey

Directions

Survey Due Date:

- The due date to complete the survey online or to return the survey by mail or fax is Friday, **November 17, 2023**.

What You Need to Know before Starting the Survey:

1. Questions 1 and 2 are required questions for everyone.
2. Your answer to Question 2 will tell you which other questions to answer.
 - Some required questions are about activities that take place between October 15 - 28.
 - Read the required questions before **October 15** so that you have the information ready to answer the questions.
3. For the weeks of **October 15 - 21** and **October 22 - 28**, the survey asks about your community activities. If working, the survey asks about your wages and work hours.
 - Use the charts in the survey to write down and count your activities for the two weeks.
4. This survey also asks general questions about your activities for the months of **August, September, and October 2023**.
 - Some questions ask you to choose an answer from a list. See pages 9 – 13.
5. Each person is given a unique Survey ID. Your Survey ID is printed on page 1 of the survey. If you decide to complete the survey online, you will be asked to enter the Survey ID to open the survey form.
6. Please enter the name of the person completing the survey and an email or phone number in case the Sherlock Center has a question.

How to Complete the Survey:

- **Option 1: Complete the survey quickly and easily using a computer or mobile device.** The online survey will open on **November 1** and close on **November 18**. See page 1 for the online survey link. The online survey is available in English and Spanish. The online survey will show you only the questions that you need to answer. Please read the directions and all survey questions before starting the online survey. You will need to have information ready to answer the questions.
- **Option 2: Complete the survey on paper.** You can complete the survey on paper and mail or fax it to the Sherlock Center by **November 15**. Return the completed survey using the postage-paid business reply envelope included in your packet. See page 1 for the fax number and mailing address. Please contact the Sherlock Center to request the survey packet in another language.

Remember, help is available!

If you have a question or need help completing the survey, please contact the Sherlock Center.

Crystal Cerullo, 401-456-8915 or ccerullo@ric.edu

Vicki Ferrara, 401-456-8092 or vferrara@ric.edu

Delmarie Rivera, 401-456-2765 or drivera@ric.edu (Bi-lingual English/Spanish)

TTY via RI Relay: 711 or (800) 745-5555

Spanish via RI Relay: 711 or (866) 355-9214


Fax Number: 401-456-8150

Survey website: <http://www.rioutcomesurveys.info/>

Name: _____ Completed by: _____

Survey ID: _____ Phone: _____ Email: _____

2023 Bi-Annual DD Employment and Day Activity Survey

ONLINE SURVEY	PAPER SURVEY
<p>To complete your survey online, use the link below or scan the QR code. The online survey, available in English and Spanish, will be open from November 1 - 17, 2023.</p> <p>Online Survey Link:</p> <p>https://bit.ly/2023biannualsdssurvey</p> 	<p>Return completed paper survey to the Sherlock Center using the business reply envelope provided with your packet OR by fax or mail using the information below.</p> <p>Please return by mail or fax by Friday, November 17 2023.</p> <p>Mail to: Sherlock Center RI College 600 Mt. Pleasant Avenue Providence, RI 02908 Attn: Vanessa Hollands</p> <p>Fax to: 401-456-8150</p>

GETTING STARTED!

Please answer questions 1 and 2. Depending on your answer to Question 2, you will be asked to complete questions 3 – 6 on page 2 and the additional sections listed.

1. What best describes where you live:
 My own home/apartment Family home/apartment
 Shared Living Provider, list provider name: _____
2. Between **August 1 - October 31, 2023**, which of the following activities did you do?
Put an **X** next to all that apply.
 I participated in activities to help me to develop job skills or to find, choose, get or keep a job.
(Complete questions on page 2 and "Section: Supported Employment" on page 3.)
 I worked at a job paid by the employer.
(Complete questions on page 2 and "Section: Job on Employer Payroll" on page 5.)
 I worked at a Self-Employed job.
(Complete questions on page 2 and "Section: Self-Employed" on page 7.)
 I participated in social, recreational, educational or other unpaid activities taking place at a community or public place.
(Complete questions on page 2 and "Section: Community Activity" on page 8.)
 None of the above. If none, what was the primary reason? Put an **X** next to **one** answer:
 Health Issue Lack of supports Other: _____

- In Question 2, if you put an **X** next to 1 or more activities, continue to Question 3 on page 2.
- In Question 2, if you put an **X** next to **"None of the above"**, your survey is complete. Please return your survey using the directions at the top of this page. Thank you!

3. Do you get support from an organization (not your Fiscal Intermediary) to help with your job or community activities?
 ___ No ___ Yes, list the organization: _____

4. Between **August 1 - October 31, 2023**, did you receive information to learn how wages affect your Social Security and other benefits (e.g. SSI, SSDI, or health insurance)? Put an **X** next to all that apply.

<input type="checkbox"/> No information received <input type="checkbox"/> Provided written materials <input type="checkbox"/> Attended Work Incentive information session <input type="checkbox"/> Visited the Social Security Administration website <input type="checkbox"/> Spoke with a Social Security Administration Representative	<input type="checkbox"/> Attended an individual counseling session with a Certified Work Incentives Benefits Counselor (CWIC) <input type="checkbox"/> Called the Ticket to Work Helpline <input type="checkbox"/> Written Benefits Plan received from a Certified Work Incentives Benefits Counselor (CWIC) <input type="checkbox"/> Written Benefits Plan in process by a Certified Work Incentives Benefits Counselor (CWIC) <i>A CWIC is a Certified Work Incentives Benefits Counselor. See List B for a list of Rhode Island CWICs</i>
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5. Between **August 1 - October 31, 2023**, what best describes your activity with the Office of Rehabilitation Services (ORS)?

- | | |
|--|---|
| <input type="checkbox"/> No activity with ORS | <input type="checkbox"/> I have an open case (new or ongoing) |
| <input type="checkbox"/> I applied for services or have an application pending | <input type="checkbox"/> My case was closed-Success |
| | <input type="checkbox"/> My case was closed-Other Reason |

6. Which of the following technology do you own (e.g., a device that is yours and that you do not need to give back)? Put an **X** next to all that apply.

- | | |
|--|--|
| <input type="checkbox"/> None (I do not own any of the technology listed.) | <input type="checkbox"/> Game Console (e.g., Xbox, PlayStation, Nintendo) |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Portable Media Player (e.g., iPod, MP3) |
| <input type="checkbox"/> Computer or Laptop | <input type="checkbox"/> Wearable Fitness Tracker |
| <input type="checkbox"/> Tablet (e.g., iPad, Amazon Fire) | <input type="checkbox"/> Communication Aide (e.g., Dynavox) |
| <input type="checkbox"/> Smart Speaker (e.g., Amazon Echo, Google Nest) | <input type="checkbox"/> Medical Alert Device (e.g., medication reminders, fall detection, emergency help) |
| <input type="checkbox"/> Smart Watch (e.g., Apple, Samsung Galaxy, Fitbit Sense) | <input type="checkbox"/> Other: _____ |

NEXT STEPS!

For each activity marked with an X in Question 2, complete the questions for that activity.

- Section: Supported Employment (pages 3 and 4)
- Section: Job on Employer Payroll (pages 5 and 6)
- Section: Self-Employed (page 7)
- Section: Community Activity (page 8)

Section: Supported Employment

Answer these questions if you participated in activities to develop job skills or to find, choose, get or keep a job between August 1 - October 31, 2023.

7. How long have you participated in activities to develop job skills or to find, choose, get or keep a job?

less than 1 month 3 months or less than 6 months 1 year or more
 1 month or less than 3 months 6 months or less than 12 months

8. Which of the following supported employment activities did you do between **August 1 - October 31**? Put an **X** next to all that apply.

<input type="checkbox"/> I participated in an Employment-focused, person-centered planning meeting	<input type="checkbox"/> I attended a Job club/class (job search or job retention related)
<input type="checkbox"/> I created a Community Map to help me learn about businesses in my community	<input type="checkbox"/> I created a written resume
<input type="checkbox"/> I attended an informational interview, job shadow, or tour with an employer	<input type="checkbox"/> I created a visual resume (pictures or video)
<input type="checkbox"/> I completed a job trial, situational assessment, or internship with an employer	<input type="checkbox"/> I applied for 1 or more jobs online or in person
<input type="checkbox"/> I created a list of technology (e.g., mobile devices, smart speaker, apps, specialty device) that I will use to get or keep a job	<input type="checkbox"/> I attended 1 or more job interview/s with an employer
	<input type="checkbox"/> None of the above

9. How many short-term (lasting less than 30 days) vocational experiences did you complete between **August 1 - October 31**? Place an X next to one answer.

Examples of short-term experiences include a mock interview, job shadow, job trial or brief situational assessment each lasting less than 30 days. Count each experience only once even if the experience took place over multiple days (e.g. A job trial completed over 3 days = 1 experience)

Number of short-term experiences: 1 2 3 4 5 or more

10. How many long-term (lasting 30 days or more) vocational experiences did you complete between **August 1 - October 31**? Place an X next to one answer.

Examples of long-term experiences include a job trial, situational assessment, or internship lasting more than 30 days. (e.g. An internship completed over 2 months = 1 experience)

Number of long-term experiences: 1 2 3 4

11. How many businesses were contacted on your behalf to develop a vocational experience or job opportunity between **August 1 - October 31**?

Count each business only once even if contacted multiple times.

Number of businesses contacted: _____

12. If someone helps you with your supported employment activities, how was that help provided between **August 1 - October 31**?

In Person Only Combination of in person and remote
 Remote Only (video, email, phone call) No supports provided

Questions 13 – 15 ask for information on your supported employment activities for 2-weeks.

13. In the Supported Employment Chart, enter the amount of time you spent in the activities listed between **October 15 - 28**. Enter zero if no hours were spent doing an activity.

Supported Employment Chart:

*If completing the survey online, only the **Total Time** for each activity is entered.*

	Week 1 October 15 - 21	Week 2 October 22 - 28	Total Time (Week 1 + Week 2)
Example	1 hour	15 minutes	1.25 hours
Career Planning <i>Examples: exploring job interests, practice interviews, learning how to complete an application, planning for job supports, exploring a job change or advancement in current job.</i>			
Post-secondary education or vocational training to support your employment goal <i>Examples: attending a culinary program, taking a college course</i>			
Short-term vocational experiences equal to or less than 30 days <i>Examples: mock interview, job shadowing, job trial</i>			
Long-term vocational experiences more than 30 days <i>Examples: job trial, situational assessment, internship</i>			
Job Search by me or with me <i>Examples: following up on job leads, applying for a job, meeting with an employer by myself or with support</i>			
Job Search on my behalf <i>Examples: follow up on job leads, contact with employers by support staff or others</i>			
Job Coaching <i>Examples: help to learn or do job tasks or other types of help from support staff when working (e.g. personal care, medical support)</i>			

14. If you entered no hours of supported employment activity between **October 15 - 28**, what was the primary reason? Place an **X** next to one answer.

- Health Issue Planned Time Off (e.g., vacation)
 Lack of Supports Other: _____

15. If you entered hours of supported employment activity between **October 15 - 28**, where did those activities take place? Put an **X** next to all that apply.

- netWorkRI / Onestop Career Center/ DLT Public Venue (e.g. library, coffee shop) Business / Employer
 DD Provider or other Organization (e.g., Compass) School / Training Facility Home / Residence

Section: Job on Employer Payroll

Answer these questions if you worked at a job hired on the employer's payroll any time between August 1 - October 31, 2023.

16. Did you **START** a new individual job between **August 1 - October 31**? Yes No

If yes, how was this new job obtained?

I was hired into an existing job I was hired into a job created only for me (customized)

17. Did you **END** a job between **August 1 - October 31**? Yes No (go to Q20)

18. **If yes, what was the** primary reason that the job ended? Put an **X** next to **one** answer.

<input type="checkbox"/> Hired into a new job	<input type="checkbox"/> Lack of available job supports / general	<input type="checkbox"/> Change or loss of benefits - medical
<input type="checkbox"/> Chose to leave job / not a match	<input type="checkbox"/> Lack of available job supports / pandemic related	<input type="checkbox"/> Individual moved/changed address
<input type="checkbox"/> Chose to leave job / pandemic related	<input type="checkbox"/> Lack of transportation to job	<input type="checkbox"/> Health issues
<input type="checkbox"/> Laid off / general	<input type="checkbox"/> Change or loss of benefits - financial	<input type="checkbox"/> Other
<input type="checkbox"/> Laid off / pandemic related		
<input type="checkbox"/> Employer Closed / Relocated		
<input type="checkbox"/> Fired (e.g., performance or work behavior related)		

19. **If yes**, how long were you employed at the job that ended?

<input type="checkbox"/> less than 1 month	<input type="checkbox"/> 6 mos. or less than 12 mos.	<input type="checkbox"/> 5 yrs or less than 10 yrs
<input type="checkbox"/> 1 month or more than 3 mos.	<input type="checkbox"/> 1 yr or less than 2 yrs	<input type="checkbox"/> 10 yrs or more
<input type="checkbox"/> 3 mos. or less than 6 mos.	<input type="checkbox"/> 2 yrs or less than 5 yrs	

20. Were you employed at a job on the employer's payroll between **October 15 - 28**?

Yes No **If no, stop here and go to the next section.**

If yes, answer questions 21 - 34.

Answer these questions even if you did not work any hours during the two-week period (e.g. on vacation, out sick, etc.). If you worked more than one job, pick the job where you work the most hours.

21. What is the title of your job? _____

Select a job title from LIST C that most closely matches what you do at work or write in a title.

22. What is the employer type for your job?

<input type="checkbox"/> For-Profit Business	<input type="checkbox"/> Community DD Agency (hired as staff)	<input type="checkbox"/> Government Agency - Federal/State/City/Town
<input type="checkbox"/> Non-Profit Business		

23. What is the industry for your individual job? _____

Select an industry from LIST D. The industry is the primary purpose of the company where you work. If unsure, provide the name of your employer.

24. How often do you receive support while working at your job?

Examples of support: help to learn or do your job, person care, medical support.

<input type="checkbox"/> None	<input type="checkbox"/> Daily (some)	<input type="checkbox"/> Monthly (at least 1x/mo)
<input type="checkbox"/> Daily (100% of the time)	<input type="checkbox"/> Weekly (at least 1x/wk)	

25. How often do you receive support when not working to help you to keep your job?

Examples of support: talking with staff to resolve problems, scheduling rides, reporting earnings

<input type="checkbox"/> None	<input type="checkbox"/> Daily (some)	<input type="checkbox"/> Monthly (at least 1x/mo)
<input type="checkbox"/> Daily (100% of the time)	<input type="checkbox"/> Weekly (at least 1x/wk)	

26. How is job support typically provided?

- In Person Only
- Remote Only (video, phone, email)
- Combination of in person and remote
- No support provided

27. How is employer consultation provided by your staff to help you to keep your job?

- None
- In Person
- Remote (video, phone, email)

28. How do you typically get to your job? Put an **X** next to **one** answer.

- On my own (drives car, walks, bikes)
- Public bus (RIPTA)
- RIDE bus (ADA PARA Transit)
- On Demand Service (i.e., Taxi, Uber, Lyft)
- Private ambulance
- Agency/Staff provided
- Family member, relative, friend, neighbor, etc.
- Co-worker/Carpool
- NA (works at home)

29. What technology do you use to support your job? Put an **X** next to all that apply.

This IS NOT equipment used to complete your job, such as a cash register, copy machine, or inventory scanner. This is technology that you own or your employer provides to help you to learn, do, or keep your job (e.g., a check list on your cell phone, a device that reads text or helps you to communicate, a smart speaker that reminds you when to catch your ride to work).

- None
- Cell Phone
- Computer or Laptop
- Tablet (e.g., iPad, Amazon Fire)
- Smart Speaker (e.g., Amazon Echo, Google Nest)
- Smart Watch (e.g., Apple, Samsung galaxy, Fitbit Sense)
- Portable Media Player (e.g., iPod, MP3)
- Communication Aide (e.g., Dynavox)
- Other: _____

30. How long have you worked at your job?

- less than 1 month
- 1 month or more than 3 mos.
- 3 mos. or less than 6 mos.
- 6 mos. or less than 12 mos.
- 1 yr or less than 2 yrs
- 2 yrs or less than 5 yrs
- 5 yrs or less than 10 yrs
- 10 yrs or more

31. Which of the following employer benefits do you receive? Put an **X** next to all that apply.

- Employer-Offered Health Insurance
- Sick Leave
- Personal Days
- Vacation Days
- Retirement Plan
- No benefits offered

32. What is your hourly WAGE for your job? _____ (**Minimum wage is \$13.00.**)

33. In the Employment Chart, enter the hours you worked at your job between **October 15 - 28.**

Employment Chart: *If completing the survey online, only the **Total Hours** are entered.*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Hours
Example		4		2.5				6.5
Oct. 15 - 21								
Oct. 22 - 28								
TOTAL HOURS								

34. If you had no worked hours between **October 15 - 28**, what was the primary reason?

Put an **X** next to **one** answer.

- Planned Time Off (vacation or personal leave)
- Sick Leave/Health Issues
- Other
- Lack of Job Supports

Section: Self-Employed

Answer these questions if you were self-employed between August 1 - October 31, 2023.

35. What is the title of your self-employed job? _____
Select a job title from LIST C that most closely matches what you do at work or write in a title.

36. How long have you been self-employed?
 less than 1 month 6 mos. or less than 12 mos. 5 yrs or less than 10 yrs
 1 month or more than 3 mos. 1 yr or less than 2 yrs 10 yrs or more
 3 mos. or less than 6 mos. 2 yrs or less than 5 yrs

37. How often do you receive support while working at your self-employed job?
Examples of support: help to learn or do your job, person care, medical support.
 None Daily (some) Monthly (at least 1x/mos)
 Daily (100% of the time) Weekly (at least 1x/wk)

38. How is support typically provided?
 In Person Only Combination of in person and remote
 Remote Only (video, phone, email) No support provided

39. What technology do you use to support your job? Put an **X** next to all that apply.

This IS NOT equipment used to complete your job, such as a cash register, copy machine, or inventory scanner. This is technology that you own or your employer provides to help you to learn, do, or keep your job (e.g., a check list on your cell phone, a device that reads text or helps you to communicate, a smart speaker that reminds you when to catch your ride to work).

None Smart Speaker (e.g., Amazon Echo, Google Nest) Portable Media Player (e.g., iPod, MP3)
 Cell Phone Smart Watch (e.g., Apple, Samsung galaxy, Fitbit Sense) Communication Aide (e.g., Dynavox)
 Computer or Laptop Tablet (e.g., iPad, Amazon Fire) Other: _____

40. What resources did you use to support your self-employed job between **August 1 - October 31**?
 Put an **X** next to all that apply.

None Received Support from a business association/group (e.g., SCORE, SBA, Social Enterprise Greenhouse, Chamber of Commerce) Approved SSA PASS Plan
 Attended self-employment course or training (e.g., DD Council, SBA class). Funding from ORS for self-employment
 Other: _____

41. What is your estimated income for a two-week period (gross income)? _____
Use 2-week actual income OR 2-week average for the 3 months (August, September, October)

42. In the Self-Employed Hours Chart enter the number of HOURS you worked at your self-employed job between **October 15 - 28**?

Self-Employed Chart: *If completing the survey online, only the **Total Hours** are entered.*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Example	2.25		2		3			7.25
Oct. 15 - 21								
Oct. 22 - 28								
TOTAL HOURS								

43. If you worked no hours at your self-employed job from **October 15 - 28**, what was the primary reason? Put an **X** next to **one** answer.

Business is commission-based Sick Leave/Health Issues Lack of Job Supports
 Business is seasonal Planned Time Off (vacation or personal leave) Other

Section: Community Activity

Answer these questions if you participated in social, recreational, educational or other unpaid activities in a community or public place between August 1 - October 31.

44. This question has 3 parts. Complete all 3 questions for each activity that you participated in from October 15 – 28. Include activities taking place in the evening or on the weekend if the activity is part of your Self-Direction Plan. *Do not include activities taking place at home.*

A.) Enter the number of hours that you participated each activity.

B.) Tell us who participated in the activities with you. Check all that apply.

C.) Tell us who else attended these activities. Check one.

Art, Leisure, Recreation	Hours 10/15 to 10/21	Hours 10/22 to 10/28	Total Hours (10/15 - 10/28)
A. Number of hours you participated in these activities?			
B. Who participated in these activities with you? Check all that apply.	<input type="checkbox"/> I attended by myself <input type="checkbox"/> 1 or more family members <input type="checkbox"/> 1 or more staff <input type="checkbox"/> 1 or community members		<input type="checkbox"/> 1 to 2 other people with disabilities <input type="checkbox"/> 3 to 5 other people with disabilities <input type="checkbox"/> More than 5 other people with disabilities
C. What best describes who attended these activities. Check one.	<input type="checkbox"/> Mostly people with disabilities attended these activities. <input type="checkbox"/> Mostly people from the community or the public attended these activities.		

Health and Fitness	Hours 10/15 to 10/21	Hours 10/22 to 10/28	Total Hours (10/15 - 10/28)
A. Number of hours you participated in these activities?			
B. Who participated in these activities with you? Check all that apply.	<input type="checkbox"/> I attended by myself <input type="checkbox"/> 1 or more family members <input type="checkbox"/> 1 or more staff <input type="checkbox"/> 1 or community members		<input type="checkbox"/> 1 to 2 other people with disabilities <input type="checkbox"/> 3 to 5 other people with disabilities <input type="checkbox"/> More than 5 other people with disabilities
C. What best describes who attended these activities. Check one.	<input type="checkbox"/> Mostly people with disabilities attended these activities. <input type="checkbox"/> Mostly people from the community or the public attended these activities.		

Adult Education or Training (not for work)	Hours 10/15 to 10/21	Hours 10/22 to 10/28	Total Hours (10/15 - 10/28)
A. Number of hours you participated in these activities?			
B. Who participated in these activities with you? Check all that apply.	<input type="checkbox"/> I attended by myself <input type="checkbox"/> 1 or more family members <input type="checkbox"/> 1 or more staff <input type="checkbox"/> 1 or community members		<input type="checkbox"/> 1 to 2 other people with disabilities <input type="checkbox"/> 3 to 5 other people with disabilities <input type="checkbox"/> More than 5 other people with disabilities
C. What best describes who attended these activities. Check one.	<input type="checkbox"/> Mostly people with disabilities attended these activities. <input type="checkbox"/> Mostly people from the community or the public attended these activities.		

Activities to improve employment skills Examples: interviewing or job application skills	Hours 10/15 to 10/21	Hours 10/22 to 10/28	Total Hours (10/15 - 10/28)
A. Number of hours you participated in these activities?			
B. Who participated in these activities with you? Check all that apply.	<input type="checkbox"/> I attended by myself <input type="checkbox"/> 1 or more family members <input type="checkbox"/> 1 or more staff <input type="checkbox"/> 1 or community members	<input type="checkbox"/> 1 to 2 other people with disabilities <input type="checkbox"/> 3 to 5 other people with disabilities <input type="checkbox"/> More than 5 other people with disabilities	
C. What best describes who attended these activities. Check one.	<input type="checkbox"/> Mostly people with disabilities attended these activities. <input type="checkbox"/> Mostly people from the community or the public attended these activities.		

Activities of Daily Living Examples: grocery shopping, banking	Hours 10/15 to 10/21	Hours 10/22 to 10/28	Total Hours (10/15 - 10/28)
A. Number of hours you participated in these activities?			
B. Who participated in these activities with you? Check all that apply.	<input type="checkbox"/> I attended by myself <input type="checkbox"/> 1 or more family members <input type="checkbox"/> 1 or more staff <input type="checkbox"/> 1 or community members	<input type="checkbox"/> 1 to 2 other people with disabilities <input type="checkbox"/> 3 to 5 other people with disabilities <input type="checkbox"/> More than 5 other people with disabilities	
C. What best describes who attended these activities. Check one.	<input type="checkbox"/> Mostly people with disabilities attended these activities. <input type="checkbox"/> Mostly people from the community or the public attended these activities.		

Volunteering	Hours 10/15 to 10/21	Hours 10/22 to 10/28	Total Hours (10/15 - 10/28)
A. Number of hours you participated in these activities?			
B. Who participated in these activities with you? Check all that apply.	<input type="checkbox"/> I attended by myself <input type="checkbox"/> 1 or more family members <input type="checkbox"/> 1 or more staff <input type="checkbox"/> 1 or community members	<input type="checkbox"/> 1 to 2 other people with disabilities <input type="checkbox"/> 3 to 5 other people with disabilities <input type="checkbox"/> More than 5 other people with disabilities	
C. What best describes who attended these activities. Check one.	<input type="checkbox"/> Mostly people with disabilities attended these activities. <input type="checkbox"/> Mostly people from the community or the public attended these activities.		

Other	Hours 10/15 to 10/21	Hours 10/22 to 10/28	Total Hours (10/15 - 10/28)
A. Number of hours you participated in these activities?			
B. Who participated in these activities with you? Check all that apply.	<input type="checkbox"/> I attended by myself <input type="checkbox"/> 1 or more family members <input type="checkbox"/> 1 or more staff <input type="checkbox"/> 1 or more community members	<input type="checkbox"/> 1 to 2 other people with disabilities <input type="checkbox"/> 3 to 5 other people with disabilities <input type="checkbox"/> More than 5 other people with disabilities	
C. What best describes who attended these activities. Check one.	<input type="checkbox"/> Mostly people with disabilities attended these activities. <input type="checkbox"/> Mostly people from the community or the public attended these activities.		

45. If you participated in no community activities from **October 15 - 28**, what was the primary reason? Put an **X** next to **one** answer.

- Planned Time Off (vacation) Lack of Supports
 Sick Leave/Health Issues Other

46. If you entered hours of community activity between **October 15 - 28**, where did those activities take place? Put an **X** next to all that apply.

- Public Venue School / Training Facility Senior Center / Facility
 Member-based Organization Business / Employer Virtual (with a community-based organization)

47. How is support typically provided for your community activities?

- In Person Only Combination of in person and remote
 Remote Only (video, phone, email) No Support Provided

48. What technology do you use to support your community activities? Put an **X** next to all that apply.

This is technology that helps you to participate more independently in community activities (e.g., on your cell phone to sign up for yoga, device that reads text or helps you to communicate, smart speaker that reminds you of a scheduled activity).

- None Smart Speaker (e.g., Amazon Echo, Google Nest) Wearable Fitness Tracker
 Cell Phone Smart Watch (e.g., Apple, Samsung Galaxy, Fitbit Sense) Communication Aide (e.g., Dynavox)
 Computer or Laptop Portable Media Player (e.g., iPod, MP3) Other: _____
 Tablet (e.g., iPad, Amazon Fire)

49. How long have you participated in community activities funded by self-direction?

- less than 3 mos. 1 yr or less than 3 yrs 10 yrs or less than 15 yrs
 3 mos. or less than 6 mos. 3 yrs or less than 5 yrs 15 yrs or more
 6 mos. or less than 12 mos. 5 yrs or less than 10 yrs

You have come to the end of the survey. Go to page 1 for directions on how to return your survey to the Sherlock Center.

LIST A: ACTIVITY DEFINITIONS

Supported Employment Services: Services or activities to choose, get or keep a job on an employer’s payroll or self-employment. Includes activities such as employment/ career planning, exploring job task and environment likes and dislikes and places of interest, community mapping for employment, attending a work skills training, short- and long-term vocational experiences (informational interview, job shadow, tour of business, internship or onsite assessment, Business outreach planning, job search/interviewing, as well, as on or off-site job supports. For some, they may participate remotely from their home in activities offered by Vocational Services Staff, Career counseling, use of web-based assessments or tools, an online course/training, etc.

Individual Employment: Employed at a community-based, individual job, hired onto the employer's payroll with or without job supports. If an individual works for a DD agency, is eligible for the same benefits and privileges as other agency employees and is paid 100% of their wages by the DD agency, this is considered Individual Employment.

Self Employed: Refers to small business ownership that is controlled or owned by the individual or in which the individual is considered to be a private contractor AND guided by a business plan; 100% of the business income goes to the individual/co-owners, and \$400 in annual earnings is expected. The individual reports earnings to SSA and files taxes if income guidelines are met. Self-employment would not include a business that is owned or operated by an organization or provider or an individual’s hobby, a chore, or a favor that results in receipt of payment.

Community-based Non-Work Activity: Non-work services or activities that take place in a community setting; may include activities such as arts, leisure and recreation, fitness, education, training, soft skills related to employment and/or vocational awareness, ADL skills, and volunteering. For some, they may participate remotely from their home in activities offered by a community organization ex Library book club; yoga class, etc.

LIST B: Certified Work Incentive Counselors

CERTIFIED WORK INCENTIVE COUNSELORS (CWIC)		
Ian Armitstead Laura Elderkin	Jeanne Fay Vicki Ferrara Joshua Hughes	Michael Powers Tristan Pennell

LIST C: Job Titles

<p>Accommodation and Food Services</p> <ul style="list-style-type: none"> • Baggage Porter and Bellhop • Cooks/Chef/Baker • Dining Room and Cafeteria Attendant • Dishwasher • Food Preparation and/or Serving Worker Including Fast Food • Hotel/Motel Desk Clerk • Host/Hostess • Waiter and Waitress (Nonfood prep) <p>Administrative & Support</p> <ul style="list-style-type: none"> • Data Entry Keyer • Library Assistant Clerical • Mail Clerk Handler • Office and Administrative Support - All Types (Clerk, Receptionist, etc.) • Office Machine Operator <p>Agriculture, Forestry, Fishing and Hunting</p> <ul style="list-style-type: none"> • Floral Designer/Assistant • Laborer/Farm • Landscaping and Grounds Keeping Worker • Nursery Worker (Greenhouse/Retail) <p>Arts, Entertainment, and Recreation</p> <ul style="list-style-type: none"> • Amusement and Recreation Attendant • Artist – Crafts • Artist – Fine arts, Multimedia, Graphic Design • Assistant Coach Athletics • Fitness Instructor or Assistant • Model - All Types • Musician/Entertainer/DJ - All Types • Photographer • Pin Setter Bowling • Tour Guide • Usher, Lobby Attendant & Ticket Taker 	<p>Construction/Trade</p> <ul style="list-style-type: none"> • Helper/Assistant All Trades (Painting, Welding, Masonry, Electrical, etc.) • Construction Carpentry • Construction Worker and Laborer <p>Educational Services</p> <ul style="list-style-type: none"> • Self-Improvement Instructor (non-academic) • Teacher Assistant • Teacher/Instructor - All Types <p>Health Care and Social Assistance</p> <ul style="list-style-type: none"> • Direct Support Professional • Home Health Aide • Peer Support Professional • Personal Care Attendant <p>Manufacturing</p> <ul style="list-style-type: none"> • Furniture Finishing/Assembly/Caning • Order Filler/Wholesale Retail • Polisher of Metal – All Types • Production/Packager Hand Assembly • Vending Machine/Box Servicer <p>Management of Companies and Enterprises</p> <ul style="list-style-type: none"> • Supervisor, Director, Management • Assistant Manager <p>Retail Trade</p> <ul style="list-style-type: none"> • Antique Dealer • Automotive Technician (Repair, Oil Change, Exhaust, Tire Repairer) • Bagger and/or Carriage Retrieval • Cashier - All Industries • Counter & Rental Clerk (Nonfood) • Greeter - All Types • Sales Person - All Types and Door to Door • Stock Clerk - Sales Floor/Stockroom 	<p>Professional, Technical, Science</p> <ul style="list-style-type: none"> • Writer/Author • Billing Cost and Rate Clerks • Technology Support • Social Media Specialist • Teller <p>Transportation and Warehousing</p> <ul style="list-style-type: none"> • Bus Monitor Aide • Couriers & Messenger • Driver Delivery Service • Engine & Other Machine Assembly • Laborer, Freight/Stock and Material Mover • Passenger Assistant <p>Waste Management and Remediation Services</p> <ul style="list-style-type: none"> • Janitor/Cleaner/Housekeeping • Maintenance/Repair Worker • Trash/Refuse and Recyclable Material Collector <p>Other Services</p> <ul style="list-style-type: none"> • Activity Aide - Recreation Worker • Animal Caretaker • Animal Groomer • Attendant- Coat or Locker Room • Automotive Cleaner of Vehicles & Equipment • Child Care Worker (non-school) • Cosmetology/Hairstylist Assistant • Delivery - All Types (Coffee, Newspaper, etc.) • Demonstrator & Product Promoter • Laundry and/or Dry-Cleaning Worker • Online Merchant • Parking Lot Attendant/Valet • Tailors, Dressmakers, and Custom Sewer
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LIST D: INDUSTRIES

NAISC Codes (North American Industry Classification System)

The North America Industry Classification System (NAISC) is an industry classification system that groups establishments into industries based on the activities in which they are primarily engaged.

Resource RI DLT LMI Publication <http://www.dlt.ri.gov/lmi/pdf/naics.pdf>

Accommodation and Food Services – This sector is composed of establishments providing customers with lodging and/or preparing meals, snacks, and beverages for immediate consumption. Included are hotels, RV parks and recreational camps, and restaurants.

Administrative and Support and Waste Management and Remediation Services – Comprises businesses that perform routine support activities for the day-to-day operations of other organizations. These support services, performed on a contract or fee basis, include: office administration, hiring and placing of personnel, document preparation and similar clerical services, solicitation, telemarketing, collection, security and surveillance services, cleaning, and waste disposal services.

Agriculture, Forestry, Fishing and Hunting – Establishments in this sector are described as farms, ranches, dairies, greenhouses, nurseries, orchards, or hatcheries. The sector distinguishes two basic activities: agricultural production and agricultural support activities.

Arts, Entertainment, and Recreation – Consists of businesses that operate facilities or provide services to meet various cultural, entertainment, and recreational interests of their patrons. Included are establishments involved in producing, promoting, or participating in live performances, events, or exhibits intended for public viewing; establishments that preserve and exhibit objects and sites of historical, cultural, or educational interest; and establishments that operate facilities or provide services that enable patrons to participate in recreational activities, amusements, hobbies, and leisure time activities. Services NOT included in this sector are resort and casino hotels and restaurants with nightclubs.

Construction – Includes establishments primarily engaged in the construction of residential, commercial, and industrial buildings or engineering projects (e.g., highways and utility systems). Construction work done includes new work, additions, alterations, or maintenance and repairs. Also included are establishments engaged in the demolition or wrecking of buildings and other structures, the clearing of building sites, and the sale of materials from demolished structures. Blasting, test drilling, land filling, leveling, earthmoving, excavating, land drainage, and other land preparation are also included.

Educational Services – Includes establishments that provide instruction and training in a wide variety of subjects by teachers who explain, tell, demonstrate, supervise, and direct learning. Schools, colleges, universities, training centers, fine arts schools, and sports and recreation instruction are included in Educational Services.

Finance and Insurance – The three principal types of activities are: raising funds by taking deposits or issuing securities - thereby incurring liabilities; pooling risks by underwriting insurance and annuities; providing specialized services facilitating and supporting financial intermediation, insurance, and employee benefit programs.

Information – Newspapers, book and software publishers, motion picture and sound recording industries, telecommunications, data processing services, and libraries.

Health Care and Social Assistance – Offices of physicians, dentists, and other health practitioners, hospitals, medical and diagnostic laboratories, nursing homes, assisted living facilities, mental health and substance abuse facilities, individual and family services, and childcare centers are included.

Management of Companies and Enterprises – Examples of establishments that administer, oversee, and manage other establishments of the company or enterprise include centralized administrative offices (human resources), corporate offices, district and regional offices, and head offices.

Manufacturing – Establishments in this sector are often described as plants, factories, or mills. These establishments generally use power-driven machines and material-handling equipment. This sector may also include establishments that transform materials or substances into new products by hand or in the worker’s home, and those engaged in selling products made on the premises to the general public. This includes bakeries, candy stores, and custom tailors.

Mining – Includes establishments that extract naturally occurring mineral solids, such as coal and ores; liquid minerals, such as crude petroleum; and gases, such as natural gas. The term mining includes quarrying, well operations, and beneficiating, or other preparation customarily performed at the mine site or as part of the mining activity.

Other Services (except Public Administration) – Comprises establishments engaged in providing services not provided for elsewhere in the NAICS classification system. Included are establishments engaged in equipment and machinery repairing, promoting or administering religious activities, grant-making, advocacy, providing dry-cleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, temporary parking services, dating services, and domestic help, such as maids, butlers, and nannies.

Public Administration – Consists of federal, state, and local government agencies that administer, oversee, and manage public programs and have executive, legislative, or judicial authority over other institutions within a given area.

Professional, Scientific, and Technical Services – Legal advice and representation; accounting, bookkeeping, and payroll services; architectural, engineering, and specialized design services; computer services, consulting services, research services, advertising services, photographic services, payroll processing services, translation and interpretation services; veterinary services, and other professional, scientific, and technical services.

Real Estate and Rental and Leasing – Includes establishments primarily engaged in renting, leasing, or otherwise allowing the use of tangible or intangible assets. Tangible assets include real estate and equipment (without operator); intangible assets include patents and trademarks. Also included are establishments involved in managing, selling, buying, appraising real estate for others, automobile rental and leasing, and video tape, and disc rental.

Retail Trade – Sell merchandise in small quantities to the general public. Office supply stores, building materials dealers, plumbing and electrical supply stores, gasoline service stations, automotive dealers, and mobile home dealers are all classified as store retailers. Stores that provide after-sales services such as repair and installation are generally considered retail. Non-store retailers also serve the general public through “infomercials,” mail-order, and electronic catalogs, door-to-door solicitation, in-home demonstration, portable carts, and vending machines.

Transportation and Warehousing – Comprises industries that provide transportation of passengers and cargo, scenic and sightseeing transportation, transportation support activities, and warehousing and storage for goods. Transportation may be provided by air, rail, road, water, or pipeline.

Utilities – Comprises establishments engaged in the provision of electric power, natural gas, steam supply, water supply and sewage removal.

Wholesale Trade – Wholesalers are organized to sell or arrange the purchase or sale of (a) goods for resale (i.e., goods sold to other wholesalers or retailers), (b) capital or durable non-consumer goods, and (c) raw and intermediate materials and supplies used in production. This sector comprises two main types of wholesalers: merchant wholesalers that sell goods on their own account and business to business electronic markets, agents, and brokers that arrange sales and purchases for others generally for a commission or fee.