**District of Columbia
Developmental Disabilities Council**

**2015-2016 Survey**

**Mission:** The Developmental Disabilities Council (DDC) of the District of Columbia seeks to strengthen the voice of people with developmental disabilities and their families in support of greater independence, inclusion, empowerment and the pursuit of life as they choose. We strive to create change that eliminates discrimination and removes barriers to full inclusion through our advocacy.

**Developmental Disability:** It is defined as a severe and lasting mental and/or physical impairment that occurs prior to age 22 and is likely to continue indefinitely and result in substantial limitations in three or more of the following major life activities: self-care; speaking; understanding language; learning; mobility; ability to make decisions; financial independence, and/or ability to function without individually planned and coordinated services.

**Survey’s Purpose:** The DDC consists of District residents with developmental disabilities, family members and other stakeholders. We are responsible for identifying the most pressing needs within our community. We do this by asking you a few questions and soliciting feedback. The DDC uses your feedback and comments to develop priorities for the next five years from FY 2017 through FY 2021 to enhance DDC activities, supports and services for our District residents with developmental disabilities and their families. The DDC is entirely funded by the Administration on Intellectual and Developmental Disabilities, United States Department of Health and Human Services; and the DDC is required to submit a new Five Year State Plan to the Federal Government by August 2016.

Please help us by providing responses to the following questions. It will only take a few minutes. Thanks for sharing.

1. **Age Range (please mark one): \_**\_\_\_\_\_\_\_22 years or younger

 \_\_\_\_\_\_\_\_23 – 35

 \_\_\_\_\_\_\_\_36 – 45

 \_\_\_\_\_\_\_\_46 – 55

 \_\_\_\_\_\_\_\_56 years or older

1. **Choose the one (1) that best describes you:**

\_\_\_\_\_\_\_\_Individual with a developmental disability

\_\_\_\_\_\_\_\_Parent

\_\_\_\_\_\_\_\_Other Family Member (Please identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_Significant Other/Friend

\_\_\_\_\_\_\_\_Advocate/Stakeholder

\_\_\_\_\_\_\_\_Professional

1. **Gender Identity:** \_\_\_\_\_Man \_\_\_\_\_Woman \_\_\_\_\_Transgender

 \_\_\_\_\_Other (Please identify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What Ward do you live?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What challenges and barriers get in the way of you and/or your family member(s) living the life you want? What services/supports are you and/or family member(s) currently receiving? Rank the level of satisfaction with these services: 1-Totally NOT Satisfied; 3=Satisfied; 5-Highly Satisfied).**
3. **What are the unmet needs that prevent individuals with developmental disabilities and their family member(s) from accessing and using services to fully participate in and contribute to their community? Include how much of your own money is being spent each month for any necessary services and supports. Please identify the types of necessary services and supports that you and/or your family members currently pay with your own money.**
4. **Prioritizing Goals**

In developing the DDC’s Five Year State Plan and its goals, an important step is identifying priority areas. Below is a list of priority areas under consideration. Please rank your top three (3) priority areas with **1 (Most Important); 2 (2nd Most Important); and 3 (3rd Most Important)** according to the level of importance to **YOU.**

 \_\_\_\_\_Self-Advocacy and Self Determination

 \_\_\_\_\_Employment

 \_\_\_\_\_Child care and Respite Care

 \_\_\_\_\_Health Education

 \_\_\_\_\_Education and Early Intervention

 \_\_\_\_\_Housing

 \_\_\_\_\_Transportation

 \_\_\_\_\_Recreation

 \_\_\_\_\_Formal and Informal Community Supports

 \_\_\_\_\_Other (Please identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **For each TOP 3 Priority Areas identified above, please describe your specific expectations and concerns relating to the types of supports and services needed in order for you and/or your family member(s) to experience the greatest extent of independence, integration, and inclusion within the community.**
2. **OPTIONAL: What is your ethnicity?**

\_\_\_\_\_\_\_\_\_African American/Black

\_\_\_\_\_\_\_\_\_Caucasian/White

\_\_\_\_\_\_\_\_\_Latino

\_\_\_\_\_\_\_\_\_Asian/Pacific Islander

\_\_\_\_\_\_\_\_\_Native American

\_\_\_\_\_\_\_\_\_Multiple Ethnicities

\_\_\_\_\_\_\_\_\_Other (Please identify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **OPTIONAL: What is your (or your family member’s) disability?**

\_\_\_\_\_\_\_\_\_Intellectual Disability

\_\_\_\_\_\_\_\_\_Cerebral Palsy

\_\_\_\_\_\_\_\_\_Autism

\_\_\_\_\_\_\_\_\_Deaf

\_\_\_\_\_\_\_\_\_Blind

\_\_\_\_\_\_\_\_\_Multiple Disabilities

\_\_\_\_\_\_\_\_\_Other (Please identify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To learn more about the DC DDC, please visit <http://ddc.dc.gov/> or contact Mat McCollough, Executive Director, at (202) 727-6744 or email mathew.mccollough@dc.gov.

*THANKS SO MUCH FOR YOUR HELP AND TIME!!! ☺*