

CUSTOMER SURVEY for SUPPORT SERVICES

Customer Name: _____ Personal Agent: _____ Date: _____

This document serves two purposes:

1. It is a place to record and consolidate information personal agents and their customers gather through person-centered processes of identifying customer goals, strategies for achieving goals, and supports required to carry out those strategies.
2. Used with the Individual Support Plan document, it completes the customer's annual plan by filling out the total picture of paid and unpaid supports.

1. **Recording information obtained through person-centered processes.** The act of completing this form, in and of itself, is not a "person-centered planning process". The methods and styles of gathering information must lead each personal agent and customer to think about the future and how the customer prefers to live. The information will help describe a customer's life as it is now, including what sort of community connections she or he has and what resources are being used. At minimum, information to complete the survey will be obtained through informal meetings, observations, and interviews with the customer and with people who know the customer well. It may be a lengthy process and can take multiple meetings before the picture is complete.

The dynamic experiences offered by skilled facilitation of structured person-centered planning activities such as Personal Futures Plans, PATH's, and Circles of Support are frequently preferred by both customers and personal agents for the opportunities and possibilities they bring to light. Such activities are always valuable. They are especially helpful when a customer seeks a new home or job, needs a way to communicate and manage complex issues, seeks ways to increase relationships and community connections, wants to think with friends and family about estate planning, or is challenged by the circumstances of daily life.

Whatever method is chosen to gather the information, this Customer Survey must be completed and kept current with each customer's Individual Support Plan document. When a more structured form of person-centered planning has been used, records of that activity may provide the information requested in specific sections of the Customer Survey. In such cases, the personal agent may avoid duplication of effort by attaching the records of the activity to the Customer Survey and confirming, in each section of the Survey, that the information is available in the attached records.

2. **Completing the picture of paid and unpaid supports.** The Customer Survey indicates how resources are currently used as well as what resources have been considered and explored. This is essential information to you and the customer as planners. The local DD Program Specialists also need to have this information in order to authorize the customer's ISP. Make sure the completed Customer Survey accompanies the annual ISP for authorization by local DD Program Support Specialists and that revised pages of the Customer Survey accompany each ISP revision submitted for authorization when needs and use of resources have changed.

Who contributed to this planning process?
(Please list name and relationship to customer.)

Home Life and Household Needs

What is important *TO* _____ about home?
(person's perspective)

What is important *FOR* _____ about home?
(others' perspectives)

Is the physical environment in the home set up for the customer to be safe? How? Is it accessible? (List any areas of concern, e.g. exit in emergency, pattern or instances of property destruction, fire safety, sanitation.)

List strength areas, skill areas and high interest areas for this person around household/home life:

Indicate the areas in which the individual needs support in maintaining a household. Indicate the level of support the person needs.

<p><i>List the home/household needs that are MET by person's current support system</i></p>	<p><i>List resources person uses to meet needs currently (self, family, friends, church, Sec 8, PC 20)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Rent</i> <input type="checkbox"/> <i>Customer Owns (If not, would the customer benefit from additional person-centered plan?)</i> <input type="checkbox"/> <i>Subsidy (Sec 8, Low Income Housing)</i>
<p><i>List UNMET needs (e.g. water or power sometimes shut off due to non—payment)</i></p>	<p><i>List possible resources to meet needs (e.g. local Independent Living Center, Sec 8, church, skills trainer, fire department).</i></p> <p><i>See ISP for resources that will be used to meet need. If another agency or insurance might typically provide the support, the Personal Agent must describe steps taken to obtain support through the agency or insurance in progress notes and must keep records of response, including written denials of service.</i></p>

Medical/Dental and Health

<p><i>What is important TO _____ about health? (person's perspective)</i></p>	<p><i>What is important FOR _____ about health? (others' perspectives)</i></p>
<p><i>Do health, medical, dental conditions affect the customer's ability to do things without help? Is the customer in the habit of doing something that makes support in these areas more difficult? Does the customer do something that causes or worsens health, medical, dental problems? (List any areas of concern, e.g., refuses to brush teeth, pressure sores in the past, uncontrolled or poorly-controlled seizures, diabetes)</i></p>	
<p><i>Does the person take his or her own medications?</i></p>	<p><i>List any specialized medical supports--include equipment:</i></p>
<p><i>Does the person eat independently? Does s/he have any risk around aspiration? Swallowing difficulty? Ever refuse food or beverage?</i></p>	

Does the person maintain adequate nutrition?

Any special considerations around food (must be chopped small, pureed, must have 1:1 support for eating, food allergies)?

Are there any mental health concerns/issues?

Indicate the areas in which the individual needs support in around medical needs and health. Indicate the level of support the person needs. (i.e. someone to make appointments and attend appointments, RN to delegate meds by g-tube, etc.)

Health Insurance Benefits

Medicaid _____ *list HMO if not on open card* _____

OHP _____

Medicare A & B _____

Private _____ *list private insurance carrier* _____

Other _____

Social and Leisure

<p><i>What is important TO _____ about social and leisure time? (person's perspective)</i></p> 	<p><i>What is important For _____ about social and leisure time? (others' perspectives)</i></p>
<p><i>How does your customer spend social and leisure time now?</i></p> <p><i>What things does your customer like to do for fun? With whom? Where?</i></p> <p><i>What connections does your customer have already with people in his or her community?</i></p> <p><i>Would you like to have more connections with people outside his or her immediate household? Are there specific groups of people, clubs, activities with whom he or she would like be involved? What about exploring more of the neighborhood or town and having more connections?</i></p>	
<p><i>Are there any health and safety risks around social and leisure ? (List any areas of concern. Some examples might be inappropriate comments or touching strangers, stranger awareness, no street safety skills, etc.)</i></p> 	

<i>List strength areas, skill areas and high interest areas for this person with social and leisure activities:</i>	
<i>Indicate the <u>areas</u> in which the individual needs support in social and leisure. Indicate the <u>level</u> of support the person needs.</i>	
<i>List the social/leisure needs that are MET by person's current support system</i>	<i>List resources person uses to meet needs currently (Self, family, friends, church, natural supports)</i>
<i>List UNMET needs</i>	<i>List possible resources to meet needs (e.g. local ILC, clubs, church, skills trainer, natural supports, mentor, local Community College)</i> <i><u>Who knows who?</u> Who might be some good people to contact who could help get involved in different areas of the community?</i> <i>See ISP for resources that will be used to meet need. If another agency or insurance might typically provide the support, the Personal Agent must describe steps taken to obtain support through the agency or insurance in progress notes and must keep records of response, including written denials of service.</i>

Communication

<p><i>What is important TO _____ about communication? (person's perspective)</i></p>	<p><i>What is important FOR _____ about communication? (others' perspectives)</i></p>
<p><i>Are there any health and safety risks around communication? (List any areas of concern. Some examples might be history of self-injurious behavior as a way of expressing frustration or dislike for something, having no way of expressing needs to new people etc)</i></p>	
<p><i>List strength areas, skill areas and high interest areas for this person around communication:</i></p>	

<p><i>Indicate the <u>areas</u> in which the individual needs support in communication. Indicate the <u>level</u> of support the person needs. List any augmentative communication systems or devices the individual uses:</i></p>	
<p><i>Explain how the person's communication needs are MET currently:</i></p>	<p><i>List resources person uses to meet needs currently (SLP, OT, aug comm device, PC20 system, Assistive Technology Resource Centers)</i></p>
<p><i>List UNMET needs</i></p>	<p><i>List possible resources to meet needs (e.g. TALN, SLP, OT, skills trainer, specific person-centered planning)</i></p> <p><i>See ISP for resources that will be used to meet need. If another agency or insurance might typically provide the support, the Personal Agent must describe steps taken to obtain support through the agency or insurance in progress notes and must keep records of response, including written denials of service.</i></p>

Employment and Education

<p><i>What is important TO _____ about work and/or education? (person's perspective)</i></p>	<p><i>What is important FOR _____ about work and/or education? (others' perspectives)</i></p>
<p><i>Are there any health and safety risks around the working or around school/classes? (List any areas of concern. Some examples might be making site and equipment safe/accessible, pattern or instances of property destruction, interactions with co-workers, getting to and from work independently.)</i></p>	
<p><i>List strength areas, skill areas and high interest areas for this person around employment and/or education. Is he or she happy with current level of income, hours of work, type of work? Does he or she want a career?</i></p>	
<p><i>Indicate the <u>areas</u> in which the individual needs support for employment, after they get a job, or post-secondary school. Indicate the <u>level</u> of support the person needs. (i.e. 1:1 support, independent with training)</i></p>	

Financial

<p><i>What is important TO _____ about finances? (person's perspective)</i></p>	<p><i>What is important FOR _____ about finances? (others' perspectives)</i></p>
<p><i>Are there any health and safety risks around finances? (List any areas of concern. Some examples might be risk of exploitation by others, has spent entire SSI check before paying rent with resultant eviction etc)</i></p>	
<p><i>List strength areas, skill areas and high interest areas for this person around finances:</i></p>	
<p><i>Indicate the <u>areas</u> in which the individual needs support around finances. Indicate the <u>level</u> of support the person needs.</i></p>	

<p><i>Customer Income (family income only if customer is supporting a family i.e. is a parent or is married)</i></p> <p>_____ SSI</p> <p>_____ SSDI (own work history)</p> <p>_____ SSB (from retired/deceased parent)</p> <p>_____ Monthly Gross Wages</p> <p>_____ Food Stamps</p> <p>_____ Trust Fund</p> <p>_____ Other customer personal income – list source _____</p> <p>_____ TOTAL MONTHLY INCOME</p>	<p><i>Expenses</i></p> <p>_____ Household expenses (i.e. rent/mortgage, utilities, phone, room and board)</p> <p>_____ Clothing/personal items</p> <p>_____ Recreation/Leisure Expenses</p> <p>_____ Medical/support costs</p> <p>_____ Other priority expenses (i.e. pets)</p> <p>List _____</p> <p>_____ Other—list _____</p> <p>_____ TOTAL MONTHLY EXPENSES</p>
<p><i>List the needs that are MET by person's current support system</i></p>	<p><i>List resources person uses to meet needs currently (self, family, friends, church, SSI, Food Stamps, food banks)</i></p>
<p><i>List UNMET needs</i></p>	<p><i>List possible resources to meet needs (self, family, friends, church, SSI, Food Stamps, food banks)</i></p> <p><i>See ISP for resources that will be used to meet need. If another agency or insurance might typically provide the support, the Personal Agent must describe steps taken to obtain support through the agency or insurance in progress notes and must keep records of response, including written denials of service.</i></p>

Transportation

<p><i>What is important TO _____ about transportation? (person's perspective)</i></p>	<p><i>What is important FOR _____ about transportation? (others' perspectives)</i></p>
<p><i>Are there any health and safety risks around the transportation? (List any areas of concern. Some examples might be taking wrong bus, getting lost, refusing to wear seatbelt, moving around inside of vehicle etc)</i></p>	
<p><i>List strength areas, skill areas and high interest areas for this person around transportation:</i></p>	
<p><i>Indicate the <u>areas</u> in which the individual needs support in transportation. Indicate the <u>level</u> of support the person needs. (For example, needs 1:1 assist on buses, rides public buses independently once learns route, requires safety harness etc)</i></p>	

<p><i>List the transportation needs that are MET by person's current support system</i></p>	<p><i>List resources person uses to meet needs currently (self, family, friends, public transportation, door-to-door LIFT service))</i></p>
<p><i>List UNMET needs</i></p>	<p><i>List possible resources to meet needs (self, family, friends, public transportation, door-to-door LIFT service))</i></p> <p><i>See ISP for resources that will be used to meet need. If another agency or insurance might typically provide the support, the Personal Agent must describe steps taken to obtain support through the agency or insurance in progress notes and must keep records of response, including written denials of service.</i></p>

Long Term Vision

Long-Term vision for _____ . What does life look like in 2-5 years?

Short-Term Vision. What are the short terms goals or things that need to happen during the next year for _____ to get closer to his/her long-term vision?

What is the most stressful thing in the person's life or family life? If there were one thing that could go differently that would make a big difference in the person's life or family life, what would that thing be?

If there are UNMET needs listed in previous sections and they are not addressed in the ISP, explain.

How will your customer direct and manage his or her supports?

If not independent, what resources will be used?

What additional support might be explored? (E.g. support circle, person-centered plan, fiscal intermediary, any more formal structure for sharing or distributing decision-making about employees?)