



## **2018 Priorities Planning Survey**

**Disability Rights Montana, Montana's protection and advocacy system, is developing its goals and objectives for the upcoming 2018 fiscal year that starts October 1, 2018. We depend on people with disabilities, family members of people with disabilities, and the public to tell us what disability issues are most important. This survey is one way for us to gather information. Please help us by answering the questions in this survey.\* All questions are optional. Answer the questions that are important to you.**

**If you want to call to give us comments or request accommodations, please call 1-800-245-4743.**

**We need the completed survey by Wednesday, September 6, 2017.**

**Please mail completed survey to: Disability Rights Montana - Survey  
1022 Chestnut Street  
Helena, MT 59601-0820**

**Or Fax to: 1-406-449-2418**

**\*This survey can also be completed online by visiting DRM's website at <http://disabilityrightsmt.org>**

**1) Abuse and Neglect of adults and children with disabilities residing in Facilities (i.e., Montana State Hospital, Montana Mental Health Nursing Care Center in Lewistown, Montana Developmental Center, psychiatric units in community hospitals, veteran facilities, Psychiatric Residential Treatment Facilities (PRTF)) - select three (3) items that are most important to you:**

- Discharge Planning
- Lack of Proper Medical Treatment
- Lack of Proper Mental Health Treatment
- Over-medication
- Personal Safety
- Physical Abuse / Threats of Physical Abuse
- Physical Conditions
- Recreation
- Restraint or Seclusion
- Restriction of Rights
- Verbal Abuse or Threats
- Other/Comment: \_\_\_\_\_

**2) Abuse and Neglect of adults and children with disabilities living in the Community (i.e., group homes, supported living, and individual residences) - select three (3) items that are most important to you:**

- Financial Exploitation
- Lack of Proper Medical Treatment
- Over-medication
- Personal Safety
- Physical Abuse / Threats of Physical Abuse
- Restraint or Seclusion
- Restriction of Rights
- Verbal Abuse / Threats
- Other/Comment: \_\_\_\_\_

**3) Rights Protections - select up to three (3) that are most important to you:**

- Access to Legal Services
- Alternatives to Guardianship / Supported Decision-making
- Independence
- Involuntary Commitments
- Making Your Own Decisions
- Mental Health Treatment in Jails, Prisons, and Detention Centers
- Physical Access to Government / Public Buildings
- Voting Rights and Elections
- Other/Comment: \_\_\_\_\_

**4) Education - select up to three (3) that are most important to you:**

- Eligibility of children with disabilities for special education services under an individualized education program (IEP) or Section 504 Plan
- Developing an appropriate IEP, including the parents' and student's right to participate in developing IEPs
- Educating children with disabilities in the least restrictive environment
- Availability of alternative educational placements for children with disabilities (e.g. hospitals, residential schools, home schooling)
- Discrimination against children or adults on the basis of disability in education including failure to provide appropriate disability accommodations and/or unequal treatment of a student because of the student's disability
- School discipline of children with disabilities (including school referral to law enforcement or use of restraint and seclusion against students)
- Transition planning from school to work
- Extending services for children with disabilities through age 21
- Accessing assistive technology in education
- Early identification of disabilities in infants and toddlers
- Other/Comment: \_\_\_\_\_

**5) Employment - select up to three (3) that are most important to you:**

- Availability of Assistive Technology in the Workplace
- Competitive / Integrated Employment
- Disability Discrimination in the Workplace
- Lack of Reasonable Accommodations
- Self-Employment
- Sheltered Workshops Subminimum Wage
- Transportation to and from Employment
- Vocational Rehabilitation Services
- Other/Comment: \_\_\_\_\_

**6) Community Participation and Integration - select up to three (3) that are most important to you:**

- Accessible Communities
- Affordable Health Care Services
- Affordable / Accessible Housing
- Case Management
- People with Disabilities Experiencing Isolation
- Peer Specialists and Self-Advocates
- Personal Safety
- Quality of Services
- Accessible and Available Transportation
- Other/Comment: \_\_\_\_\_

**7) Please share any other priorities or topics Disability Rights Montana should consider.**

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**8) Are you a person with a disability?**

Yes

No

**9) Are you a family member and/or friend of a person with a disability?**

Yes

No

**10) If you answered "Yes" to either Question 8 or 9, please select ALL disabilities that apply:**

ADD / ADHD

AIDS / HIV

Autism

Autism Spectrum Disorder

Auto-Immune

Cerebral Palsy

Developmental / Intellectual Disability

Diabetes

Down Syndrome

Emotional / Behavioral

Epilepsy

Hard of Hearing / Deaf

Multiple Sclerosis

Muscular Dystrophy

Mental Illness

Neurological Disorder

Physical / Orthopedic

Respiratory Disorder

Specific Learning Disability (SLD)

Speech Impairment

Spina Bifida

Substance Abuse

Tourette Syndrome

Traumatic Brain Injury

Visual Impairment / Blind

Other (please specify): \_\_\_\_\_

**11) Your age:**

21 and younger

22 - 59

60 and older

Prefer not to answer

**12) Describe your race / ethnicity:** \_\_\_\_\_

**13) Please select ALL that apply to you:**

Caregiver

Current client of Disability Rights Montana

Disability Advocate

Disability Rights Montana Board Member

Disability Rights Montana PAIMI Advisory Council Member

Family member of a person with a disability

Former client of Disability Rights Montana

Legislator

Peer Specialist

Person with a disability

Private Service Provider

State Employee

Veteran

Other (please specify): \_\_\_\_\_

**14) Have you ever received services from Disability Rights Montana? Please select ALL that apply:**

Advocacy

Brochures

Education

Information

Legal Assistance / Representation for myself or someone I know

Outreach

Referral

Training

None of the Above

Other (please specify): \_\_\_\_\_

**15) DRM provides services statewide. In which Montana County do you live?**

\_\_\_\_\_

**16) Are you registered to vote?**

Yes

No

**17) If you would like to subscribe to our electronic newsletter and have it delivered to your email address, please enter your email address here.**

\_\_\_\_\_

**18) If you would like to receive a printed copy of our electronic newsletter in the mail rather than receiving it electronically, or would like Disability Rights Montana to mail you a voter's registration card, please check the box and enter your contact information in Question 19 below.**

Yes, please send me a printed copy of Disability Rights Montana's electronic newsletter to the address below.

Yes, please send me a voter's registration card to the address I have provided below.

**19) If you selected yes to either of the options in Question 18, please enter your contact information below. Disability Rights Montana will not use your contact information for any other purpose. If you later decide you would not like to receive a hard copy of the electronic newsletter, please call our office at 1-800-245-4743 and ask to be removed from the electronic newsletter mailing list.**

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

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

Mailing Address: \_\_\_\_\_

Apt/Suite/Office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**20) Other Comments:**

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**Survey Complete - Thank You!**

Thank you for completing the survey! Your input is greatly appreciated. Please fax or mail your completed survey to:

- **Fax to: 406.449.2418 or Mail to:** Disability Rights Montana  
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Helena, MT 59601-0820