



2017 Priorities Planning Survey

Disability Rights Montana, Montana's protection and advocacy system, is developing its goals and objectives for the upcoming 2017 fiscal year that starts October 1, 2016. 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 Tuesday, September 6, 2016.

**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 Lewiston, Montana Developmental Center, psychiatric units in community hospitals, veteran facilities, Psychiatric Residential Treatment Facilities (PRTF), psychiatric units in community hospitals) - select three (3) items that are most important to you:

- Discharge Planning
- Lack of Proper Medical Treatment
- Lack of Proper Mental Health Treatment
- Overmedication
- Personal Safety
- Physical Abuse or 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
- Lack of Recreational Opportunities
- Overmedication
- Personal Safety
- Physical Abuse or Threats of Physical Abuse
- Physical Conditions
- Restraint or Seclusion
- Restriction of Rights
- Verbal Abuse or 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:

- Obtaining reasonable accommodations in education (under Section 504 and/or the Americans with Disabilities Act)
- Eligibility of children with disabilities for special education services
- Educating children with disabilities in private schools
- Educating foster youth with disabilities
- Developing an appropriate individualized education plan (IEP)
- Right of parents and student 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
- Retaliation against parents or children or adults with disabilities for seeking to protect legal rights in education
- Bullying against children with disabilities in school
- Educating parents of children with disabilities and persons with disabilities about their legal rights in education
- School discipline of children with disabilities
- Use of restraint and seclusion in schools
- School referral of children with disabilities to law enforcement
- Access to appropriate educational services for people with disabilities in rural communities
- Access to appropriate educational services for people with disabilities in Indian Country

- 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
- Educating children with significant medical needs
- Privacy of student information
- 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
- Educating Employers
- Job Opportunities
- 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
- Availability of Public Programs & Services
- Case Management
- People with Disabilities Experiencing Isolation
- Peer Specialists and Self-Advocates
- Personal Safety
- Quality of Services
- Transportation

Other/Comment: _____

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

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 9 or 10, 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
- Community Partner
- Current client of Disability Rights Montana
- Disability Advocate
- Disability Rights Montana Board Member
- Person with a disability
- Disability Rights Montana PAIMI Advisory Council Member
- Family member of a person with a disability
- Former client of Disability Rights Montana
- Legislator
- Peer Specialist

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:

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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