DD Employment & Day Activity Outcomes Survey
2024 Annual Survey – Directions, Questions and Guidance

Important Dates

- **February 1 to April 30, 2024** is the 3-month survey period.
- **April 14 to April 27, 2024** is the two-week **data collection period** for employment and non-work activities in the community or a facility-based program.
- **May 1 to May 31, 2024** is the data entry period.

Directions

- **Complete one survey per person assigned to your organization.**
- A **Survey ID** is assigned to each person. The Survey ID **is the password** to access the online data entry form. Contact your agency liaison if you do not have the Survey ID for an individual.
- Review the survey and directions in their entirety BEFORE completing the survey with the person.
- See the **Appendices** included with this packet for definitions and lists to help complete the survey with accuracy.
- Two-week employment and non-work activity data:
  - The activity data is a "snapshot" of the person's employment and non-work activities in the community or a facility-based program, with or without support. It may not account for all activity experienced by the individual.
  - The data requested is related to time spent by the person participating in activities and is not related to billing and do not include transportation time to and from activities.
  - For the employment questions, also include evening and weekend work hours.
  - Answer the non-work questions based on the person's typical day service hours. For some, that may mean reporting hours for activities taking place in the late afternoon/evening and on weekends if the activity is related to day services.
  - When reporting hours of activity, round to nearest .25 (quarter) hour for all related questions. See the key provided on applicable pages.

Reminders

- Start or update survey at www.rioutcomesurveys.info
- A **Survey Answer Sheet** is available for your convenience when collecting data.
  - The survey answer sheet corresponds to the online data entry screens.
  - You can download the sheet at www.rioutcomesurveys.info.
- The survey password is the unique SURVEY ID listed on the Consumer Provider List.
- Some question responses in the online survey are prefilled with a "0". Type over the "0" when entering data (i.e., correct entry "7"; incorrect entry "07")
- If a job title is not listed in Appendix B: Job Title List, email Vicki Ferrara at vferrara@ric.edu before selecting "Other" in the online survey.

If you have questions about how to answer a question or complete the survey contact your agency DD survey liaison or Vicki Ferrara, vferrara@ric.edu, 401-456-8092.

DD Employment & Day Activity Outcomes Survey

Demographics

Survey ID: _____   Initials: ___   Date of birth: _____

Demographics:

Living arrangement (check one):

___ Own home/apartment   ___ Family home/apartment   ___ Agency owned/operated
___ Shared Living Provider (SLA)   ___ Institution/nursing home/hospital   ___ Homeless/shelter
___ Unknown   ___ Not applicable

Residential provider: *Provide only if the Living Arrangement provided above is Agency owned/operated or Shared Living Provider.* Select a provider from Appendix D.

_____

Employment/day provider: List all that apply. Select providers from Appendix D.

_____   _____

Did you participate in employment or day activities in the community or a DDD facility-based program between February 1 to April 30, 2024? These activities may have been provided in-person or remotely.

___ **Yes**, I participated in some employment and/or day activities in the community or at a DDD facility-based program between February 1 to April 30, 2024.

___ **No**, I did not participate in employment and/or day activities in the community or at a DDD facility-based program for any period of time between February 1 to April 30, 2024.

If no, provide reason:

___ High school/under 22
___ Funding issue/awaiting waiver determination
___ New/pending services
___ Systems capacity issue (e.g., on agency wait list/ lack of staff, no access to services)
___ Transferring Program (e.g., to/from an Agency/SDS/SLA/Other)
___ Extended vacation/absence
___ Declined/refused/suspended agency services (temporary)
___ Lack of follow-thru by family or participant
___ Health issues

___ Hospitalized/nursing home/hospice/assisted living
___ Services provided out of state
___ Solely Community Support funding - respite/home health aide/RN services
___ Attending a Medicaid funded day program <u>only</u> (e.g., Generations, Living Well, etc.)
___ Attending Elder Program <u>only</u>
___ In-home supports <u>only</u> (e.g., activities of daily living)
___ Closed/discharged/terminated BHDDH services
___ Deceased
___ Other: _____

Comment (optional): _____

Continue to **Section 1** if you participated in day or employment activities between February 1 to April 30, 2024. **If not, stop here.**

Section 1: Activity Categories and General Questions

1. **In which of the following activities did you participate between** February 1 to April 30, 2024?
Check all that apply, whether or not you have hours to report for the two-week data period of *April 14 to April 27, 2024*.

See Appendix A – Activity Definitions

__ Supported Employment Services **(Complete Section 2)**
__ Individual Employment (Employer Payroll) **(Complete Section 3)**
__ Self-Employed **(Complete Section 4)**
__ Provider Paid Individual Employment **(Complete Section 5)**
__ Provider Paid Group Employment **(Complete Section 6)**
__ Community-based Non-Work Activity **(Complete Section 7)**
__ Facility-Based Non-Work Activity- DDD provider **(Complete Section 8)**
__ Non-DDD Facility Based Activity (Medicaid funded) *(no additional data collected for this activity)*
__ Elder Program Non-Work Activity *(no additional data collected for this activity)*

2. **Did you receive information on Social Security Work Incentives between February 1 to April 30, 2024?**
Refers to receiving information to learn how earnings impact SSI, SSDI, and health insurance.
Check all that apply.

__ No information received __ Provided written materials __ Attended work Incentive information session __ Attended an individual counseling session with a CWIC __ Accessed Social Security Administration website	__ Spoke with a Social Security Administration Representative __ Called Ticket to Work Helpline __ Written benefits Plan received from CWIC __ Written benefits plan in process by CWIC A CWIC is a Certified Work Incentives Benefits Counselor. See Appendix E for a list of CWICs.

3. **What best describes your status with the Office of Rehabilitation Services (ORS) between February 1 to April 30, 2024?**

__ Applied/application pending __ Open case (new or ongoing)	__ Closed-success within 3-month period __ Closed-other within 3-month period __ None

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

__ Cell phone __ Computer or laptop __ Tablet (e.g., iPad, Amazon Fire) __ Smart speaker (e.g., Amazon Echo or Google Nest) __ Smart watch (e.g., Apple, Samsung Galaxy, Fitbit Sense) __ Smart TV	__ Game console (e.g., Xbox, PlayStation, Nintendo) __ Portable media player __ Wearable fitness tracker __ Communication aid (e.g., Dynavox) __ Medical alert device (e.g., medication reminders, fall detection, emergency help) __ Other: _____ __ None (I do not own any technology listed)

Please continue to Sections 2 – 7.
The sections you will complete going forward will be based on the activities selected in Question 1.

Section 2: Supported Employment Services (SES)
If you did not check "Supported Employment Services" in Question 1, skip to Section 3.

Question	Response
5. Were you referred to or did you start receiving supported employment services between **Feb 1 - April 30**?	5. **SES referred / started:** __ Yes, I was referred to/started SES between Feb 1 - April 30 __ No, I was enrolled in SES before February 1.
5a. **If yes**, who referred you to Supported Employment Services?	5a. **SES referral source:** __ Self / family __ School __ Adult service provider __ Office of Rehabilitation Service (ORS) __ BHDDH __ Other: _____
6. Which of the following job search activities did you participate in or complete between **Feb 1 - April 30**?	6. **Job search activities:** Check all that apply. __ I participated in an employment-focused, person-centered planning meeting (not ISP) __ I created a community map to help me learn about businesses near me __ I attended an informational interview, job shadow, or tour with an employer __ I completed a job trial, situational assessment, or internship with an employer __ 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 __ I attended a job club/class (job search or job retention related) __ I created a written resume __ I created a visual resume (pictures or video) __ I applied for 1 or more jobs online or in-person __ I attended 1 or more job interviews with an employer __ None of the above
7. <u>How many</u> short-term vocational experiences (<30 days) did you complete between **Feb 1 - April 30**? Examples: informational or learning experiences: Job tour, mock interview, job shadowing, brief situational assessment.	7. **SES short-term vocational experiences:** Check one. Number of experiences: __1 __ 2 __ 3 __ 4 __ 5+ Count each vocational experience only once even if it takes place over multiple days.
8. <u>How many</u> long-term vocational experiences (>30 days) did you complete between **Feb 1 - April 30**? Examples: job trial, situational assessment, internship	8. **SES long-term vocational experiences:** *Check one.* Number of experiences: __1 __ 2 __ 3 __ 4 Count each vocational experience only once even if taking place over multiple days.
9. How many businesses were contacted on your behalf to develop a vocational experience or job opportunity between **Feb 1 - April 30**?	9. **SES of businesses contacted:** Number contacted _____ Count each business only once even if contacted multiple times in the 3-month period.

Question	Response
10. How was Supported Employment Services support provided between **Feb 1 - April 30**?	10. **SES method of support:** ___ In-person only ___ Remote only ___ Combination of in-person and remote ___ No supports provided
11. How many HOURS (if any) did you participate in each of the following supported employment activities from **April 14 – 27**? This question is not designed to capture all supported employment services that an individual may receive.	11. **SES hours:** Enter the hours for each activity. Round to the nearest 15 minutes (see hours key). ___ Career planning (activities to choose/get/keep/ change job ___ Post-secondary education or vocational training ___ Short-term vocational experience (<30 days) ___ Long-term vocational experience (>30 days) ___ Job search by or with me ___ Job search on my behalf ___ Job coaching / retention (e.g. for individual job or short or long-term vocational experiences)
12. It you participated in no hours of SES activity from **April 14 - 27**, what was the primary reason?	12. **Reason no SES hours:** ___ Health issues ___ Planned time off (e.g., vacation) ___ Refused / cancelled activities ___ Lack of agency supports ___ No scheduled supports (e.g., monthly retention only) ___ Other: _____
13. Indicate the SETTINGS where you participated in the supported employment activities reported in Question 11.	13. **SES settings:** Check all that apply. ___ netWORKri /OneStop Career Center /DLT ___ American Job Center ___ Business / employer ___ Public venue ___ School / training facility ___ DD provider organization ___ Home / residence

Hours key: 15 min = .25   30 min = .50   45 min = .75
Round hours to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

Section 3: Individual Employment (IE) on Employer Payroll
If you did not check "Individual Employment" in Question 1, skip to Section 4.

Question	Response	
14. Did you **START** a new individual job between **Feb 1 - April 30**?	14. **IE started job:** __ Yes, I started a new individual job hired onto the employer's payroll __ No, I did not start a new individual job hired onto the employer's payroll.	
14a. **If yes**, how was this new job obtained?	14a. *IE job obtained:* __ Hired into existing job (with or without a reasonable accommodation or variation of assigned job tasks) __ Hired into customized job (e.g., carved, created, negotiated with the employer, unique job description)	
15. Did you **END** an individual job between **Feb 1 - April 30**?	15. **IE ended job:** __ Yes, I ended an individual job hired on the employer's payroll. __ No, I did not end an individual job hired on the employer's payroll.	
15a. **If yes,** primary reason for the individual job ending?	15a. **IE reason job ended:** *Check one.* __ Hired into a new job __ Chose to leave job / not a match __ Chose to leave job / retired __ Laid off / general __ Fired (e.g. performance or work behavior related) __ Employer closed / relocated	__ Lack of available job supports / general __ Lack of transportation to job __ Change or loss of benefits - financial __ Change or loss of benefits - medical __ Individual moved/changed address __ Health issues __ Other
15b. **If yes,** how long were you employed at the individual job that ended?	15b. *IE job length:* __ < 1 month __ 1 month or >< than 3 mos. __ 3 mos. or >< than 6 mos. __ 6 mos. or >< than 12 mos.	__ 1 yr or >< than 2 yrs __ 2 yrs or >< than 5 yrs __ 5 yrs or >< than 10 yrs __ 10 yrs or >
16. *Were you employed in an individual job from* **April 14 - April 27**?	16. **Employed April 14 - 27:** ____ YES ____ NO If yes, continue to Question 17.	

If you were employed in an individual job from April 14 - April 27, go to Question 17.
If you were NOT employed, skip to Section 4.

Question	Response	
17. What is the title of your individual job? If working more than 1 job, select the job with the most hours. Select a title from **Appendix B**. You can look up an occupation at https://www.onetonline.org/	17. **IE title:** _____ 17a. Write in title if "Other": _____ Before entering "Other" in the online survey, contact Vicki Ferrara at vferrara@ric.edu.	
18. What is the employer type for your individual job?	18. **IE employer type:** *Check one.* __ For-profit business __ Nonprofit business	__ Community DD agency (hired as staff) __ Government agency – federal/ state/city/town
19. What is the industry for your individual job?	19. **IE industry:** _____ Select an industry from Appendix C.	
20. What level of onsite support do you receive at your individual job between **Feb 1 - April 30**?	20. **IE onsite support:** __ None __ Daily (100% of the time)	__ Daily (some) __ Weekly (at least 1x/wk) __ Monthly (at least 1x/mo)
21. What level of offsite support do you receive at your individual job between **Feb 1 - April 30**?	21. **IE offsite support:** __ None __ Daily (100% of the time) __ Daily (some)	__ Weekly (at least 1x/wk) __ Monthly (at least 1x/mo)
22. How was job support typically provided between **Feb 1 - April 30**? Skip if answer to both onsite /offsite support is none.	22. **IE method of support:** __ In-person only __ Remote only	__ Combination of in-person and remote
23. What type of employer consultation was provided by agency staff between **Feb 1 - April 30**?	23. **IE employer consultation:** Check all that apply. __ None __ Face to face __ Remote (phone, email, video)	
24. What technology do you use to support your job? This is technology that you own, or your employer provides to help you to learning, do or keep your job (e.g., a check list on your cell phone, device that reads text or helps you to communicate, smart speaker that reminds you when to catch your ride to work).	24. **IE technology:** Check all that apply. __ None __ Cell Phone __ Computer or laptop __ Tablet (e.g., iPad, Amazon Fire) __ Smart speaker (e.g., Amazon Echo, Google Nest) __ Smart watch __ Portable media player __ Communication aid (e.g., Dynavox) __ Other (list): _____ Do not list equipment used to complete your job (e.g., cash register, copy machine, inventory scanner).	
25. How do you typically get to your individual job?	25. **IE transportation:** Check one. __ On own (drives car, walk, bike, etc.) __ Public bus (RIPTA) __ RIDE bus (ADA PARA Transit) __ On Demand Service (e.g., Taxi, Uber, Lyft)	__ Private ambulance __ Agency/Staff provided __ Family member, relative, friend, neighbor, etc. __ Co-worker/Carpool __ NA (works at home)

26. How long have you worked at your individual job?	26. **IE length of employment:** __ < 1 month __ 1 month or > < than 3 mos. __ 3 mos. or > < than 6 mos. __ 6 mos. or > < than 12 mos.	__ 1 yr or > < than 2 yrs __ 2 yrs or > < than 5 yrs __ 5 yrs or > < than 10 yrs __ 10 yrs or>
27. Which of the following employer benefits do you receive?	27. **IE benefits received:** Check all that apply. __Employer offered health insurance __ Sick leave	__ Personal days __ Vacation days __ Retirement plan __ No benefits offered
28. What is the hourly WAGE for your individual job? Min. wage is $14.00.	28. **IE hourly wage: _____** Enter dollars and cents, no symbols (i.e., 14.50).	
29. How many HOURS did you work at your individual job from **April 14 – April 27?**	29. **IE work hours: _____** Round to the nearest 15 minutes (see hours key).	
29a. If you worked no hours from **April 14 – April 27**, what was the primary reason?	29a. **IE reason no hours:** __ Furlough (employed but no hours assigned) __ Planned time off (vacation or personal leave)	__ Sick leave __ Lack of job supports __ Other

Section 4: Self-Employed (SE)
If you did not check "Self Employed" in Question 1, skip to Section 5.

Survey Question	Response	
30. What is the title of your self-employed job? Select a job title from Appendix B. You can look up an occupation at *https://www.onetonline.org/*	30. **SE title:** _____ 30a. Write in title if you chose "Other": _____ Before entering "Other" in the online survey, contact Vicki Ferrara at vferrara@ric.edu.	
31. How long have you been self-employed?	31. **SE length self-employed:** __ < 1 month __ 1 month or > < than 3 mos. __ 3 mos. or > < than 6 mos. __ 6 mos. or > < than 12 mos.	__ 1 yr or > < than 2 yrs __ 2 yrs or > < than 5 yrs __ 5 yrs or > < than 10 yrs __ 10 yrs or >
32. What level of onsite support did you receive at your self-employed job between **Feb 1 - April 30**?	32. **SE onsite support:** __ None __ Daily (100% of the time) __ Daily (some)	__ Weekly (at least 1x/wk) __ Monthly (at least 1x/ mo
33. How was job support typically provided between **Feb 1 - April 30**? Skip if answer to Q32 onsite support is none.	33. **SE method of support:** __ In-person only __ Remote only	__ Combination of in-person and remote

Hours key: 15 min = .25   30 min = .50   45 min = .75
Round hours to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

34. What technology do you use to support your job? This is technology that you own, or your employer provides to help you to learning, do or keep your job (e.g., a check list on your cell phone, device that reads text or helps you to communicate, smart speaker that reminds you when to catch your ride to work).	34**. SE technology:** Check all that apply. __ None __ Cell phone __ Computer or laptop __ Tablet (e.g., iPad, Amazon Fire) __ Smart speaker (e.g., Amazon Echo or Google Nest) __ Smart watch __ Portable media player __ Communication aid (e.g., Dynavox) __ Other (list): _____ Do not list equipment used to complete your job (e.g., cash register, copy machine, inventory scanner).
35. What resources did you use to support your self-employed job from **Feb 1 - April 30**?	35. **SE resources: choose all that apply** __ None __ Attended self-employment course, training, or follow-up networking meeting (e.g., DD Council, SBA class). __ Received support from a business association/group (e.g., SCORE, SBA, Social Enterprise Greenhouse, Chamber of Commerce) __ Approved SSA PASS plan __ Funding from ORS for self-employment __ Other: _____
36. What is your gross annual (12 month) income?	36. **SE gross annual income:** _____ (12-month period) *Round to nearest whole dollar.*
37. How many HOURS did you work at your self-employed job from **April 14 – April 27**?	37. **SE work hours:** _____ Use 2-week actual hours OR 2-week average for the period from *February 1 to April 30*. Round to the nearest 15 minutes (See hours key)

37a. If you worked no hours at your self-employed job from **April 14 – April 27**, what was the primary reason?	37a. **SE reason no hours:** __ Business is commission-based __ Business is seasonal __ Planned time off (vacation or personal leave)	__ Health issues __ Lack of job supports __ Other

Section 5: Provider-Paid Individual Employment (PPI)
If you did not check "Provider Paid Individual Employment" in Question 1, skip to Section 6.
If you worked more than one PPI job from April 14 - 27, **pick one** to answer all questions.

Survey Question	Response
38. What is the title of your provider-paid individual job? Select a job title from Appendix B. You can look up an occupation at *https://www.onetonline.org/*	38. **PPI title:** _____ 38 a. Write in title if you chose "Other": _____ Before entering "Other" in the online survey, contact Vicki Ferrara at *vferrara@ric.edu*.

Hours key: 15 min = .25   30 min = .50   45 min = .75
Round hours to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

39. What industry represents your provider-paid individual job?	39. **PPI industry:** _____ Select an industry from Appendix C.	
40. What best describes the type of business where you do your provider-paid individual job?	40. **PPI business type:** Check one. __ For-profit business __ Non-profit business __ Community DD agency __ Government agency- federal/ state/city /town	__Business w/ mission to hire workers with disabilities (e.g., NISH/ Ability One, Cookie Place, agency-operated business)
41. How do you typically get to your provider-paid individual job?	41. **PPI transportation:** Check one. __ On own (drives car, walks, bike, etc.) __ Public bus (RIPTA) __ RIDE bus (ADA PARA Transit) __ On Demand Svs (taxi, Uber, Lyft)	__ Private ambulance __ Agency/staff provided __ Family member, relative, friend, neighbor, etc. __ Co-worker/carpool __ NA (works at home)
42. How long have you worked at your provider-paid individual job?	42. **PPI length of employment:** __ < 1 month __ 1 month or > < than 3 mos. __ 3 mos. or > < than 6 mos. __ 6 mos. or > < than 12 mos.	__ 1 yr or > < than 2 yrs __ 2 yrs or > < than 5 yrs __ 5 yrs or > < than 10 yrs __ 10 yrs or >
43. What level of <u>onsite support</u> did you receive at your provider-paid individual job between **Feb 1 - April 30**?	43. **PPI onsite support:** __ None __ Daily (100% of the time) __ Daily (some)	__ Weekly (at least 1x/ wk) __ Monthly (at least 1x/ mo)
44. What level of <u>offsite support</u> did you receive at your provider-paid individual job between **Feb 1 - April 30**?	44. **PPI offsite support:** __ None __ Daily (100% of the time) __ Daily (some)	__ Weekly (at least 1x/wk) __ Monthly (at least 1x/ mo)
45. How was job support typically provided between **Feb 1 - April 30**? Skip if both onsite and offsite support are none.	45. **PPI method of support:** __ In-person only __ Remote only	__ Combination of in-person and remote
46. What type of employer consultation was provided by agency staff between **Feb 1 - April 30**?	46. **PPI Employer consultation:** Check all that apply. __ None __ Face to face __ Remote (phone. email, video)	
47. What technology do you use to support your job? This is technology that you own, or your employer provides to help you to learning, do or keep your job (e.g., a check list on your cell phone, device that reads text or helps you to communicate, smart speaker that reminds you when to catch your ride to work).	47. **PPI technology:** Check all that apply. __ None __ Cell phone __ Computer or laptop __ Tablet (e.g., iPad, Amazon Fire) __ Smart speaker (e.g., Amazon Echo or Google Nest) __ Smart watch __ Portable media player __ Communication aid (e.g., Dynavox) __ Other (list): _____ Do not list equipment used to complete your job (e.g., cash register, copy machine, inventory scanner).	

48. Which of the following employer benefits do you receive?	48. **PPI benefits received:** Check all that apply. __ Employer-offered health insurance __ Personal days	__ Retirement plan __ Sick leave __ Vacation days __ No benefits offered
49. What is your hourly WAGE for your provider-paid individual job? Min. wage is $14.00	49. **PPI hourly wage:** _____ *Enter dollars and cents, no symbols (i.e., 14.50)*	
50. How many HOURS did you work at your provider-paid individual job from **April 14 – April 27**?	50. **PPI Work Hours:** _____ Round hours to the nearest 15 minutes (see hours key).	
50a. If you worked no hours from **April 14 – April 27**, what was the primary reason?	50a. **PPI reason no hours:** __ Furlough (employed but no hours assigned) __ Planned time off (vacation or personal leave)	__ Sick leave __ Lack of job supports __ Other

Section 6: Provider-Paid Group Employment (PPG)
If you did not check "Provider Paid Group Employment" in Question 1, Skip to Section 7.
If you worked more than one PPG job from April 14 – April 27, **pick one** to answer all questions.

Survey Question	Response	
51. What is the title of your provider-paid group job? *Select a job title from Appendix B. You can look up an occupation at* https://www.onetonline.org/	51. **PPG title:** _____ 51a. Write in title if you chose "OTHER": _____ *Before entering "Other" in the online survey, contact Vicki Ferrara at vferrara@ric.edu.*	
52. What industry represents your provider-paid group job?	52. **PPG industry:** _____ Select an industry from Appendix C.	
53. What best describes the type of business where you do your provider-paid group job?	53. **PPG business type:** Check one. __ For-profit business __ Nonprofit Business __ Community DD agency (hired as staff)	__ Government agency – federal/state/city/ town __ Business with mission to hire workers with disabilities (e.g., NISH/ Ability One, Cookie Place)
54. How many workers with a disability work at the site or on the crew on a typical day?	54. **PPG number of workers:** __ 2-3 __ 4-6 __ 7-10 __ more than 10	
55. How do you typically get to your provider-paid group job?	55. **PPG transportation:** Check one. __ On own (drives car, walks, bike, etc.) __ Public bus (RIPTA) __ RIDE bus (ADA PARA Transit) __ On demand service (e.g., Taxi, Uber, Lyft)	__ Private ambulance __ Agency/staff provided __ Family member, relative, friend, neighbor, etc. __ Co-worker/carpool __ NA (works at home)

56. How long have you worked at your provider-paid group job?	56. **PPG length of employment:** __ < 1 month __ 1 month or > < than 3 mos. __ 3 mos. or > < than 6 mos. __ 6 mos. or > < than 12 mos.	__ 1 yr or > < than 2 yrs __ 2 yrs or > < than 5 yrs __ 5 yrs or > < than 10 yrs __ 10 yrs or >
57. What level of <u>onsite support</u> did you receive at your provider paid group job between **Feb 1 – April 30**?	57. **PPG onsite support:** __ None __ Daily (100% of the time)	__ Daily (some) __ Weekly (at least 1x/wk) __ Monthly (at least 1x/mo)
58. How was job support typically provided between **Feb 1 – April 30**? Skip if onsite support (Q57) is none.	58. **PPG method of support:** __ In-person only __ Remote only	__ Combination of in-person and remote
59. What technology do you use to support your job? This is technology that you own, or your employer provides to help you to learning, do or keep your job (e.g., a check list on your cell phone, device that reads text or helps you to communicate, smart speaker that reminds you when to catch your ride to work).	59. **PPG technology:** Check all that apply. __ None __ Cell phone __ Computer or laptop __ Tablet (e.g., iPad, Amazon Fire) __ Smart speaker (e.g., Amazon Echo or Google Nest) __ Smart watch __ Portable media player __ Communication aid (e.g., Dynavox) __ Other (list): _____ Do not list equipment used to complete your job (e.g., cash register, copy machine, inventory scanner).	
60. Which of the following employer benefits do you receive?	60. **PPG benefits received:** Check all that apply. __ Employer-offered health insurance __ Sick leave	__ Personal days __ Vacation days __ Retirement plan __ No benefits offered
61. What is your hourly WAGE for your provider-paid group job? Min. wage is $14.00	61. **PPG hourly wage:** _____ Enter dollars and cents, no symbols (i.e., 14.50)	
62. How many HOURS did you work at your provider-paid group job from **April 14 – April 27**?	62. **PPG work hours:** _____ Round to the nearest 15 minutes (see hours key)	
62a. If you worked no hours from **April 14 - April 27**, what was the primary reason?	62a. **PPG reason no hours:** __ Furlough __ Planned time off (vacation or personal leave)	__ Sick leave __ Lack of job supports __ Other

Hours key: 15 min = .25   30 min = .50   45 min = .75
Round hours to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

Section 7: Community-Based Non-Work Activity (CBNW)

If you did not check "Community-based Non-Work" in Section 1, skip to Section 8

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Survey Question	Answer	
63. How long have you participated in community-based non-work activity with your current provider?	63. **CBNW length:** __ < 3 mos. __ 3 mos. Or > < than 6 mos. __ 6 mos. Or > < than 12mos. __1 yr or > < than 3 yrs	__ 3 yrs or > < than 5 yrs __ 5 yrs or > < than 10 yrs __10 yrs or > < than15 yrs __ 15 yrs or >
64. How was CBNW support provided between **Feb 1 - April 30**?	64. **CBNW method of support:** __ In-person only __ Remote only __ Combination of in-person and remote __ No support provided	
65. What technology do you use to support your community activities? This is technology that helps you to participate more independently in the community (e.g., app 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	65. **CBNW technology:** Check all that apply. __ None __ Cell phone __ Computer or laptop __ Tablet (e.g., iPad, Amazon Fire) __ Smart speaker (e.g., Amazon Echo or Google Nest) __ Smart watch __ Portable media player __ Wearable fitness tracker __ Communication aid (e.g., Dynavox) __ Other (list) _____	
66. Did you participate in community-based activities from **April 14 – April 27**?	66. **CBNW hours:** __ Yes __ No	
66a. It you participated in no hours of community-based activity from **April 14 – April 27**, what was the primary reason?	66a. **CBNW reason no hours:** __ Health issues __ Planned time off (e.g., vacation) __ Lack of supports __ Other	

67. For each type of community-based non-work activities that you participated in from **April 14 - 27**, enter the number of hours for the two-week period, the number of activities, who else participated in the activities with you, and check if the activities were mostly attended by people with disabilities (PWD) or mostly by the public.

Answer the non-work questions based on the person's typical day services. For some, that may mean reporting hours for activities occurring in the late afternoon/ evening and on weekends if the activity is related to day services. Do not include transportation to and from activity. (See Appendix F)

Activity	Hours April 14 - 27 (Q67)	# of Activities (Q67a)	Who else participated with you (Q67b) Check all that apply	Who attended Check One (Q67c)	
				Mostly PWD	Mostly the public

Art, leisure, recreation (e.g., movies, dining out, sightseeing, crafting class)			__ I attended all activities on my own
			__ I attended some or all activities with other people. Who else participated with you (check all that apply):
			    __ 1+ family members
			    __ 1+ staff
			    __ 1+ community members
			      (neighbor, co-worker)
			    __ 1 to 2 PWD
			    __ 3 to 5 PWD
			    __ More than 5 PWD		

Health & fitness (e.g., exercise class, wellness session, daily walk)			__ I attended all activities on my own
			__ I attended some or all activities with other people. Who else participated with you (check all that apply):
			    __ 1+ family members
			    __ 1+ staff
			    __ 1+ community members
			      (neighbor, co-worker)
			    __ 1 to 2 PWD
			    __ 3 to 5 PWD
			    __ More than 5 PWD		

Adult education or training (for personal enrichment)			__ I attended all activities on my own
			__ I attended some or all activities with other people. Who else participated with you (check all that apply):
			    __ 1+ family members
			    __ 1+ staff
			    __ 1+ community members
			      (neighbor, co-worker)
			    __ 1 to 2 PWD
			    __ 3 to 5 PWD
			    __ More than 5 PWD		

Activity	Hours April 14 - 27 (Q67)	# of Activities (Q67a)	Who *else* participated with you (Q67b) Check all that apply	Who attended Check One (Q67c)	
				Mostly PWD	Mostly the public

Soft skills / employment related			__ I attended all activities on my own
			__ I attended some or all activities with other people. Who else participated with you (check all that apply):
			    __ 1+ family members
			    __ 1+ staff
			    __ 1+ community members
			      (neighbor, co-worker)
			    __ 1 to 2 PWD
			    __ 3 to 5 PWD
			    __ More than 5 PWD		

Activities of daily living			__ I attended all activities on my own
			__ I attended some or all activities with other people. Who else participated with you (check all that apply):
			    __ 1+ family members
			    __ 1+ staff
			    __ 1+ community members
			(neighbor, co-worker)
			    __ 1 to 2 PWD
			    __ 3 to 5 PWD
			    __ More than 5 PWD		

Volunteering			__ I attended all activities on my own
			__ I attended some or all activities with other people. Who else participated with you (check all that apply):
			    __ 1+ family members
			    __ 1+ staff
			    __ 1+ community members
			(neighbor, co-worker)
			    __ 1 to 2 PWD
			    __ 3 to 5 PWD
			    __ More than 5 PWD		

All Other			__ I attended all activities on my own
			__ I attended some or all activities with other people. Who else participated with you (check all that apply):
			    __ 1+ family members
			    __ 1+ staff
			    __ 1+ community members
			      (neighbor, co-worker)
			    __ 1 to 2 PWD
			    __ 3 to 5 PWD
			    __ More than 5 PWD		

Survey Question	Answer
68. Indicate the SETTINGS where you participated in the community-based non-work activity reported in Q63. Skip if there were no hours of community-based activity from April 14 – April 27.	68. **CBNW settings:** Check all that apply. __ Public venue __ Member-based organization __ School / training facility __ Business / employer __ Senior center / facility __ Virtual (with a community-based organization)

Section 8: Facility-Based Non-Work Activity (FBNW) with a DDD Provider
If you did not check "Facility-Based Non-Work Activity" in Section 1, you have completed the survey.

Survey Question	Responses	
69. How many HOURS did you spend doing facility-based non-work activities from **April 14 – April 27**?	69. **FBNW hours:** _____ Round hours to nearest 15 minutes *(see hours key).*	
69a. If you participated in no hours of facility-based non-work activity from **April 14 – April 27**, what is the primary reason?	69a. **FBNW reason no hours:** __ Health issues __ Planned time off (vacation, etc.)	__ Lack of supports __ Other
70. How long have you participated in facility-based non-work activities with your current provider?	70. **FBNW length:** __ < 3 mos. (answer 67a) __ 3 mos. Or > < than 6 mos. __ 6 mos. Or > < than 12 mos. __ 1 yr or > < than 3 yrs	__ 3 yrs or > < than 5 yrs __ 5 yrs or > < than 10 yrs __ 10 yrs or > < than 15 yrs __ 15 yrs or >
71. How is facility-based non-work support typically provided?	71. **FBNW method of support:** __ In-person only __ Remote only __ Combination of in-person and remote __ No supports provided	

Hours key: 15 min = .25   30 min = .50   45 min = .75
Round hours to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

Person Completing Form: **Phone:**   **Email:**

Appendix A: Activity Definitions

Supported Employment Services: <u>**Services or Activities**</u> 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/ development, interviewing, as well, as job coaching 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.

Provider-Paid Individual Employment: Employed at a community-based, individual job paid by the provider agency or provider subcontractor. Provider is defined broadly to include DD provider agencies, as well as businesses with a mission to employ workers with disabilities (i.e., NISH, Ability One, Cookie Place, an agency-owned-business, affirmative business, etc.), and/or when the employer receives wage reimbursement or a subsidy from the provider agency.

Provider-Paid Group Employment: Employed at a community-based job with two or more individuals with disabilities (enclave, work crew, etc.) paid by a provider agency or provider subcontractor. Provider is defined broadly to include DD provider agencies, as well as businesses with a mission to employ workers with disabilities (i.e., NISH, Ability One, Cookie Place, an agency-owned-business, affirmative business), and/or when the employer receives wage reimbursement or a subsidy from the provider agency.

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.

Facility-based Non-Work Activity with a DDD Provider: Non-work services or activities that take place in a licensed DDD provider facility/setting. This category often occurs in facilities referred to Day Activity or Day Habilitation programs or a group home. For some, they may participate remotely from their home and in activities facilitated by an agency Facility-Based Non-Work Day Program.

Non-DDD Facility Based Activity (Medicaid funded): Non-work services or activities that take place in a facility-based program that is NOT licensed by DDD. The majority of participants have a disability or medical condition. Continuous support and supervision are provided to all participants with disabilities. This category may also be called Adult Day Services or Medical Day Care.

Program for Elderly Persons Non-Work Activity: Non-work services or activities within a program specifically for elderly persons (i.e., provider-operated senior program, senior center, adult daycare).

Appendix B: Job Title List

Accommodation and Food Services
- 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)

Administrative & Support
- Data Entry Keyer
- Library Assistant Clerical
- Mail Clerk Handler
- Office and Administrative Support - All Types (Clerk, Receptionist, etc.)
- Office Machine Operator

Agriculture, Forestry, Fishing and Hunting
- Floral Designer/Assistant
- Laborer/Farm
- Landscaping and Grounds Keeping Worker
- Nursery Worker (Greenhouse/Retail)

Arts, Entertainment, and Recreation
- 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

Construction/Trade
- Construction Carpentry
- Construction Worker and Laborer
- Helper/Assistant All Trades (Painting, Welding, Masonry, Electrical, etc.)

Educational Services
- Self-Improvement Instructor (non-academic)
- Teacher Assistant
- Teacher/Instructor - All Types

Health Care and Social Assistance
- Direct Support Professional or Assistant
- Home Health Aide
- Peer Support Professional
- Personal Care Attendant

Management of Companies and Enterprises
- Assistant Manager
- Supervisor, Director, Management

Manufacturing
- Furniture Finishing/Assembly/Caning
- Order Filler/Wholesale Retail
- Polisher of Metal – All Types
- Production/Packager Hand Assembly
- Vending Machine/Box Servicer

Retail Trade
- 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

Professional, Technical, Science
- Billing Cost and Rate Clerks
- Social Media Specialist
- Technology Support
- Teller
- Writer/Author

Transportation and Warehousing
- Bus Monitor Aide
- Couriers & Messenger
- Driver Delivery Service
- Engine & Other Machine Assembly
- Laborer, Freight/Stock and Material Mover
- Passenger Assistant

Waste Management and Remediation Services
- Janitor/Cleaner/Housekeeping
- Maintenance/Repair Worker
- Trash/Refuse and Recyclable Material Collector

Other Services
- 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

Appendix C: Industry Definitions

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.

Appendix D: Provider List

Provider List	
SELF-DIRECTED SUPPORTS (through Options, Works for Me, My Choice, Perspectives or proPartnerships) ACCESSPOINT RI ACTION BASED ENTERPRISES INC AGAPE HOMES OF RI BLACKSTONE VALLEY ARC AVATAR COVE CENTER INC COMMUNITY LIVING OF RI COMMUNITY RESIDENCES OF RI CORLISS INSTITUTE INC COVENTRY TOWN OF PROJECT FRIENDS EASTER SEALS OF RI FOGARTY CENTER FRANK OLEAN CENTER INC GATEWAYS TO CHANGE INC GOODWILL INDUSTRIES OF RI J ARTHUR TRUDEAU MEMORIAL CTR JAMES L MAHER CENTER JUSTICE RESOURCE INSTITUTE	JUSTICE RESOURCE INSTITUTE KALEIDOSCOPE INC LIFE CONNECTIONS (BECKET FAMILY OF SERVICES) LIVING IN FULFILLING ENVIRONMENT LIVING INNOVATIONS LOOKING UPWARDS INC OPPORTUNITIES UNLIMITED PERSPECTIVES CORPORATION PROABILITY ARCNBC RE FOCUS INC RICLAS SEVEN HILLS RI SPURWINK RI UCP OF RHODE ISLAND WEST BAY RI WHITMARSH CORPORATION WORK INC WORK OPPORTUNITIES UNLIMITED

Appendix E: CWIC List

Certified Work Incentives Counselor (CWIC)		
Ian Armitstead Laura Elderkin	Jeanne Fay Vicki Ferrara Joshua Hughes	An ORS-provided Benefits Counselor

Appendix F: CBNW Activity

Changes to the CBNW Activity Data for two-week period.
The CBNW Activity Data provides a snap shot of how individuals engage in their community (activity types, amount of time, setting, etc.). To better understand the opportunity for community integration, the Court Monitor has asked us to collect additional data pertaining to who participated in the activities and who attended (target audience) for the activities. See the examples provided below.

Definitions and examples:
1. **Who else participated:** For each type of activity, answer if you attended all activities on your own or attended some or all activities with other people. If you attended some or all activities with other people, identify who else participated. Check all that apply from the list provided (e.g., family members, staff, other people with disabilities, community members).

2. **Who attended:** For each activity type, identify if the activities were attended mostly by people with disabilities (e.g., activities organized and promoted for PWD) or mostly by the public (e.g. activities organized and open to the public). See examples below.

Mostly People with Disabilities	Mostly the Public
Person attends an exercise class at the YMCA mostly attended by people with disabilities.	Person attends an exercise class at the YMCA mostly attended by people from the community.
Person attends a Job club at Network RI for people with disabilities.	Person attends an employment skills class at Network RI for all job seekers
Person attends a crafting class at a local yarn shop organized by a disability-focused agency.	Person attends a crafting class at a local yarn shop open to the public.
Person attends a luncheon at a local restaurant organized by a disability-focused agency.	Person has lunch at a local restaurant with a few people they know.
Person visits the local library to engage in activities organize by a program or a space set aside for a program.	Person visits the local library to access general resources or activities open to all patrons.
Person goes to a concert organized for people with disabilities (e.g., sensory sensitive)	Person goes to a local social club to listen to music.
Person participates in a sporting activity through Special Olympics.	Person participates in pickle ball through a town recreation program.
Person takes a hike with a group of people from their program.	Person takes a guided hike open to members of a local horticultural group.

Example:

Activity	Hours April 14-27	# of Activities	Who else participated Check all that apply	Who attended Check One	
				Mostly PWD	Mostly the public
Art, Leisure, Recreation	3	2	__ I attended all activities on my own X I attended some or all activities with other people. Who else participated with you (check all that apply): X 1+ family mbrs __1 to 2 PWD X 1+ staff __3 to 5 PWD __1+ comm. mbrs __More than 5 PWD		X