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| **Demographics** | | |
| Living arrangement:\_\_ Own home/apartment\_\_ Family home/apartment\_\_ Agency owned/operated\_\_ Shared Living Provider (SLA) | \_\_ Institution/nursing home/hospital\_\_ Homeless/shelter\_\_ Unknown \_\_ Not applicable (e.g., deceased) | **Residential provider:** (\_\_) NA   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Select from Appendix D)  **Employment/day provider:** (\_\_) NA (Select from Appendix D)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Participated in employment or day activities in the community or a DDD facility-based program** between **Feb 1- April 30, 2024:**  \_\_\_Yes \_\_\_No If No, reason (see list in instructions): \_\_\_\_\_\_\_\_\_\_\_\_ Comment (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Continue to Section 1 if the person participated in day or employment activities between Feb 1 - April 30, 2024. **If not, stop here.**

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| **Section 1: Activity Categories and General Questions (Complete the corresponding section for each activity selected.)** | |
| 1. **Activities participated Feb 1 - April 30:** | |
| \_\_ Supported Employment Services (SES) - Section 2  \_\_Individual Employment (IE) - Section 3  \_\_Self-Employed (SE) - Section 4  \_\_ Provider Paid Individual Employment (PPI) - Section 5 | \_\_ Provider Paid Group Employment (PPG) - Section 6  \_\_ Community-based Non-work (CBNW) - Section 7  \_\_ DDD Facility-based Non-work (FBNW) - Section 8  \_\_ Non DDD Facility-based Non-Work– no additional questions  \_\_ Program for Elderly Persons Non-work – no additional questions |
| 1. **Work incentive information received Feb 1 - April 30** (check all that apply)**:**\_\_ No information \_\_ Written materials   \_\_ Information session \_\_ Individual counseling session \_\_ SSA website \_\_ Spoke w/SSA Rep  \_\_ TTW Helpline \_\_ Benefits plan received \_\_ Benefits plan in process | |
| **3. ORS status Feb 1 - April 30:** \_\_ Applied/pending \_\_ Open case  \_\_ Closed/success \_\_Closed/other \_\_None | |
| **4. Technology owned:** \_\_None \_\_Cell phone \_\_Computer/laptop \_\_Tablet \_\_Smart speaker \_\_Smart watch \_\_Smart TV  \_\_Game console \_\_Portable media player \_\_Wearable fitness tracker \_\_Communication aid \_\_Medical alert device  \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Section 2: (SES) Supported Employment Services (If you did not check “SES” in Q1, skip to Section 3.)** | | |
| **5. SES Referred/started Feb 1-**  **April 30:** \_\_ Yes \_\_ No | **5a. SES referral source:**  \_\_ Self/family \_\_ School \_\_ Service provider \_\_ ORS \_\_ BHDDH \_\_ other: \_\_\_\_\_\_\_\_\_\_ | |
| **6. SES Job search activities Feb 1 - April 30:**  \_\_Employment PCP meeting  \_\_Community map–employment focus | \_\_Informational interview, job shadow, or tour with employer  \_\_ Job trial/situational assessment/internship  \_\_ List of technology  \_\_ Job club/class | \_\_ Written resume  \_\_ Visual resume  \_\_ Applied 1 or more jobs  \_\_ Attended 1 or more interviews  \_\_ None of the above |
| **7. SES # Short-term voc. experiences Feb 1 - April 30:** \_\_ 1 \_\_ 2 \_\_ 3 \_\_4 \_\_ 5+  **8. SES # Long-term voc. experiences Feb 1 - April 30:**  \_\_ 1 \_\_ 2 \_\_ 3 \_\_4 | | Count each voc. experience only once even if taking place over multiple days. |
| **9. SES # businesses contacted to develop a vocational experience or job opportunity Feb 1 - April 30:** \_\_\_\_\_\_\_\_\_  Count each business only once even if the business was contacted multiple times in 3-month period. | | |
| **10.** **SES Typical method of support**  **Feb 1 - April 30:** | \_\_ In-person only  \_\_ Remote only | \_\_ Combination of in-person and remote  \_\_ No supports provided |
| **11. SES Hours April 14 - April 27:** *(Round each activity to nearest 15 minutes)* | | |
| \_\_\_ Career planning  \_\_\_ Post-secondary education / vocational training | \_\_\_ Short-term vocational experience  \_\_\_ Long-term vocational experience  \_\_\_ Job search with me | \_\_\_ Job search on my behalf  \_\_\_ Job Coaching/retention (individual job or short/long-term voc. experience) |
| **12. SES Reason for no hours:** \_\_Health issues \_\_Planned time off \_\_Refused/cancelled \_\_Lack of supports \_\_No supports \_\_Other | | |
| **13. SES Settings:** (for activities reported in Question 11.) | \_\_ netWORKri/OneStop/DLT  \_\_ Business/employer  \_\_ Public venue | \_\_ School/training  \_\_ DD provider organization  \_\_ Home/residence |

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| **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)** |

**Employment Data**

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| **Section 3: (IE) Individual Employment (If you did not check IE in Q1, skip to Section 4.)** | |
| **14. IE STARTED job***(on employer payroll)*: \_\_Yes \_\_ No **14a. If YES, how was job obtained:** \_\_Existing job \_\_Customized job | |
| **15. IE ENDED job**(on employer payroll):      \_\_Yes \_\_ No  **15a. If *YES*, reason job ended** (check one): \_\_New job \_\_Chose to leave/not a match \_\_Laid off/general \_\_Fired \_\_Employer closed/relocated \_\_Lack of job supports/general \_\_Lack of transportation \_\_Benefits/financial \_\_Benefits/medical \_\_Moved \_\_Health issues \_\_Other  **15b. If YES, job length:** \_­­­\_\_< 1 month   \_\_\_1 month > < 3 months  \_\_\_3 month > < 6 mos.   \_\_\_6 months > < 12 mos.  \_\_\_1 yr > <2 yrs  \_\_\_ 2 yrs > < 5 yrs  ­\_\_\_5 yrs­ > < 10 yrs   \_\_\_10 yrs > | |
| **16. Were you employed in an individual job from April 14 - April 27?** \_\_Yes (go to Q17) \_\_No (go to Section 4) | |
| **17. IE Title** (Appendix B):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **17a. If other** (write in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If other, contact Vicki,[vferrara@ric.edu,](mailto:vferrara@ric.edu)before entering survey.  **18. IE Employer type** (check one):  \_\_ For-profit \_\_ Non-profit \_\_ DD agency \_\_ Government agency  **19. IE Industry (**Select from Appendix C):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **20. IE Onsite support:**  \_\_None \_\_Daily (100%) \_\_Daily (some) \_\_Weekly \_\_Monthly  **21. IE Offsite support:**  \_\_None \_\_Daily (100%) \_\_Daily (some) \_\_Weekly \_\_Monthly  **22. IE Method of support:**  \_\_In-person only \_\_Remote only \_\_Combination  **23. IE Employer consultation** *(check all that apply):*  \_\_None \_\_Face to face \_\_Remote  **24. Technology:** \_\_ None \_\_Cell Phone \_\_Computer/laptop \_\_Tablet \_\_Smart Speaker  \_\_ Smart Watch \_\_ Portable Media Player \_\_ Communication Aid  \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **25. IE Transportation:** \_\_On own \_\_Public bus (RIPTA) \_\_RIDE bus  \_\_On demand services \_\_Private ambulance \_\_Agency/staff \_\_Family/friend  \_\_Co-worker/carpool \_\_NA (e.g. works at home) | **26. IE Length of employment**:  \_\_ < 1 mo   \_\_ 1 mo > < 3 mos   \_\_ 3 mo > < 6mos  \_\_ 6 mo > < 12 mos   \_\_ 1 yr  > < 2 yrs \_\_ 2 yrs > < 5 yrs    \_\_ 5 yrs > < 10 yrs \_\_ 10 yrs >  **27. IE Benefits received:**  \_\_ Employer-Offered Health Ins  \_\_ Sick days \_\_ Per days \_\_Vac days  \_\_ Retirement Plan  \_\_ No benefits offered  **28. IE Hourly wage:** \_\_\_\_\_  (min. wage is 14.00)  **29. IE Work hours April 14 - April 27:**  \_\_\_\_\_\_\_\_\_(*Round to nearest 15 min.)*  **29a. IE Reason for no hours:**  \_\_ Furlough \_\_ Planned time off  \_\_ Sick leave \_\_ Lack of job supports  \_\_ Other |

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| **SECTION 4: (SE) Self-Employed *(If you did not check SE in Q1, skip to Section 5.)*** | |
| **30. SE Title** (*Appendix B):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **30a. If other (write in):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If other, contact Vicki, [vferrara@ric.edu,](mailto:vferrara@ric.edu) before entering survey.  **31. SE Length of Employment**:  \_\_ < 1 mo \_\_ 1 mo > < 3 mos  \_\_ 3 mo > < 6 mos   \_\_ 6 mo > < 12 mos  \_\_ 1 yr > < 2 yrs  \_\_ 2 yrs >< 5 yrs  \_\_ 5 yrs >< 10 yrs    \_\_ 10 yrs >  **32. SE Onsite Support Feb 1 - April 30:** \_\_ None  \_\_ Daily (100%) \_\_ Daily (some) \_\_ Weekly \_\_ Monthly | **33. SE Method of support Feb 1 - April 30:**  \_\_ In-person only \_\_ Remote only \_\_ Combination  **34. Tech:** \_\_ None \_\_Cell phone \_\_Computer/laptop \_\_Tablet  \_\_Smart speaker \_\_\_ Smart watch \_\_ Portable media player  \_\_ Communication aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **35. SE Resources:** \_\_None \_\_SE training  \_\_ Support from business association/group \_\_SSA PASS plan  \_\_ORS funding \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **36. SE Annual (12 mos.) Gross Income:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **37. SE Work Hours:**\_\_\_\_\_\_\_\_\_(Round to nearest 15 min.)  **37a. SE Reason no hours April 14 - April 27**:  \_\_Commission-based \_\_ Seasonal \_\_Planned time off  \_\_Health issues \_\_Lack of job supports \_\_Other |

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

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| **SECTION 5: (PPI) Provider Paid Individual Employment (If you did not check PPI in Q1 skip to Section 6.)** | |
| **38. PPI Title** (*Appendix B):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **38a. If other (write in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  If other, contact Vicki, [vferrara@ric.edu,](mailto:vferrara@ric.edu) before entering survey.  **39. PPI Industry: (***Appendix C):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **40. PPI Business type** *(check one):*\_\_ For-Profit \_\_ Non-Profit\_\_ DD Agency \_\_Gov \_\_ Bus. w/Miss to hire  **41. PPI Transportation:**  \_\_ On Own \_\_ Public Bus (RIPTA) \_\_ RIDE Bus  \_\_ On Demand Svs \_\_ Private Ambulance \_\_ Agency/Staff  \_\_ Family/Friend \_\_ Co-worker/Carpool  \_\_ NA (works at home)  **42. PPI Length of employment:**  \_\_ < 1 mo \_\_ 1 mo > < 3 mos  \_\_ 3 mo > < 6 mos   \_\_ 6 mo > < 12 mos  \_\_ 1 yr > < 2 yrs  \_\_ 2 yrs >< 5 yrs  \_\_ 5 yrs >< 10 yrs    \_\_ 10 yrs >  **43. PPI Onsite support Feb 1 - April 30:**  \_\_ None\_\_ Daily (100%) \_\_ Daily (some)\_\_ Weekly \_\_ Monthly | **44. PPI Offsite support Feb 1 - April 30:**  \_\_ None \_\_ Daily (100%) \_\_ Daily (some)  \_\_ Weekly \_\_ Monthly  **45. PPI Method of support Feb 1 - April 30:**  \_\_ In-Person Only \_\_ Remote Only \_\_ Combination  **46. PPI Employer consultation Feb 1 - April 30**  (check all that apply):\_\_ None \_\_ Face to face \_\_ Remote  **47. Technology:** \_\_ None\_\_Cell phone \_\_Computer/laptop \_\_Tablet \_\_Smart speaker \_\_\_ Smart watch \_\_ Portable media player\_\_Communication aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **48. PPI Benefits received:**  \_\_ Employer-offered health insurance \_\_ Sick \_\_ Personal days \_\_Vacation days \_\_ Retirement plan  \_\_ No benefits offered  **49. PPI Hourly wage:**\_\_\_\_\_\_\_\_\_\_\_ (min. wage is 14.00)  **50. PPI Work hours April 14 - April 27:**  \_\_\_\_\_\_ (round to nearest 15 minutes)  **50a. PPI Reason for no hours April 14 - April 27:**  \_\_ Furlough \_\_ Planned time off \_\_ Sick leave  \_\_ Lack of job supports \_\_ Other |

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| **SECTION 6: (PPG) PROVIDER PAID GROUP EMPLOYMENT (*If you did not check PPG in Q1 SKIP to Section 7.)*** | |
| **51. PPG Title** (*Appendix B):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **51a. If other (write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  If other, contact Vicki, [vferrara@ric.edu](mailto:vferrara@ric.edu), before entering survey.  **52. PPG Industry: (**Appendix C):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **53. PPG Business Type** *(check one):* \_\_ For-profit \_\_ Non-profit \_\_ DD agency  \_\_Government \_\_ Bus. w/mission to hire  **54. PPG Number of workers:**  \_\_ 2-3 \_\_ 4-6 \_\_ 7-10 \_\_more than 10  **55. PPG Transportation:**  \_\_ On own \_\_ Public bus (RIPTA) \_\_ RIDE bus  \_\_ On demand service \_\_ Private ambulance \_\_ Agency/staff \_\_ Family \_\_ Co-worker/carpool \_\_ NA (works at home)  **56. PPG Length of employment:**  \_\_ < 1 mo \_\_ 1 mo > < 3 mos  \_\_ 3 mo > < 6 mos   \_\_ 6 mo > < 12 mos  \_\_ 1 yr > < 2 yrs  \_\_ 2 yrs >< 5 yrs  \_\_ 5 yrs >< 10 yrs    \_\_ 10 yrs > | **57. PPG Onsite support Feb 1 - April 30:**  \_\_ None \_\_ Daily (100%) \_\_ Daily (some) \_\_ Weekly \_\_Monthly  **58. PPG Method of support Feb 1 - April 30:**  \_\_ In-person only \_\_ Remote only \_\_ Combination  **59. Technology:**  \_\_ None \_\_Cell phone \_\_Computer/laptop \_\_Tablet  \_\_Smart speaker \_\_Smart watch  \_\_ Portable media player \_\_Communication Aid  \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **60. PPG Benefits received:**  \_\_ Employer-offered health insurance \_\_ Sick days  \_\_ Personal days \_\_Vacation Days  \_\_ Retirement contribution \_\_ No benefits offered  **61. PPG Hourly wage:**\_\_\_\_\_\_\_\_\_ (min. wage is 14.00)  **62. PPG Work hours April 14 - April 27:**   \_\_\_\_\_ (round to nearest 15 minutes)  **62a. PPG Reason for no hours April 14 - April 27:**  \_\_ Furlough \_\_ Planned time off \_\_ Sick leave  \_\_ Lack of job supports \_\_ Other |

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

**Non-Work Activity Data**

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| **Section 7: (CBNW) Community-based Non-work Activity (If you did not check CBNW in Q1, skip to Section 8.)** |
| **63. CBNW Length:** \_\_ < 3 mos. \_\_ 3 mos. > < 6 mos. \_\_ 6 mos. > < 12 mos. \_\_ 1 yr. > < 3 yrs.  \_\_ 3 yrs. > < 5 yrs. \_\_ 5 yrs. >< 10 yrs. \_\_ 10 yrs. >< 15 yrs. \_\_ 15 yrs. > |
| **64. CBNW Method of support Feb 1 - April 30:** \_\_ In-Person Only \_\_ Remote Only \_\_ Combination \_\_ No Support Provided |
| **65. Technology:** \_\_ None \_\_Cell phone \_\_Computer/laptop \_\_Tablet \_\_Smart speaker \_\_\_ Smart watch \_\_ Portable media player  \_\_Wearable fitness tracker \_\_ Communication aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **66 CBNW Hours from April 14 - April 27:** \_\_\_Yes \_\_\_No  **66a. CBNW Reason for no hours:** \_\_ Health issues \_\_ Planned time off \_\_ Lack of supports \_\_ Other |

**67. CBNW Activity:** For each activity participated in from **April 14-27,** enter hours, # activities, who participated and who attended.

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| **Activity Type** | **Hours (Q67)** | **# of Activities (Q67a)** | **Who Else Participated (Q67b)** | **Who Attended (Q67c)** | |
| **Mostly PWD** | **Mostly the public** |
| Art, Leisure, Recreation  (e.g., show, dining, 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 mbrs  \_\_1+ staff  \_\_ 1+ community mbrs  \_\_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 mbrs  \_\_1+ staff  \_\_ 1+ community mbrs  \_\_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 mbrs  \_\_1+ staff  \_\_ 1+ community mbrs  \_\_1 to 2 PWD  \_\_3 to 5 PWD  \_\_More than 5 PWD |  |  |
| 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 mbrs  \_\_1+ staff  \_\_ 1+ community mbrs  \_\_1 to 2 PWD  \_\_3 to 5 PWD  \_\_More than 5 PWD |  |  |

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| **Activity Type** | **Hours (Q67)** | **# of Activities (Q67a)** | **Who Else Participated (Q67b)** | **Who Attended (Q67c)** | |
| Mostly PWD | Mostly the public |
| 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 mbrs  \_\_1+ staff  \_\_ 1+ community mbrs  \_\_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 mbrs  \_\_1+ staff  \_\_ 1+ community mbrs  \_\_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 mbrs  \_\_1+ staff  \_\_ 1+ community mbrs  \_\_1 to 2 PWD  \_\_3 to 5 PWD  \_\_More than 5 PWD |  |  |

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| **68. CBNW Settings:** \_\_ Public Venue \_\_ Member-based Organization \_\_ School / Training Facility   \_\_ Business/Employer \_\_ Senior Center / Facility \_\_ Virtual |

**Section 8: (FBNW) DDD Facility-*based* Non-work Activity**

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| **69. FBNW Hours April 14 - April 27**: \_\_\_\_\_\_\_\_ (Round to nearest 15 minutes.) |
| **69a. FBNW Reason for no hours:** \_\_ Health Issues \_\_ Planned Time Off \_\_ Lack of Supports \_\_ Other |
| **71. FBNW Length:** (If exited/left FBNW and returned within the past 3 months indicate the length of time since returning.):\_\_ < 3 mos. \_\_ 3 mos. > < 6 mos. \_\_ 6 mos. > < 12 mos. \_\_ 1 yr > < 3 yrs  \_\_ 3 yrs > < 5 yrs \_\_ 5 yrs > < 10 yrs \_\_ 10 yrs > < 15 yrs \_\_ 15 yrs > |
| **72. FBNW Method of Support Feb 1 - April 30:**  \_\_ In-person only \_\_ Remote only \_\_ Combination \_\_ No support provided |

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

Person providing data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person entering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_