|  |
| --- |
| **DEMOGRAPHICS** |
| Living Arrangement: \_\_ Own Home/Apt \_\_ Family Home/Apt \_\_ 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **\_\_Participated in employment or day activities in the community or a DDD facility-based program** **Aug 1 - Oct 31, 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 Aug 1 - Oct 31, 2024.* ***If not, stop here.***

|  |
| --- |
| **SECTION 1: ACTIVITY CATEGORIES AND GENERAL QUESTIONS (Complete the corresponding section for each activity selected.)** |
| 1. **Activities participated Aug 1 - Oct 31:**
 |
| \_\_ 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 Aug 1 - Oct 31** *(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 Aug 1 - Oct 31:** \_\_ 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 Dev \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **SECTION 2: (SES) SUPPORTED EMPLOYMENT SERVICES (*If you did not check “SES” in Q1, SKIP to Section 3.)*** |
| **5. SES Referred/Started Aug 1-Oct 31:** \_\_ Yes \_\_ No |  **5a. SES Referral source:**\_\_ Self/Family \_\_ School \_\_ Service Provider \_\_ ORS \_\_ BHDDH \_\_ Other: \_\_\_\_\_\_\_\_\_\_ |
| **6. SES Job Search Activities** **Aug 1 - Oct 31:**\_\_ Employment/PCP meeting\_\_ Community map – Employ. Focus\_\_ Informational interview | \_\_ Job Trial/Situational Assess/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. Exp Aug 1 - Oct 31:** \_\_ 1 \_\_ 2 \_\_ 3 \_\_4 \_\_ 5+ **8. SES #Long-term Voc. Exp Aug 1 - Oct 31:**  \_\_ 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 Aug 1 - Oct 31:** \_\_\_\_\_\_\_\_\_ *Count each business only once even if contacted multiple times in 3-month period.* |
| **10.** **SES Typical Method of Support Aug 1 - Oct 31:** | \_\_ In-Person Only\_\_ Remote Only | \_\_ Combination of in-person and remote\_\_ No supports provided |
| **11. SES Hours Sept 29 - Oct 12:** *(Round each activity to nearest 15 minutes)* |
| \_\_\_ Career planning\_\_\_ Post-secondary ed./Voc. training |  \_\_\_ Short-term vocational experience\_\_\_ Long-term vocational experience | \_\_\_ Job search with me\_\_\_ Job search on my behalf\_\_\_ Job Coaching/Retention-Indiv. or exp |
| **12. 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 10.)* |  \_\_ American Job Center (formerly NetworkRI) \_\_ Business/Employer \_\_ Public Venue |  \_\_ School/Training \_\_ 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)** |

**EMPLOYMENT DATA**

|  |
| --- |
| **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 Jo*b****(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 Sept 29 - Oct 12?** \_\_Yes (go to Q17) \_\_No (Skip to Section 4) |
| **17. IE Title** (*Appendix B):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****17a. If Other (write in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***If other, contact Vicki,* *vferrara@ric.edu,* *before entering online survey.***18. IE Employer Type** *(check one):* \_\_ For-Profit \_\_ Non-Profit \_\_ DD Agency \_\_ Gov 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 \_\_In Person \_\_Remote**24. Tech:** \_\_ 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 (works at home) | **26. IE Length of Employment**: \_\_ < 1 mo   \_\_ 1 mo > < 3 mos  \_\_ 3 mo > < 6mos  \_\_ 6 mo > < 12mos  \_\_ 1 yr  > < 2 yrs \_\_ 2 yrs > < 5 yrs   \_\_ 5 yrs > < 10 yrs \_\_ 10 yrs >**27. IE Benefits Received:**  \_\_ Employer-Offered Health Ins \_\_ Sick \_\_ Per Days \_\_Vac Days \_\_ Retirement Plan \_\_ No benefits offered**28. IE Hourly Wage: \_\_\_\_\_**(min. wage is 14.00)**29. IE Work Hours Sept 29 - Oct 12:** **\_\_\_\_\_\_\_\_\_** (*Round to nearest 15 min.)***29a. IE Reason for No Hours:**\_\_ Furlough \_\_ Planned Time Off \_\_ Sick Leave \_\_ Lack of Job Supports \_\_ Other |

|  |
| --- |
| **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,* *before e*ntering *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 Aug 1 - Oct 31:** \_\_ None\_\_ Daily (100%) \_\_ Daily (some) \_\_ Weekly \_\_ Monthly | **33. SE Method of Support Aug 1 - Oct 31:** \_\_ 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 Assoc/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 Sept 29 – Oct 12**: \_\_ Commission-based \_\_ Seasonal \_\_Planned Time Off \_\_Health Issues \_\_Lack of Job Supports \_\_Other |

|  |
| --- |
| **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)** |

|  |
| --- |
| **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,* *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 Aug 1 - Oct 31:** \_\_ None\_\_ Daily (100%) \_\_ Daily (some)\_\_ Weekly \_\_ Monthly | **44. PPI Offsite Support Aug 1 - Oct 31:** \_\_ None \_\_ Daily (100%) \_\_ Daily (some)\_\_ Weekly \_\_ Monthly**45. PPI Method of Support Aug 1 - Oct 31:** \_\_ In-Person Only \_\_ Remote Only \_\_ Combination**46. PPI Employer Consultation Aug 1 - Oct 31** *(check all that apply):*\_\_ None \_\_ In Person \_\_ Remote**47. Tech:** \_\_ None\_\_Cell Phone \_\_Computer/Laptop \_\_Tablet \_\_Smart Speaker \_\_\_ Smart Watch \_\_ Portable Media Player\_\_Communication Aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **48. PPI Benefits Received:**  \_\_ Employer-Offered Health Ins \_\_ Sick \_\_ Per Days \_\_Vac Days \_\_ Retirement Plan \_\_ No benefits offered**49. PPI Hourly Wage:**\_\_\_\_\_\_\_\_\_\_\_ (min. wage is 14.00)**50. PPI Work Hours Sept 29 - Oct 12:**  \_\_\_\_\_\_ *(round to nearest 15 minutes)***50a. PPI Reason for No Hours Sept 29 - Oct 12:** \_\_ Furlough \_\_ Planned Time Off \_\_ Sick Leave \_\_ Lack of Job Supports \_\_ Other |

|  |
| --- |
| **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**, 401-456-8092***52. PPG Industry: (***Appendix C):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****53. PPG Business Type** *(check one):*\_\_ For-Profit \_\_ Non-Profit \_\_ DD Agency  \_\_Gov \_\_ Bus. w/Miss 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 Svs\_\_ Priv Amb **\_**\_ 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 Aug 1 - Oct 31:** \_\_ None \_\_ Daily (100%) \_\_ Daily (some) \_\_ Weekly \_\_Monthly**58. PPG Method of Support** **Aug 1 - Oct 31:** \_\_ In-Person Only \_\_ Remote Only \_\_ Combination**59. Tech:** \_\_ None \_\_Cell Ph \_\_Computer/laptop \_\_Tablet \_\_Smart Speaker \_\_\_ Smart Watch \_\_ Port Media Player\_\_Communication Aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **60. PPG Benefits Received:** \_\_ Employer-Offered Health Ins \_\_ Sick \_\_ Per Days \_\_Vac Days \_\_ Retirement Contribution \_\_ No benefits offered**61. PPG Hourly Wage:**\_\_\_\_\_\_\_\_\_ (min. wage is 14.00)**62. PPG Work Hours Sept 29 - Oct 12:**  \_\_\_\_\_ *(round to nearest 15 minutes)***62a. PPG Reason for No Hours Sept 29 - Oct 12:** \_\_ Furlough \_\_ Planned Time Off \_\_ Sick Leave \_\_ Lack of Job Supports \_\_ Other |

|  |
| --- |
| **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**

|  |
| --- |
| **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** **Aug 1 - Oct 31:** \_\_ In-Person Only \_\_ Remote Only \_\_ Combination \_\_ No Support Provided |
| **65. Tech:** \_\_ None \_\_Cell Phone \_\_Computer/Laptop \_\_Tablet \_\_Smart Speaker \_\_\_ Smart Watch \_\_ Portable Media Player \_\_Wearable Fitness Tracker \_\_ Communication Aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **66 CBNW Hours from Sept 29 - Oct 12:** \_\_\_Yes \_\_\_No**66a. CBNW Reason for No Hours:** \_\_ Health Issues \_\_ Planned Time Off \_\_ Lack of Supports \_\_ Other |

|  |  |
| --- | --- |
|

|  |
| --- |
| **Section 7: (CBNW) Community-based Non-work Activity (*If you did not check CBNW in Q1, skip to Section 8.)*** |

 |
| **67. Activity Type** | **Hours** **(Q67)** | **# times participating in Activities****(Q67a)** | **Who Else Participated (Q67b)**Check all that apply | **Attendees (Q67c)**Check One  |
| 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 (check all that apply):*\_ Only myself \_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD\_ 1+ community mbrs |  |  |
| 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 (check all that apply):*\_ Only myself \_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD\_ 1+ community mbrs |  |  |
| Adult Education or Training (for personal enrichment) |  |  | *\_\_ I attended all activities on my own**\_\_ I attended some or all activities with other people (check all that apply):*\_ Only myself \_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD\_ 1+ community mbrs |  |  |
| Soft Skills / Employment Related |  |  | *\_\_ I attended all activities on my own**\_\_ I attended some or all activities with other people (check all that apply):*\_ Only myself \_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD\_ 1+ community mbrs |  |  |
| Activities of Daily Living |  |  | *\_\_ I attended all activities on my own**\_\_ I attended some or all activities with other people (check all that apply):*\_ Only myself \_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD\_ 1+ community mbrs |  |  |
| Volunteering |  |  | *\_\_ I attended all activities on my own**\_\_ I attended some or all activities with other people (check all that apply):*\_ Only myself \_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD\_ 1+ community mbrs |  |  |
| All Other |  |  | *\_\_ I attended all activities on my own**\_\_ I attended some or all activities with other people (check all that apply):*\_ Only myself \_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD\_ 1+ community mbrs |  |  |
| **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**

|  |
| --- |
| **69. FBNW Hours Sept 29 - Oct 12:** **\_\_\_\_\_\_\_\_** *(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 Aug 1 - Oct 31:** \_\_ In-Person Only \_\_ Remote Only \_\_ Combination \_\_ No Support Provided |

|  |
| --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_