|  |  |  |
| --- | --- | --- |
| **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,*](mailto: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,*](mailto: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,*](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 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*](mailto: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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_