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| **DEMOGRAPHICS** |
| Living arrangement: \_\_ Own home/apt \_\_ Family home/apt \_\_ Agency owned/operated \_\_ Share living (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** **Aug 1 - Oct 31, 2025:** **\_\_\_** 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, 2025.* ***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 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 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 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 – employment 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:** \_\_ 0 \_\_ 1 \_\_ 2 \_\_ 3 \_\_4 \_\_ 5+ **8. SES #long-term voc. exp. Aug 1 - Oct 31:**  \_\_ 0 \_\_ 1 \_\_ 2 \_\_ 3 \_\_4  | ***NOTE:*** *Count each voc. exp. 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 28 - Oct 11:** *(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- individual job or vocational experience |
| **12. Reason for no hours:** \_\_Health Iss \_\_Planned time off \_\_Refused/cancelled \_\_Lack of supp. \_\_No sch services/supp. \_\_Other |
| **13. SES settings:** (*for activities reported in Question 10.)* |  \_\_ 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 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 \_\_Fired \_\_Employer closed/relocated  \_\_Lack of job supports \_\_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 28 - Oct 11?** \_\_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 paratransit\_\_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 \_\_ Personal days \_\_Vac days \_\_ Retirement plan \_\_ No benefits offered**28. IE hourly wage: \_\_\_\_\_**(min. wage is $15.00)**29. IE work hours Sept 28 - Oct 11:** **\_\_\_\_\_\_\_\_\_** (*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,* *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 bi-annual (12 mos) Gross income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****37. SE work hours:   \_\_\_\_\_\_\_\_\_** *(round to nearest 15 min.)***37a. SE reason no hours Sept 28 - Oct 11**: \_\_ 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,* *before entering survey.***39. PPI industry: (***Appendix C):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****40. PPI business type** *(check one):*\_\_ For-profit \_\_ Non-profit \_\_DD agency \_\_Gov \_\_ Business w/ mission to hire**41. PPI transportation:**\_\_ On own \_\_ Public bus (RIPTA) \_\_ RIDE paratransit\_\_ On-demand svcs \_\_ Private ambulance \_\_ Agency/staff \_\_ Family/friend \_\_ Co-worker/carpool \_\_ N/A (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 Ccnsultation 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 Insurance \_\_ Sick \_\_ Personal days \_\_Vac days \_\_ Retirement plan \_\_ No benefits offered**49. PPI hourly wage:**\_\_\_\_\_\_\_\_\_\_\_ (min. wage is $15.00)**50. PPI work hours Sept 28 - Oct 11** *(round to nearest 15 minutes):* \_\_\_\_\_\_\_\_\_\_\_\_\_**50a. PPI reason for no hours Sept 28 - Oct 11:** \_\_ Furlough \_\_ Planned time off \_\_ Sick leave \_\_ Lack of job Supports \_\_ other |

**EMPLOYMENT DATA (CONTINUED)**

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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**, 401-456-8092***52. PPG industry: (***Appendix C):***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****53. PPG business type** *(check one):*\_\_ For-profit \_\_ Non-profit \_\_ DD agency  \_\_Gov \_\_ 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 paratransit \_\_ On-demand services \_\_ Private amb. \_\_ Agency/staff \_\_ Family \_\_ Co-worker/carpool \_\_ N/A (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 phone \_\_Computer/laptop \_\_Tablet \_\_Smart speaker \_\_\_ Smart watch \_\_ Portable media player \_\_Communication aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **60. PPG benefits received:** \_\_ Employer-offered health ins  \_\_ Sick days \_\_ Personal days \_\_Vacation days \_\_ Retirement contribution \_\_ No benefits offered**61. PPG hourly wage:**\_\_\_\_\_\_\_\_\_ (min. wage is $15.00)**62. PPG work hours Sept 28 - Oct 11** *(round to nearest 15 minutes):* \_\_\_\_\_\_\_\_\_\_\_\_\_**62a. PPG reason for no hours Sept 28 - Oct 11:** \_\_ 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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| **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 \_\_ Combnation \_\_ 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 28 - Oct 11:** \_\_\_Yes \_\_\_No**66a. CBNW reason for no hours:** \_\_ Health issues \_\_ Planned time off \_\_ Lack of supports \_\_ Other |

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| **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)** | **# of Activities****(Q67a)** | **Who else participated (Q67b)**Check all that apply | **Attendees (Q67c)**Check One  |
| Art, leisure, recreation (e.g., show, dining, crafting class) |  | \_\_ 1\_\_ 2 – 4\_\_ 5 – 9\_\_ 10 – 14\_\_ 15+ | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people (check all that apply):\_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD \_ 1+ community mbrs | \_\_ Mostly people with disabilities\_\_Mostly the public or community |
| Health & fitness (e.g., exercise class, wellness session, daily walk) |  | \_\_ 1\_\_ 2 – 4\_\_ 5 – 9\_\_ 10 – 14\_\_ 15+ | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people (check all that apply):\_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD \_ 1+ community mbrs | \_\_ Mostly people with disabilities\_\_Mostly the public or community |
| Adult education or training (for personal enrichment) |  | \_\_ 1\_\_ 2 – 4\_\_ 5 – 9\_\_ 10 – 14\_\_ 15+ | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people (check all that apply):\_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD \_ 1+ community mbrs | \_\_ Mostly people with disabilities\_\_Mostly the public or community |
| Soft skills / employment related |  | \_\_ 1\_\_ 2 – 4\_\_ 5 – 9\_\_ 10 – 14\_\_ 15+ | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people (check all that apply):\_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD \_ 1+ community mbrs | \_\_ Mostly people with disabilities\_\_Mostly the public or community |
| Activities of daily living |  | \_\_ 1\_\_ 2 – 4\_\_ 5 – 9\_\_ 10 – 14\_\_ 15+ | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people (check all that apply):\_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD \_ 1+ community mbrs | \_\_ Mostly people with disabilities\_\_Mostly the public or community |
| Volunteering |  | \_\_ 1\_\_ 2 – 4\_\_ 5 – 9\_\_ 10 – 14\_\_ 15+ | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people (check all that apply):\_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD \_ 1+ community mbrs | \_\_ Mostly people with disabilities\_\_Mostly the public or community |
| All other |  | \_\_ 1\_\_ 2 – 4\_\_ 5 – 9\_\_ 10 – 14\_\_ 15+ | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people (check all that apply):\_ 1 to 2 PWD\_ 1+ family mbrs \_ 3 to 5 PWD\_ 1+ staff \_ More than 5 PWD \_ 1+ community mbrs | \_\_ Mostly people with disabilities\_\_Mostly the public or community |
| **68. CBNW settings:** \_\_ Public Venue \_\_ Member-Based Organization \_\_ School / Training Facility   \_\_ Business/Employer  \_\_ Senior Center / Facility \_\_ Virtual |

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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 8: (FBNW) DDD Facility-Based Non-Work Activity** |
| **69. FBNW hours Sept 28 - Oct 11:** **\_\_\_\_\_\_\_\_** *(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 |

Person providing data : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_