DD Employment & Day Activity Outcomes Survey 2025 Bi-Annual Survey – Directions, Questions and Guidance

Important Dates

- August 1 to October 31, 2025 is the 3-month survey period.
- **September 28 to October 11, 2025** is the two-week **data collection period** for employment and non-work activities in the community or a facility-based program.
- November 1 to November 30, 2025 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 <u>BEFORE</u> 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. 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 quarter (.25) hour for all related questions. See the key provided on applicable pages.

Reminders

- Start or update survey at <u>www.rioutcomesurveys.info</u>
- 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.
- If a job title is not listed in Appendix B: Job Title List, email Vicki Ferrara at <u>vferrara@ric.edu</u> before selecting "Other" in the online survey.
- Once agency entering their last survey notify Allison Wolfe via email at awolfe@ric.edu.

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

2025 Bi-Annual DD Employment & Day Activity Outcomes Survey

Demographics

Survey ID:	Initials:	Date of Birth:
Demographics:		
Living arrangement (check one):		
Shared Living Arrangement (SLA)		nt Agency owned/operated sing home/hospital Homeless/shelter
Residential provider: Provide only if the or Shared Living Provider. Select a provider.		nt provided above is Agency owned/operated
Employment/day provider: List all the	- at apply. <mark>Select prov</mark> i	ders from Appendix D.
		the community or a DDD facility-based activities may have been provided in-persor
Yes , I participated in some employm based program between August 1 to Oct		ties in the community or at a DDD facility-
No , I did not participate in employments based program for any period of time be		cies in the community or at a DDD facility-ctober 31, 2025.
If no, provide reason:		
 Attending high school/under 22 yea Funding issue/awaiting waiver deter New/pending services Systems capacity issue (e.g., on against lack of staff, no access to service) Transferring Program (e.g., to/from Agency/SDS/SLA/Other) Extended vacation/absence Declined/refused/suspended agency (temporary) Lack of follow-through by family or Health issues 	mination liv Se ency wait So ces) res an Att (e Att services liv participant Clo	spitalized/nursing home/hospice/assisted ing rvices provided out of state lely Community Support funding - spite/home health aide/RN services rending a Medicaid funded day program only e.g., Generations, Living Well, etc.) rending Elder Program only ehome supports only (e.g., activities of daily ing) osed/discharged/terminated BHDDH services ceased - Date, if known:

Continue to **Section 1** if you participated in day or employment activities between August 1 to October 31, 2025. **If not, stop here.**

Section 1: Activity Categories and General Questions

1. In which of the following activities did you participate between August 1 to October 31, 2025?

Check all that apply, whether you have hours to report for the two-week data period of September 28 to

October 11, 2025. See Appendix A – Activity Defi	nitions
Supported Employment Services (Complete S Individual Employment (Employer Payroll) (Co Self-Employed (Complete Section 4) Provider Paid Individual Employment (Complete S Provider Paid Group Employment (Complete S Community-Based Non-Work Activity (Complete S Facility-Based Non-Work Activity- DDD provided Non-DDD Facility Based Activity (Medicaid functions) Elder Program Non-Work Activity (No additions)	ete Section 3) Section 5) Section 6) Section 7) Sete Section 7) Sete Section 8) Section 8) Section 8) Section 8) Section 8)
Did you receive information on Social Sec October 31, 2025?	curity Work Incentives between August 1 to
Refers to receiving information to learn how earni Check all that apply.	ings impact SSI, SSDI, and health insurance.
No information receivedProvided written materialsAttended work incentive information sessionAttended an individual counseling session with a CWICAccessed Social Security Administration website	Spoke with a Social Security Administration RepresentativeCalled Ticket to Work HelplineWritten benefits plan received from CWICWritten 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 August 1 to October 31, 2025?	Office of Rehabilitation Services (ORS) between
Applied/application pendingOpen case (new or ongoing)	Closed-success within 3-month periodClosed-other within 3-month periodNone
4. Which of the following technology do you not need to give back)? Check all that apply	own (e.g., a device that is yours and that you do
 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 August 1 to October 31 ?	5. SES referred / started: Yes, I was referred to/started SES between Sept 28 - Oct 11 No, I was enrolled in SES before August 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 August 1 to October 31?	 Job search activities: Check all that apply. I participated in an employment-focused, personcentered 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. How many short-term vocational experiences (<30 days) did you complete between August 1 to October 31 ?	7. SES short-term vocational experiences: Check one.
Examples: informational or learning experiences: Job tour, mock interview, job shadowing, brief situational assessment.	Number of experiences:01234 5+ Count each vocational experience only once even if it takes place over multiple days.
8. How many long-term vocational experiences (>30 days) did you complete between August 1 to October 31?	8. SES long-term vocational experiences: Check one. Number of experiences:01 2 3 4
Examples: job trial, situational assessment, internship	Count each vocational experience only once even if taking place over multiple days.
 How many businesses were contacted on your behalf to develop a vocational experience or job opportunity between August 1 to October 31? 	9. SES of businesses contacted: Count each business only once even if contacted multiple times in the 3-month period.

Question	Response
10. How was Supported Employment Services	10. SES method of support:
support provided between August 1 to October 31?	 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 Sept 28-Oct 11 ? 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 Sept 28 - Oct 11 , 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 services or 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 August 1 to October 31 ?	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 August 1 to October 31?	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 Fired (e.g., performance or work behavior related) Employer closed / relocated Lack of available job supports Lack of available job supports 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 Sept 28 - Oct 11?	16. Employed Sept 28 - Oct 11: Yes No If yes, continue to Question 17.	

If you were employed in an individual job from September 28 - October 11, go to Question 17.

If you were NOT employed, skip to Section 4.

Question	Response	
17. What is the title of your individual job?	17. IE title:	_
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/.	17a. Write in title if "Other":	ne survey, contact Vicki Ferrara at
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	<u>.</u>
20. What level of onsite support do you receive at your individual job between August 1 - October 31 ?	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 August 1 - October 31 ?	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	22. IE method of support:	
provided between August 1 - October 31 ? Skip if answer to both onsite /offsite support is none.	In-person only Remote only	Combination of in-person and remote
23. What type of employer consultation was provided by	23. IE employer consultation: (Check all that apply.
agency staff between August 1 - October 31?	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 None Cell phone Computer or laptop Tablet (e.g., iPad, Amazon Fire) Smart speaker (e.g., Amazon Ed) Smart watch Portable media player Communication aid (e.g., Dynav) Other (list): Do not list equipment used to coregister, copy machine, inventor	cho, Google Nest) vox) omplete your job (e.g., cash
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 (ADA paratransit) On-Demand Services (e.g., Taxi, Uber, Lyft)	 Private Ambulance Agency/staff provided Family member, relative, friend, neighbor, etc. Co-worker/carpool N/A (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 \$15.00.	28. IE hourly wage: Enter dollars and cents, no symbols	s (i.e., 15.50).
29. How many HOURS did you work at your individual job from Sept 28 - Oct 11?	29. IE work hours: Round to the nearest 15 minutes (s	see hours key).
29a. If you worked no hours from Sept 28 - Oct 11 , 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?	30. SE title:		
Select a job title from Appendix B. You can look up an occupation at https://www.onetonline.org/	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 August 1 to October 31?	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 August 1 to October 31 ? 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)

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). 35. What resources did you use to support your self-employed job from August 1 to October 31? 36. What is your gross annual (12 month) income? 36. What is your gross annual (12 month) income? 37. How many HOURS did you work at your self-employed job from Sept 28 - Oct 11? 37. If you worked no hours at your self-employed job from Sept 28 - Oct 11, what was the primary reason? 38. Se resources: choose all that apply (Carpontal Enterprise Greenhouse, Chamber of Commerce) 38. What is your gross annual (12 month) income? 39. Se your gross annual (12 month) income? 30. What is your self-employed job from Sept 28 - Oct 11, what was the primary reason?		
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). 35. What resources did you use to support your self-employed job from August 1 to October 31? 36. What is your gross annual (12 month) income? 36. What is your gross annual yob from Sept 28 - Oct 11? 37a. If you worked no hours at your self-employed job from Sept 28 - Oct 11, what your self-emp		
Communicate, smart speaker that reminds you when to catch your ride to work). 35. What resources did you use to support your self-employed job from August 1 to October 31? 36. What is your gross annual (12 month) income? 37. How many HOURS did you work at your self-employed job from Sept 28 - Oct 11? 37. If you worked no hours at your self-employed job from Sept 28 - Oct 11, what is your self-employed job from Sept 28 - Oct 11, what is your self-employed job from Sept 28 - Oct 11, what is your self-employed job from Sept 28 - Oct 11, what is your self-employed job from Sept 28 - Oct 11, what is your self-employed job from Sept 28 - Oct 11, what is your self-employed job grow Sept 28		
35. What resources did you use to support your self-employed job from August 1 to October 31? 10. SE resources: choose all that apply 11. None 12. Attended self-employment course, training, or follow-up networking meeting (e.g., DD Council, SBA class). 13. Received support from a business association/group (e.g., SCORE, SBA, Social Enterprise Greenhouse, Chamber of Commerce) 13. Approved SSA PASS plan 13. Funding from ORS for self-employment 13. Other:		
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 Sept 28 - Oct 11? 37. If you worked no hours at your self-employed job from Sept 28 - Oct 11, what Business is commission-based Business is commission-based Business is seasonal 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 (12-month period) Round to nearest whole dollar. 37. SE work hours: Use 2-week actual hours OR 2-week average for the period from August 1 to October 31. Round to the nearest 15 minutes (See hours key) 37a. If you worked no hours at your self-employed job From Sept 28 - Oct 11, what		
(12 month) income? (12-month period) Round to nearest whole dollar. 37. How many HOURS did you work at your self-employed job from Sept 28 - Oct 11? 37. SE work hours: Use 2-week actual hours OR 2-week average for the period from August 1 to October 31. Round to the nearest 15 minutes (See hours key) 37a. If you worked no hours at your self-employed job from Sept 28 - Oct 11, what Business is commission-based Business is seasonal — Health issues Lack of job supports		
work at your self-employed job from Sept 28 - Oct 11 ? 37a. If you worked no hours at your self-employed job from Sept 28 - Oct 11 , what 37a. SE reason no hours: Business is commission-based Business is seasonal Business is seasonal Use 2-week actual hours OR 2-week average for the period from August 1 to October 31. Round to the nearest 15 minutes (See hours key) Health issues Business is seasonal Business is seasonal		
at your self-employed job Business is commission-based Lack of job supports		
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 Sept 28 - Oct 11, pick one to answer all questions.		
Survey Question Response		
38. What is the title of your provider-paid individual job? 38. PPI title:		
Select a job title from Appendix B. You can look up an occupation at https://www.onetonline.org/ Before entering "Other" in the online survey, contact Vicki Ferrara at vferrara@ric.edu.		

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Select an industry from Appendix C.

15 min = .25 30 min = .50

39. **PPI industry:**

Round hours to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

Hours key:

39. What industry represents your

provider-paid individual job?

45 min = .75

40. What best describes the type of business where you do your provider-paid individual job?41. How do you typically get to 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 41. PPI transportation: Check one. — On own (drives car, walks, bike etc.) — Public bus (RIPTA) — RIDE (ADA paratransit) — On Demand Service (taxi, Uber Lyft)	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 August 1 to October 31 ?	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 offsite support did you receive at your provider-paid individual job between August 1 to October 31?	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 August 1 to October 31 ? 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 August 1 to October 31?		emote (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	_ Retirement plan _ Sick leave _ Vacation days _ No benefits offered

	Personal days		
49. What is your hourly WAGE for your provider-paid individual job? Min. wage is \$15.00	49. PPI hourly wage: Enter dollars and cents, no symbols (i.e., 15.50)		
50. How many HOURS did you work at your provider-paid individual job from Sept 28 - Oct 11 ?	50. PPI work hours: Round hours to the nearest 15 m	inutes (see hours key).	
50a. If you worked no hours from Sept 28 - Oct 11 , 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 Sept 28 - Oct 11, **pick one** to answer all questions.

Survey Question	Response	
51. What is the title of your provider-paid group job?	51. PPG title:	_
Select a job title from Appendix B. You can look up an occupation at	51a. Write in title if you chose "O	ΓHER":
https://www.onetonline.org/	Before entering "Other" in the onli Ferrara at vferrara@ric.edu.	ne survey, contact Vicki
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 (ADA paratransit) 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)
your provider-paid group job?	66. PPG length of employment: <pre> < 1 month 1 month or > < than 3 mos. 3 mos. or > < than 6 mos. 6 mos. or > < than 12 mos.</pre>	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 onsite support did you receive at your provider paid group job between August 1 - October 31 ?	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 August 1 - October 31?	58. PPG method of support: In-person only Remote only	Combination of in-person and remote
Skip if onsite support (Q57) is none.		
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 a None Cell phone Computer or laptop Tablet (e.g., iPad, Amazon Fire) Smart speaker (e.g., Amazon Echo Smart watch Portable media player Communication aid (e.g., Dynavox) Other (list): Do not list equipment used to compregister, copy machine, inventory s	or Google Nest)
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 \$15.00	61. PPG hourly wage: Enter dollars and cents, no symbols (i.e.	e., 15.50)
62. How many HOURS did you work at your provider-paid group job from Sept 28 - Oct11 ?	62. PPG work hours: Round to the nearest 15 minutes (see	hours key)
62a. If you worked no hours from Sept 28 - Oct11 , 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

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 > < than 15 yrs 15 yrs or >
64. How was CBNW support provided between August 1 - October 31 ?	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 Sept 28 - Oct 11 ?	66. CBNW hours: Yes No
66a. It you participated in no hours of community-based activity from Sept 28 - Oct 11 , 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 **Sept 28 - Oct 11**, enter the number of hours for the two-week period, the number of activities (select range), 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 Sept 28 - Oct 11 (Q67)	# Activities Sept 28 - Oct 11(Q67a)	Who else participated with you? (Q67b) Check all that apply.	Who attended? (Q67c)
		Check one.		Check One.
Art, leisure, recreation (e.g., movies, dining out, sightseeing, 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. 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	Mostly people with disabilitiesMostly 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. Who else participated with you (check all that apply): 1+ family members 1+ staff 1+ community members (neighbor,	Mostly people with disabilitiesMostly the public or community
Adult education or training (for personal enrichment)		12 - 45 - 910 - 1415+	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	Mostly people with disabilities Mostly the public or community

Activity	Hours Sept 28 - Oct 11 (Q67)	# Activities Sept 28 - Oct 11(Q67a) Check one.	Who else participated with you? (Q67b) Check all that apply.	Who attended? (Q67c) Check One.
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. 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	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. 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	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. 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	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. 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	Mostly people with disabilitiesMostly the public or community

Survey Question	Answer
68. Indicate the SETTINGS where you	68. CBNW settings:
participated in the community-based	Check all that apply.
non-work activity reported in Q67.	Public venue
	Member-based organization
Skip if there were no hours of	School / training facility
community-based activity from Sept	Business / employer
28 - Oct 11.	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	Respons	Responses	
69. How many HOURS did you spend doing facility-based non-work activities from Sept 28 - Oct 11 ?	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 Sept 28 - Oct 11 , 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 between August 1 - October 31?	71. FBNW method of support: In-person only Remote only Combination of in-person and remote the supports provided	ote	
Hours key	15 min = .25 30 min = .50 45	min = 75	
=	15 minutes (i.e., 12 hours and 40 m		
Person Completing Form:			
Phone: E	mail:		

Appendix A: Activity Definitions

Supported Employment Services: Services or activities 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, 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. Some individuals may participate remotely in activities offered by vocational services staff, such as 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 Bi-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 provide 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/Cafeteria Attendant/Barback
- 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 (nonschool)
- 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, grantmaking, 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 INCENTIVE COUNSELORS (CWIC)				
	Ian Armitstead	Vicki Ferrara	An ORS-provided Benefit	
	Laura Elderkin	Joshua Hughes	Counselor	
	Jeanne Fay			

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
Person attends a Job club at Network RI for	community. Person attends an employment skills class at
people with disabilities.	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	Person participates in pickle ball through a
through Special Olympics. Person takes a hike with a group of people from	town recreation program. Person takes a guided hike open to members
their program.	of a local horticultural group.

Example:

Activity	Hours	# Activities Check one.	Who else participated with you? Check all that apply.	Who attended? Check One.
Art, leisure, recreation		1 2 - 4 5 - 9 10 - 14 15+	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	Mostly people with disabilitiesMostly the public or community