

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 **BEFORE** 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 www.rioutcomesurveys.info
- 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 vferrara@ric.edu 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, vferrara@ric.edu, 401-456-8092.

2025 Bi-Annual DD Employment & Day Activity Outcomes Survey

Demographics

Survey ID: _____

Initials: _____

Date of Birth: _____

Demographics:

Living arrangement (check one):

- ☐ Own home/apartment ☐ Family home/apartment ☐ Agency owned/operated
☐ Shared Living Arrangement (SLA) ☐ Institution/nursing home/hospital ☐ Homeless/shelter
☐ Unknown ☐ Not applicable

Residential provider: Provide only if the Living Arrangement provided above is Agency owned/operated or Shared Living Provider. **Select a provider from Appendix D.**

Employment/day provider: List all that apply. **Select providers from Appendix D.**

Did you participate in employment or day activities in the community or a DDD facility-based program between August 1 to October 31, 2025? These activities may have been provided in-person or remotely.

☐ **Yes**, I participated in some employment and/or day activities in the community or at a DDD facility-based program between August 1 to October 31, 2025.

☐ **No**, I did not participate in employment and/or day activities in the community or at a DDD facility-based program for any period of time between August 1 to October 31, 2025.

If no, provide reason:

- | | |
|---|---|
| <input type="checkbox"/> Attending high school/under 22 years of age | <input type="checkbox"/> Hospitalized/nursing home/hospice/assisted living |
| <input type="checkbox"/> Funding issue/awaiting waiver determination | <input type="checkbox"/> Services provided out of state |
| <input type="checkbox"/> New/pending services | <input type="checkbox"/> Solely Community Support funding - respite/home health aide/RN services |
| <input type="checkbox"/> Systems capacity issue (e.g., on agency wait list/ lack of staff, no access to services) | <input type="checkbox"/> Attending a Medicaid funded day program <u>only</u> (e.g., Generations, Living Well, etc.) |
| <input type="checkbox"/> Transferring Program (e.g., to/from an Agency/SDS/SLA/Other) | <input type="checkbox"/> Attending Elder Program <u>only</u> |
| <input type="checkbox"/> Extended vacation/absence | <input type="checkbox"/> In-home supports <u>only</u> (e.g., activities of daily living) |
| <input type="checkbox"/> Declined/refused/suspended agency services (temporary) | <input type="checkbox"/> Closed/discharged/terminated BHDDH services |
| <input type="checkbox"/> Lack of follow-through by family or participant | <input type="checkbox"/> Deceased - Date, if known: _____ |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Other: _____ |

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 Definitions

- ☐ Supported Employment Services **(Complete Section 2)**
- ☐ Individual Employment (Employer Payroll) **(Complete Section 3)**
- ☐ Self-Employed **(Complete Section 4)**
- ☐ Provider Paid Individual Employment **(Complete Section 5)**
- ☐ Provider Paid Group Employment **(Complete Section 6)**
- ☐ Community-Based Non-Work Activity **(Complete Section 7)**
- ☐ Facility-Based Non-Work Activity- DDD provider **(Complete Section 8)**
- ☐ Non-DDD Facility Based Activity (Medicaid funded) **(No additional data collected for this activity.)**
- ☐ Elder Program Non-Work Activity **(No additional data collected for this activity.)**

2. **Did you receive information on Social Security Work Incentives between August 1 to October 31, 2025?**

Refers to receiving information to learn how earnings impact SSI, SSDI, and health insurance. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> No information received | <input type="checkbox"/> Spoke with a Social Security Administration Representative |
| <input type="checkbox"/> Provided written materials | <input type="checkbox"/> Called Ticket to Work Helpline |
| <input type="checkbox"/> Attended work incentive information session | <input type="checkbox"/> Written benefits plan received from CWIC |
| <input type="checkbox"/> Attended an individual counseling session with a CWIC | <input type="checkbox"/> Written benefits plan in process by CWIC |
| <input type="checkbox"/> Accessed Social Security Administration website | <i>A CWIC is a Certified Work Incentives Benefits Counselor. See Appendix E for a list of CWICs.</i> |

3. **What best describes your status with the Office of Rehabilitation Services (ORS) between August 1 to October 31, 2025?**

- | | |
|--|---|
| <input type="checkbox"/> Applied/application pending | <input type="checkbox"/> Closed-success within 3-month period |
| <input type="checkbox"/> Open case (new or ongoing) | <input type="checkbox"/> Closed-other within 3-month period |
| | <input type="checkbox"/> None |

4. **Which of the following technology do you own (e.g., a device that is yours and that you do not need to give back)? Check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Cell phone | <input type="checkbox"/> Game console (e.g., Xbox, PlayStation, Nintendo) |
| <input type="checkbox"/> Computer or laptop | <input type="checkbox"/> Portable media player |
| <input type="checkbox"/> Tablet (e.g., iPad, Amazon Fire) | <input type="checkbox"/> Wearable fitness tracker |
| <input type="checkbox"/> Smart speaker (e.g., Amazon Echo or Google Nest) | <input type="checkbox"/> Communication aid (e.g., Dynavox) |
| <input type="checkbox"/> Smart watch (e.g., Apple, Samsung Galaxy, Fitbit Sense) | <input type="checkbox"/> Medical alert device (e.g., medication reminders, fall detection, emergency help) |
| <input type="checkbox"/> Smart TV | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> 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 Sept 28 - Oct 11 ?	5. SES referred / started: <input type="checkbox"/> Yes, I was referred to/started SES between Sept 28 - Oct 11 <input type="checkbox"/> No, I was enrolled in SES before August 1.
5a. If yes , who referred you to Supported Employment Services?	5a. SES referral source: <input type="checkbox"/> Self / family <input type="checkbox"/> School <input type="checkbox"/> Adult service provider <input type="checkbox"/> Office of Rehabilitation Service (ORS) <input type="checkbox"/> BHDDH <input type="checkbox"/> Other: _____
6. Which of the following job search activities did you participate in or complete between Sept 28 - Oct 11 ?	6. Job search activities: <i>Check all that apply.</i> <input type="checkbox"/> I participated in an employment-focused, person-centered planning meeting (not ISP) <input type="checkbox"/> I created a community map to help me learn about businesses near me <input type="checkbox"/> I attended an informational interview, job shadow, or tour with an employer <input type="checkbox"/> I completed a job trial, situational assessment, or internship with an employer <input type="checkbox"/> 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 <input type="checkbox"/> I attended a job club/class (job search or job retention related) <input type="checkbox"/> I created a written resume <input type="checkbox"/> I created a visual resume (pictures or video) <input type="checkbox"/> I applied for 1 or more jobs online or in-person <input type="checkbox"/> I attended 1 or more job interviews with an employer <input type="checkbox"/> None of the above
7. <u>How many</u> short-term vocational experiences (<30 days) did you complete between Sept 28 - Oct 11 ? <i>Examples: informational or learning experiences: Job tour, mock interview, job shadowing, brief situational assessment.</i>	7. SES short-term vocational experiences: <i>Check one.</i> Number of experiences: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ <i>Count each vocational experience only once even if it takes place over multiple days.</i>
8. <u>How many</u> long-term vocational experiences (>30 days) did you complete between Sept 28 - Oct 11 ? <i>Examples: job trial, situational assessment, internship</i>	8. SES long-term vocational experiences: <i>Check one.</i> Number of experiences: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <i>Count each vocational experience only once even if taking place over multiple days.</i>
9. How many businesses were contacted on your behalf to develop a vocational experience or job opportunity between Sept 28 - Oct 11 ?	9. SES of businesses contacted: _____ <i>Count each business only once even if contacted multiple times in the 3-month period.</i>

Question	Response
10. How was Supported Employment Services support provided between Sept 28-Oct 11 ?	10. SES method of support: <input type="checkbox"/> In-person only <input type="checkbox"/> Remote only <input type="checkbox"/> Combination of in-person and remote <input type="checkbox"/> 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 ? <i>This question is not designed to capture all supported employment services that an individual may receive.</i>	11. SES hours: Enter the hours for each activity. <i>Round to the nearest 15 minutes (see hours key).</i> <input type="checkbox"/> Career planning (activities to choose/get/keep/change job) <input type="checkbox"/> Post-secondary education or vocational training <input type="checkbox"/> Short-term vocational experience (<30 days) <input type="checkbox"/> Long-term vocational experience (>30 days) <input type="checkbox"/> Job search by or with me <input type="checkbox"/> Job search on my behalf <input type="checkbox"/> Job coaching / retention (e.g. for individual job or short or long-term vocational experiences)
12. If you participated in no hours of SES activity from Sept 28 - Oct 11 , what was the primary reason?	12. Reason no SES hours: <input type="checkbox"/> Health issues <input type="checkbox"/> Planned time off (e.g., vacation) <input type="checkbox"/> Refused / cancelled activities <input type="checkbox"/> Lack of agency supports <input type="checkbox"/> No scheduled services or supports (e.g., monthly retention only) <input type="checkbox"/> Other: _____
13. Indicate the SETTINGS where you participated in the supported employment activities reported in Question 11.	13. SES settings: <i>Check all that apply.</i> <input type="checkbox"/> netWORKri / OneStop Career Center / DLT <input type="checkbox"/> American Job Center <input type="checkbox"/> Business / employer <input type="checkbox"/> Public venue <input type="checkbox"/> School / training facility <input type="checkbox"/> DD provider organization <input type="checkbox"/> 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 Sept 28 - Oct 11 ?	14. IE started job: <input type="checkbox"/> Yes, I started a new individual job hired onto the employer's payroll <input type="checkbox"/> 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: <input type="checkbox"/> Hired into existing job (with or without a reasonable accommodation or variation of assigned job tasks) <input type="checkbox"/> Hired into customized job (e.g., carved, created, negotiated with the employer, unique job description)
15. Did you END an individual job between Sept 28 - Oct 11 ?	15. IE ended job: <input type="checkbox"/> Yes, I ended an individual job hired on the employer's payroll. <input type="checkbox"/> 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: <i>Check one.</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Hired into a new job <input type="checkbox"/> Chose to leave job / not a match <input type="checkbox"/> Chose to leave job / retired <input type="checkbox"/> Laid off <input type="checkbox"/> Fired (e.g., performance or work behavior related) <input type="checkbox"/> Employer closed / relocated </div> <div style="width: 35%;"> <input type="checkbox"/> Lack of available job supports <input type="checkbox"/> Lack of transportation to job <input type="checkbox"/> Change or loss of benefits - financial <input type="checkbox"/> Change or loss of benefits - medical <input type="checkbox"/> Individual moved/changed address <input type="checkbox"/> Health issues <input type="checkbox"/> Other </div> </div>
15b. If yes , how long were you employed at the individual job that ended?	15b. IE job length: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or >< than 3 mos. <input type="checkbox"/> 3 mos. or >< than 6 mos. <input type="checkbox"/> 6 mos. or >< than 12 mos. </div> <div style="width: 35%;"> <input type="checkbox"/> 1 yr or >< than 2 yrs <input type="checkbox"/> 2 yrs or >< than 5 yrs <input type="checkbox"/> 5 yrs or >< than 10 yrs <input type="checkbox"/> 10 yrs or > </div> </div>
16. Were you employed in an individual job from Sept 28 - Oct 11 ?	16. Employed Sept 28 - Oct 11: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, continue to Question 17.</i>

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? <i>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/.</i>	17. IE title: _____ 17a. Write in title if "Other": _____ <i>Before entering "Other" in the online survey, contact Vicki Ferrara at vferrara@ric.edu.</i>	
18. What is the employer type for your individual job?	18. IE employer type: <i>Check one.</i> <input type="checkbox"/> For-profit business <input type="checkbox"/> Nonprofit business	<input type="checkbox"/> Community DD agency (hired as staff) <input type="checkbox"/> Government agency – federal/ state/city/town
19. What is the industry for your individual job?	19. IE industry: _____ <i>Select an industry from Appendix C.</i>	
20. What level of onsite support do you receive at your individual job between Sept 28 - Oct 11 ?	20. IE onsite support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time)	<input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly (at least 1x/wk) <input type="checkbox"/> Monthly (at least 1x/mo)
21. What level of offsite support do you receive at your individual job between Sept 28 - Oct 11 ?	21. IE offsite support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time) <input type="checkbox"/> Daily (some)	<input type="checkbox"/> Weekly (at least 1x/wk) <input type="checkbox"/> Monthly (at least 1x/mo)
22. How was job support typically provided between Sept 28 - Oct 11 ? <i>Skip if answer to both onsite /offsite support is none.</i>	22. IE method of support: <input type="checkbox"/> In-person only <input type="checkbox"/> Remote only	<input type="checkbox"/> Combination of in-person and remote
23. What type of employer consultation was provided by agency staff between Sept 28 - Oct 11 ?	23. IE employer consultation: <i>Check all that apply.</i> <input type="checkbox"/> None <input type="checkbox"/> Face to face <input type="checkbox"/> Remote (phone, email, video)	
24. What technology do you use to support your job? <i>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).</i>	24. IE technology: <i>Check all that apply.</i> <input type="checkbox"/> None <input type="checkbox"/> Cell phone <input type="checkbox"/> Computer or laptop <input type="checkbox"/> Tablet (e.g., iPad, Amazon Fire) <input type="checkbox"/> Smart speaker (e.g., Amazon Echo, Google Nest) <input type="checkbox"/> Smart watch <input type="checkbox"/> Portable media player <input type="checkbox"/> Communication aid (e.g., Dynavox) <input type="checkbox"/> Other (list): _____ <i>Do not list equipment used to complete your job (e.g., cash register, copy machine, inventory scanner).</i>	
25. How do you typically get to your individual job?	25. IE transportation: Check one. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> On Own (drives car, walk, bike, etc.) <input type="checkbox"/> Public bus (RIPTA) <input type="checkbox"/> RIDE (ADA paratransit) <input type="checkbox"/> On-Demand Services (e.g., Taxi, Uber, Lyft) </div> <div> <input type="checkbox"/> Private Ambulance <input type="checkbox"/> Agency/staff provided <input type="checkbox"/> Family member, relative, friend, neighbor, etc. <input type="checkbox"/> Co-worker/carpool <input type="checkbox"/> N/A (works at home) </div> </div>	

26. How long have you worked at your individual job?	26. IE length of employment: <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or > < than 3 mos. <input type="checkbox"/> 3 mos. or > < than 6 mos. <input type="checkbox"/> 6 mos. or > < than 12 mos.	<input type="checkbox"/> 1 yr or > < than 2 yrs <input type="checkbox"/> 2 yrs or > < than 5 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or>
27. Which of the following employer benefits do you receive?	27. IE benefits received: <i>Check all that apply.</i> <input type="checkbox"/> Employer offered health insurance <input type="checkbox"/> Sick leave	<input type="checkbox"/> Personal days <input type="checkbox"/> Vacation days <input type="checkbox"/> Retirement plan <input type="checkbox"/> No benefits offered
28. What is the hourly WAGE for your individual job? <i>Min. wage is \$15.00.</i>	28. IE hourly wage: _____ <i>Enter dollars and cents, no symbols (i.e., 15.50).</i>	
29. How many HOURS did you work at your individual job from Sept 28 - Oct 11 ?	29. IE work hours: _____ <i>Round to the nearest 15 minutes (see hours key).</i>	
29a. If you worked no hours from Sept 28 - Oct 11 , what was the primary reason?	29a. IE reason no hours: <input type="checkbox"/> Furlough (employed but no hours assigned) <input type="checkbox"/> Planned time off (vacation or personal leave)	<input type="checkbox"/> Sick leave <input type="checkbox"/> Lack of job supports <input type="checkbox"/> 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? <i>Select a job title from Appendix B. You can look up an occupation at https://www.onetonline.org/</i>	30. SE title: _____ 30a. Write in title if you chose "Other": _____ <i>Before entering "Other" in the online survey, contact Vicki Ferrara at vferrara@ric.edu.</i>	
31. How long have you been self-employed?	31. SE length self-employed: <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or > < than 3 mos. <input type="checkbox"/> 3 mos. or > < than 6 mos. <input type="checkbox"/> 6 mos. or > < than 12 mos.	<input type="checkbox"/> 1 yr or > < than 2 yrs <input type="checkbox"/> 2 yrs or > < than 5 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or >
32. What level of onsite support did you receive at your self-employed job between Sept 28 - Oct 11 ?	32. SE onsite support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time) <input type="checkbox"/> Daily (some)	<input type="checkbox"/> Weekly (at least 1x/wk) <input type="checkbox"/> Monthly (at least 1x/ mo)
33. How was job support typically provided between Sept 28 - Oct 11 ? <i>Skip if answer to Q32 onsite support is none.</i>	33. SE method of support: <input type="checkbox"/> In-person only <input type="checkbox"/> Remote only	<input type="checkbox"/> 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)

34. What technology do you use to support your job? <i>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).</i>	34. SE technology: <i>Check all that apply.</i> <input type="checkbox"/> None <input type="checkbox"/> Cell phone <input type="checkbox"/> Computer or laptop <input type="checkbox"/> Tablet (e.g., iPad, Amazon Fire) <input type="checkbox"/> Smart speaker (e.g., Amazon Echo or Google Nest) <input type="checkbox"/> Smart watch <input type="checkbox"/> Portable media player <input type="checkbox"/> Communication aid (e.g., Dynavox) <input type="checkbox"/> Other (list): _____ <i>Do not list equipment used to complete your job (e.g., cash register, copy machine, inventory scanner).</i>	
35. What resources did you use to support your self-employed job from Sept 28 - Oct 11 ?	35. SE resources: choose all that apply <input type="checkbox"/> None <input type="checkbox"/> Attended self-employment course, training, or follow-up networking meeting (e.g., DD Council, SBA class). <input type="checkbox"/> Received support from a business association/group (e.g., SCORE, SBA, Social Enterprise Greenhouse, Chamber of Commerce) <input type="checkbox"/> Approved SSA PASS plan <input type="checkbox"/> Funding from ORS for self-employment <input type="checkbox"/> Other: _____	
36. What is your gross annual (12 month) income?	36. SE gross annual income: _____ <i>(12-month period)</i> <i>Round to nearest whole dollar.</i>	
37. How many HOURS did you work at your self-employed job from Sept 28 - Oct 11 ?	37. SE work hours: _____ <i>Use 2-week actual hours OR 2-week average for the period from August 1 to October 31.</i> <i>Round to the nearest 15 minutes (See hours key)</i>	
37a. If you worked no hours at your self-employed job from Sept 28 - Oct 11 , what was the primary reason?	37a. SE reason no hours: <input type="checkbox"/> Business is commission-based <input type="checkbox"/> Business is seasonal <input type="checkbox"/> Planned time off (vacation or personal leave)	<input type="checkbox"/> Health issues <input type="checkbox"/> Lack of job supports <input type="checkbox"/> Other

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? Select a job title from Appendix B. You can look up an occupation at https://www.onetonline.org/	38. PPI title: _____ 38 a. Write in title if you chose "Other": _____ Before entering "Other" in the online survey, contact Vicki Ferrara at vferrara@ric.edu .

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)

39. What industry represents your provider-paid individual job?	39. PPI industry: _____ Select an industry from Appendix C.
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40. What best describes the type of business where you do your provider-paid individual job?	40. PPI business type: Check one. <input type="checkbox"/> For-profit business <input type="checkbox"/> Non-profit business <input type="checkbox"/> Community DD agency <input type="checkbox"/> Government agency- federal/ state/city /town	<input type="checkbox"/> Business w/ mission to hire workers with disabilities (e.g., NISH/ Ability One, Cookie Place, agency-operated business)
41. How do you typically get to your provider-paid individual job?	41. PPI transportation: Check one. <input type="checkbox"/> On own (drives car, walks, bike, etc.) <input type="checkbox"/> Public bus (RIPTA) <input type="checkbox"/> RIDE (ADA paratransit) <input type="checkbox"/> On Demand Service (taxi, Uber, Lyft)	<input type="checkbox"/> Private ambulance <input type="checkbox"/> Agency/staff provided <input type="checkbox"/> Family member, relative, friend, neighbor, etc. <input type="checkbox"/> Co-worker/carpool <input type="checkbox"/> NA (works at home)
42. How long have you worked at your provider-paid individual job?	42. PPI length of employment: <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or > < than 3 mos. <input type="checkbox"/> 3 mos. or > < than 6 mos. <input type="checkbox"/> 6 mos. or > < than 12 mos.	<input type="checkbox"/> 1 yr or > < than 2 yrs <input type="checkbox"/> 2 yrs or > < than 5 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or >
43. What level of <u>onsite support</u> did you receive at your provider-paid individual job between Sept 28 - Oct 11 ?	43. PPI onsite support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time) <input type="checkbox"/> Daily (some)	<input type="checkbox"/> Weekly (at least 1x/ wk) <input type="checkbox"/> Monthly (at least 1x/ mo)
44. What level of <u>offsite support</u> did you receive at your provider-paid individual job between Sept 28 - Oct 11 ?	44. PPI offsite support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time) <input type="checkbox"/> Daily (some)	<input type="checkbox"/> Weekly (at least 1x/wk) <input type="checkbox"/> Monthly (at least 1x/ mo)
45. How was job support typically provided between Sept 28 - Oct 11 ? Skip if both onsite and offsite support are none.	45. PPI method of support: <input type="checkbox"/> In-person only <input type="checkbox"/> Remote only	<input type="checkbox"/> Combination of in-person and remote
46. What type of employer consultation was provided by agency staff between Sept 28 - Oct 11 ?	46. PPI Employer consultation: Check all that apply. <input type="checkbox"/> None <input type="checkbox"/> Face to face <input type="checkbox"/> Remote (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. <input type="checkbox"/> None <input type="checkbox"/> Cell phone <input type="checkbox"/> Computer or laptop <input type="checkbox"/> Tablet (e.g., iPad, Amazon Fire) <input type="checkbox"/> Smart speaker (e.g., Amazon Echo or Google Nest) <input type="checkbox"/> Smart watch <input type="checkbox"/> Portable media player <input type="checkbox"/> Communication aid (e.g., Dynavox) <input type="checkbox"/> 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. <input type="checkbox"/> Employer-offered health insurance	<input type="checkbox"/> Retirement plan <input type="checkbox"/> Sick leave <input type="checkbox"/> Vacation days <input type="checkbox"/> No benefits offered

	<input type="checkbox"/> 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 minutes (see hours key).	
50a. If you worked no hours from Sept 28 - Oct 11 , what was the primary reason?	50a. PPI reason no hours: <input type="checkbox"/> Furlough (employed but no hours assigned) <input type="checkbox"/> Planned time off (vacation or personal leave)	<input type="checkbox"/> Sick leave <input type="checkbox"/> Lack of job supports <input type="checkbox"/> 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? Select a job title from Appendix B. You can look up an occupation at https://www.onetonline.org/	51. PPG title: _____ 51a. Write in title if you chose "OTHER": _____ Before entering "Other" in the online survey, contact Vicki Ferrara at vferrara@ric.edu.	
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. <input type="checkbox"/> For-profit business <input type="checkbox"/> Nonprofit business <input type="checkbox"/> Community DD agency (hired as staff)	<input type="checkbox"/> Government agency – federal/state/city/ town <input type="checkbox"/> 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: <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> more than 10	
55. How do you typically get to your provider-paid group job?	55. PPG transportation: Check one. <input type="checkbox"/> On own (drives car, walks, bike, etc.) <input type="checkbox"/> Public bus (RIPTA) <input type="checkbox"/> RIDE (ADA paratransit) <input type="checkbox"/> On demand service (e.g., Taxi, Uber, Lyft)	<input type="checkbox"/> Private ambulance <input type="checkbox"/> Agency/staff provided <input type="checkbox"/> Family member, relative, friend, neighbor, etc. <input type="checkbox"/> Co-worker/carpool <input type="checkbox"/> NA (works at home)
56. How long have you worked at your provider-paid group job?	56. PPG length of employment: <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or > < than 3 mos. <input type="checkbox"/> 3 mos. or > < than 6 mos. <input type="checkbox"/> 6 mos. or > < than 12 mos.	<input type="checkbox"/> 1 yr or > < than 2 yrs <input type="checkbox"/> 2 yrs or > < than 5 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or >

57. What level of <u>onsite support</u> did you receive at your provider paid group job between Sept 28 - Oct 11 ?	57. PPG onsite support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100% of the time)	<input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly (at least 1x/wk) <input type="checkbox"/> Monthly (at least 1x/mo)
58. How was job support typically provided between Sept 28 - Oct 11 ? Skip if onsite support (Q57) is none.	58. PPG method of support: <input type="checkbox"/> In-person only <input type="checkbox"/> Remote only	<input type="checkbox"/> Combination of in-person and remote
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 apply. <input type="checkbox"/> None <input type="checkbox"/> Cell phone <input type="checkbox"/> Computer or laptop <input type="checkbox"/> Tablet (e.g., iPad, Amazon Fire) <input type="checkbox"/> Smart speaker (e.g., Amazon Echo or Google Nest) <input type="checkbox"/> Smart watch <input type="checkbox"/> Portable media player <input type="checkbox"/> Communication aid (e.g., Dynavox) <input type="checkbox"/> Other (list): _____ Do not list equipment used to complete your job (e.g., cash register, copy machine, inventory scanner).	
60. Which of the following employer benefits do you receive?	60. PPG benefits received: Check all that apply. <input type="checkbox"/> Employer-offered health insurance <input type="checkbox"/> Sick leave	<input type="checkbox"/> Personal days <input type="checkbox"/> Vacation days <input type="checkbox"/> Retirement plan <input type="checkbox"/> 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., 15.50)	
62. How many HOURS did you work at your provider-paid group job from September 28 - October 11 ?	62. PPG work hours: _____ Round to the nearest 15 minutes (see hours key)	
62a. If you worked no hours from September 28 - October 11 , what was the primary reason?	62a. PPG reason no hours: <input type="checkbox"/> Furlough <input type="checkbox"/> Planned time off (vacation or personal leave)	<input type="checkbox"/> Sick leave <input type="checkbox"/> Lack of job supports <input type="checkbox"/> 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: <input type="checkbox"/> < 3 mos. <input type="checkbox"/> 3 mos. Or > < than 6 mos. <input type="checkbox"/> 6 mos. Or > < than 12mos. <input type="checkbox"/> 1 yr or > < than 3 yrs <input type="checkbox"/> 3 yrs or > < than 5 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or > < than 15 yrs <input type="checkbox"/> 15 yrs or >
64. How was CBNW support provided between Sept 28 - Oct 11 ?	64. CBNW method of support: <input type="checkbox"/> In-person only <input type="checkbox"/> Remote only <input type="checkbox"/> Combination of in-person and remote <input type="checkbox"/> No support provided
65. What technology do you use to support your community activities? <p>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.</p>	65. CBNW technology: Check all that apply. <input type="checkbox"/> None <input type="checkbox"/> Cell phone <input type="checkbox"/> Computer or laptop <input type="checkbox"/> Tablet (e.g., iPad, Amazon Fire) <input type="checkbox"/> Smart speaker (e.g., Amazon Echo or Google Nest) <input type="checkbox"/> Smart watch <input type="checkbox"/> Portable media player <input type="checkbox"/> Wearable fitness tracker <input type="checkbox"/> Communication aid (e.g., Dynavox) <input type="checkbox"/> Other (list) _____
66. Did you participate in community-based activities from Sept 28 - Oct 11 ?	66. CBNW hours: <input type="checkbox"/> Yes <input type="checkbox"/> No
66a. If you participated in no hours of community-based activity from Sept 28 - Oct 11 , what was the primary reason?	66a. CBNW reason no hours: <input type="checkbox"/> Health issues <input type="checkbox"/> Planned time off (e.g., vacation) <input type="checkbox"/> Lack of supports <input type="checkbox"/> 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) <i>Check one.</i>	Who else participated with you? (Q67b) Check all that apply.	Who attended? (Q67c) Check One.
Art, leisure, recreation (e.g., movies, dining out, sightseeing, crafting class)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 9 <input type="checkbox"/> 10 - 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people. Who else participated with you (check all that apply): <input type="checkbox"/> 1+ family members <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ community members (neighbor, co-worker) <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> More than 5 PWD	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
Health & fitness (e.g., exercise class, wellness session, daily walk)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 9 <input type="checkbox"/> 10 - 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people. Who else participated with you (check all that apply): <input type="checkbox"/> 1+ family members <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ community members (neighbor, co-worker) <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> More than 5 PWD	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
Adult education or training (for personal enrichment)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 9 <input type="checkbox"/> 10 - 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people. Who else participated with you (check all that apply): <input type="checkbox"/> 1+ family members <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ community members (neighbor, co-worker) <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> More than 5 PWD	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> 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		<input type="checkbox"/> 1 <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 9 <input type="checkbox"/> 10 - 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people. Who else participated with you (check all that apply): <input type="checkbox"/> 1+ family members <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ community members (neighbor, co-worker) <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> More than 5 PWD	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
Activities of daily living		<input type="checkbox"/> 1 <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 9 <input type="checkbox"/> 10 - 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people. Who else participated with you (check all that apply): <input type="checkbox"/> 1+ family members <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ community members (neighbor, co-worker) <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> More than 5 PWD	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
Volunteering		<input type="checkbox"/> 1 <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 9 <input type="checkbox"/> 10 - 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people. Who else participated with you (check all that apply): <input type="checkbox"/> 1+ family members <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ community members (neighbor, co-worker) <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> More than 5 PWD	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
All Other		<input type="checkbox"/> 1 <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 9 <input type="checkbox"/> 10 - 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people. Who else participated with you (check all that apply): <input type="checkbox"/> 1+ family members <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ community members (neighbor, co-worker) <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> More than 5 PWD	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community

Survey Question	Answer
68. Indicate the SETTINGS where you participated in the community-based non-work activity reported in Q67. Skip if there were no hours of community-based activity from Sept 28 - Oct 11.	68. CBNW settings: Check all that apply. <input type="checkbox"/> Public venue <input type="checkbox"/> Member-based organization <input type="checkbox"/> School / training facility <input type="checkbox"/> Business / employer <input type="checkbox"/> Senior center / facility <input type="checkbox"/> 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	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: <input type="checkbox"/> Health issues <input type="checkbox"/> Planned time off (vacation, etc.)	<input type="checkbox"/> Lack of supports <input type="checkbox"/> Other
70. How long have you participated in facility-based non-work activities with your current provider?	70. FBNW length: <input type="checkbox"/> < 3 mos. (answer 67a) <input type="checkbox"/> 3 mos. Or > < than 6 mos. <input type="checkbox"/> 6 mos. Or > < than 12 mos. <input type="checkbox"/> 1 yr or > < than 3 yrs	<input type="checkbox"/> 3 yrs or > < than 5 yrs <input type="checkbox"/> 5 yrs or > < than 10 yrs <input type="checkbox"/> 10 yrs or > < than 15 yrs <input type="checkbox"/> 15 yrs or >
71. How is facility-based non-work support typically provided?	71. FBNW method of support: <input type="checkbox"/> In-person only <input type="checkbox"/> Remote only <input type="checkbox"/> Combination of in-person and remote <input type="checkbox"/> No supports provided	

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)

Person Completing Form: _____

Phone: _____ **Email:** _____

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

<p>Accommodation and Food Services</p> <ul style="list-style-type: none"> • 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) <p>Administrative & Support</p> <ul style="list-style-type: none"> • Data Entry Keyer • Library Assistant Clerical • Mail Clerk Handler • Office and Administrative Support - All Types (Clerk, Receptionist, etc.) • Office Machine Operator <p>Agriculture, Forestry, Fishing and Hunting</p> <ul style="list-style-type: none"> • Floral Designer/Assistant • Laborer/Farm • Landscaping and Grounds Keeping Worker • Nursery Worker (Greenhouse/Retail) <p>Arts, Entertainment, and Recreation</p> <ul style="list-style-type: none"> • 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 	<p>Construction/Trade</p> <ul style="list-style-type: none"> • Construction Carpentry • Construction Worker and Laborer • Helper/Assistant All Trades (Painting, Welding, Masonry, Electrical, etc.) <p>Educational Services</p> <ul style="list-style-type: none"> • Self-Improvement Instructor (non-academic) • Teacher Assistant • Teacher/Instructor - All Types <p>Health Care and Social Assistance</p> <ul style="list-style-type: none"> • Direct Support Professional or Assistant • Home Health Aide • Peer Support Professional • Personal Care Attendant <p>Management of Companies and Enterprises</p> <ul style="list-style-type: none"> • Assistant Manager • Supervisor, Director, Management <p>Manufacturing</p> <ul style="list-style-type: none"> • Furniture Finishing/Assembly/Caning • Order Filler/Wholesale Retail • Polisher of Metal – All Types • Production/Packager Hand Assembly • Vending Machine/Box Servicer <p>Retail Trade</p> <ul style="list-style-type: none"> • 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 	<p>Professional, Technical, Science</p> <ul style="list-style-type: none"> • Billing Cost and Rate Clerks • Social Media Specialist • Technology Support • Teller • Writer/Author <p>Transportation and Warehousing</p> <ul style="list-style-type: none"> • Bus Monitor Aide • Couriers & Messenger • Driver Delivery Service • Engine & Other Machine Assembly • Laborer, Freight/Stock and Material Mover • Passenger Assistant <p>Waste Management and Remediation Services</p> <ul style="list-style-type: none"> • Janitor/Cleaner/Housekeeping • Maintenance/Repair Worker • Trash/Refuse and Recyclable Material Collector <p>Other Services</p> <ul style="list-style-type: none"> • Activity Aide - Recreation Worker • Animal Caretaker • Animal Groomer • Attendant- Coat or Locker Room • Automotive Cleaner of Vehicles & Equipment • Child Care Worker (non-school) • 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
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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, grant-making, 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 Laura Elderkin Jeanne Fay	Vicki Ferrara Joshua Hughes	An ORS-provided Benefit Counselor

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

Example:

Activity	Hours	# Activities <i>Check one.</i>	Who else participated with you? <i>Check all that apply.</i>	Who attended? <i>Check One.</i>
Art, leisure, recreation		<input type="checkbox"/> 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 – 14 <input type="checkbox"/> 15+	<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people. Who else participated with you (check all that apply): <input type="checkbox"/> 1+ family members <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ community members (neighbor, co-worker) <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> More than 5 PWD	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community