

2025 Bi-Annual DD Employment and Day Activity Outcomes Survey – Answer Sheet

Name: _____ DOB: _____ Survey ID: _____

DEMOGRAPHICS		
Living arrangement: <input type="checkbox"/> Own home/apt <input type="checkbox"/> Institution/nursing <input type="checkbox"/> Family home/apt <input type="checkbox"/> home/hospital <input type="checkbox"/> Agency <input type="checkbox"/> Homeless/shelter <input type="checkbox"/> owned/operated <input type="checkbox"/> Unknown <input type="checkbox"/> Share living (SLA) <input type="checkbox"/> Not applicable (e.g., deceased)		Residential provider: () NA _____ (Select from Appendix D) Employment/day provider: () NA (Select from Appendix D) _____ -

☐ **Participated in employment or day activities in the community or a DDD facility-based program Aug 1 - Oct 31, 2025:**
☐ Yes ☐ No If no, reason (see list in instructions): _____ Comment (optional): _____

Continue to Section 1 if the person participated in day or employment activities between Aug 1 - Oct 31, 2025. **If not, stop here.**

SECTION 1: ACTIVITY CATEGORIES AND GENERAL QUESTIONS (Complete the corresponding section for each activity selected.)		
1. Activities participated Aug 1 - Oct 31: <input type="checkbox"/> Supported Employment Services (SES) - Section 2 <input type="checkbox"/> Community-Based Non-Work (CBNW) - Section 7 <input type="checkbox"/> Individual Employment (IE) - Section 3 <input type="checkbox"/> DDD Facility-Based Non-Work (FBNW) - Section 8 <input type="checkbox"/> Self-Employed (SE) - Section 4 <input type="checkbox"/> Non-DDD Facility-Based Non-Work– no additional questions <input type="checkbox"/> Provider Paid Individual Employment (PPI) - Section 5 <input type="checkbox"/> Program for Elderly Persons Non-Work – no additional questions <input type="checkbox"/> Provider Paid Group Employment (PPG) - Section 6		
2. Work Incentive information received Aug 1 - Oct 31 (check all that apply): <input type="checkbox"/> No information <input type="checkbox"/> Written materials <input type="checkbox"/> Information session <input type="checkbox"/> Individual counseling session <input type="checkbox"/> SSA website <input type="checkbox"/> Spoke w/SSA rep. <input type="checkbox"/> TTW Helpline <input type="checkbox"/> Benefits plan received <input type="checkbox"/> Benefits plan in process		
3. ORS status Aug 1 - Oct 31: <input type="checkbox"/> Applied/Pending <input type="checkbox"/> Open Case <input type="checkbox"/> Closed/Success <input type="checkbox"/> Closed/Other <input type="checkbox"/> None		
4. Technology owned: <input type="checkbox"/> None <input type="checkbox"/> Cell phone <input type="checkbox"/> Computer/laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Smart speaker <input type="checkbox"/> Smart watch <input type="checkbox"/> Smart TV <input type="checkbox"/> Game console <input type="checkbox"/> Portable media player <input type="checkbox"/> Wearable fitness tracker <input type="checkbox"/> Communication aid <input type="checkbox"/> Medical alert device <input type="checkbox"/> Other: _____		
SECTION 2: (SES) SUPPORTED EMPLOYMENT SERVICES (If you did not check "SES" in Q1, SKIP to Section 3.)		
5. SES referred/started Aug 1 - Oct 31: <input type="checkbox"/> Yes <input type="checkbox"/> No	5a. SES referral source: <input type="checkbox"/> Self/family <input type="checkbox"/> School <input type="checkbox"/> Service provider <input type="checkbox"/> ORS <input type="checkbox"/> BHDDH <input type="checkbox"/> Other: _____	
6. SES job search activities Aug 1 - Oct 31: <input type="checkbox"/> Employment/PCP meeting <input type="checkbox"/> List of technology <input type="checkbox"/> Applied 1 or more jobs <input type="checkbox"/> Community map – employment focus <input type="checkbox"/> Job club/class <input type="checkbox"/> Attended 1 or more interviews <input type="checkbox"/> Informational interview <input type="checkbox"/> Written resume <input type="checkbox"/> None of the above <input type="checkbox"/> Job trial/situational assess/internship <input type="checkbox"/> Visual resume		
7. SES # short-term voc. exp. Aug 1 - Oct 31: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+		NOTE: Count each voc. exp. only once even if taking place over multiple days.
8. SES #long-term voc. exp. Aug 1 - Oct 31: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
9. SES # businesses contacted to develop a vocational experience or job opportunity Aug 1 - Oct 31: _____ Count each business only once even if contacted multiple times in 3-month period.		
10. SES typical method of support Aug 1 - Oct 31:	<input type="checkbox"/> In-person only <input type="checkbox"/> Combination of in-person and remote <input type="checkbox"/> Remote only <input type="checkbox"/> No supports provided	
11. SES hours Sept 28 - Oct 11: (Round each activity to nearest 15 minutes)		
<input type="checkbox"/> Career planning <input type="checkbox"/> Post-secondary ed./voc. training	<input type="checkbox"/> Short-term vocational experience <input type="checkbox"/> Long-term vocational experience <input type="checkbox"/> Job search with me	<input type="checkbox"/> Job search on my behalf <input type="checkbox"/> Job coaching/retention- individual job or vocational experience
12. Reason for no hours: <input type="checkbox"/> Health Iss <input type="checkbox"/> Planned time off <input type="checkbox"/> Refused/cancelled <input type="checkbox"/> Lack of supp. <input type="checkbox"/> No sch services/supp. <input type="checkbox"/> Other		
13. SES settings: (for activities reported in Question 10.)	<input type="checkbox"/> netWORKri/OneStop/DLT <input type="checkbox"/> School/training <input type="checkbox"/> Business/employer <input type="checkbox"/> DD provider organization <input type="checkbox"/> Public venue <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)

EMPLOYMENT DATA

SECTION 3: (IE) INDIVIDUAL EMPLOYMENT (If you did not check IE in Q1, SKIP to Section 4.)

14. IE STARTED job (on employer payroll): ☐ Yes ☐ No **14a. If YES, how was job obtained:** ☐ Existing job ☐ Customized job

15. IE ENDED job (on employer payroll): ☐ Yes ☐ No

15a. If YES, reason job ended (check one): ☐ New job ☐ Chose to leave/not a match ☐ Laid off ☐ Fired
☐ Employer closed/relocated ☐ Lack of job supports ☐ Lack of transportation ☐ Benefits/financial ☐ Benefits/medical
☐ Moved ☐ Health issues ☐ Other

15b. If YES, job length: ☐ < 1 month ☐ 1 month > < 3 months ☐ 3 month > < 6 mos. ☐ 6 months > < 12 mos.
☐ 1 yr > < 2 yrs ☐ 2 yrs > < 5 yrs ☐ 5 yrs > < 10 yrs ☐ 10 yrs >

16. Were you employed in an individual job from Sept 28 - Oct 11? ☐ Yes (go to Q17) ☐ No (skip to Section 4)

17. IE title (Appendix B): _____

17a. If other (write in): _____
 If other, contact Vicki, vferrara@ric.edu, before entering online survey.

18. IE employer type (check one):

☐ For-profit ☐ Non-profit ☐ DD agency ☐ Gov agency

19. IE industry (Select from Appendix C): _____

20. IE onsite support:

☐ None ☐ Daily (100%) ☐ Daily (some) ☐ Weekly ☐ Monthly

21. IE offsite support:

☐ None ☐ Daily (100%) ☐ Daily (some) ☐ Weekly ☐ Monthly

22. IE method of support:

☐ In-person only ☐ Remote only ☐ Combination

23. IE employer consultation (check all that apply):

☐ None ☐ In-person ☐ Remote

24. Tech: ☐ None ☐ Cell phone ☐ Computer/laptop ☐ Tablet ☐ Smart speaker

☐ Smart watch ☐ Portable media player ☐ Communication aid

☐ Other: _____

25. IE transportation: ☐ On own ☐ Public bus (RIPTA) ☐ RIDE paratransit

☐ On demand services ☐ Private ambulance ☐ Agency/staff ☐ Family/friend

☐ Co-worker/carpool ☐ NA (works at home)

26. IE length of employment:

☐ < 1 mo ☐ 1 mo > < 3 mos
☐ 3 mo > < 6 mos ☐ 6 mo > < 12 mos
☐ 1 yr > < 2 yrs ☐ 2 yrs > < 5 yrs
☐ 5 yrs > < 10 yrs ☐ 10 yrs >

27. IE benefits received:

☐ Employer-offered health ins
☐ Sick
☐ Personal days ☐ Vac days
☐ Retirement plan
☐ No benefits offered

28. IE hourly wage: _____

(min. wage is \$15.00)

29. IE work hours Sept 28 - Oct 11:

_____ (Round to nearest 15 min.)

29a. IE reason for no hours:

☐ Furlough ☐ Planned time off
☐ Sick leave ☐ Lack of job supports
☐ Other

SECTION 4: (SE) SELF-EMPLOYED (If you did not check SE in Q1, SKIP to Section 5.)

30. SE title (Appendix B): _____

30a. If other (write in): _____

If other, contact Vicki, vferrara@ric.edu, before entering survey.

31. SE length of employment: ☐ < 1 mo

☐ 1 mo > < 3 mos ☐ 3 mo > < 6 mos

☐ 6 mo > < 12 mos ☐ 1 yr > < 2 yrs

☐ 2 yrs > < 5 yrs ☐ 5 yrs > < 10 yrs ☐ 10 yrs >

32. SE onsite support Aug 1 - Oct 31: ☐ None

☐ Daily (100%) ☐ Daily (some) ☐ Weekly ☐ Monthly

33. SE method of support Aug 1 - Oct 31:

☐ In-person only ☐ Remote only ☐ Combination

34. Tech: ☐ None ☐ Cell phone ☐ Computer/laptop ☐ Tablet

☐ Smart speaker ☐ Smart watch ☐ Portable media player

☐ Communication aid ☐ Other: _____

35. SE resources: ☐ None ☐ SE training

☐ Support from business assoc/group ☐ SSA PASS plan

☐ ORS funding ☐ Other: _____

36. SE bi-annual (12 mos) Gross income: _____

37. SE work hours: _____ (round to nearest 15 min.)

37a. SE reason no hours Sept 28 - Oct 11:

☐ Commission-based ☐ Seasonal ☐ Planned time off
☐ Health issues ☐ Lack of job supports ☐ Other

Hours Key: 15 min = .25 30 min = .50 45 min = .75

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

EMPLOYMENT DATA (CONTINUED)

SECTION 5: (PPI) PROVIDER PAID INDIVIDUAL EMPLOYMENT (If you did not check PPI in Q1 SKIP to Section 6.)**38. PPI title (Appendix B):** _____**38a. If other (write in):** _____*If other, contact Vicki, vferrara@ric.edu, before entering survey.***39. PPI industry: (Appendix C):** _____**40. PPI business type (check one):** ☐ For-profit ☐ Non-profit
☐ DD agency ☐ Gov ☐ Business w/ mission to hire**41. PPI transportation:**☐ On own ☐ Public bus (RIPTA) ☐ RIDE paratransit
☐ On-demand svcs ☐ Private ambulance ☐ Agency/staff
☐ Family/friend ☐ Co-worker/carpool
☐ N/A (works at home)**42. PPI length of employment:**☐ < 1 mo ☐ 1 mo > < 3 mos
☐ 3 mo > < 6 mos ☐ 6 mo > < 12 mos
☐ 1 yr > < 2 yrs ☐ 2 yrs > < 5 yrs
☐ 5 yrs > < 10 yrs ☐ 10 yrs >**43. PPI onsite support Aug 1 - Oct 31:**☐ None ☐ Daily (100%) ☐ Daily (some)
☐ Weekly ☐ Monthly**44. PPI offsite support Aug 1 - Oct 31:**☐ None ☐ Daily (100%) ☐ Daily (some)
☐ Weekly ☐ Monthly**45. PPI method of support Aug 1 - Oct 31:**☐ In-person only ☐ Remote only ☐ Combination**46. PPI employer Consultation Aug 1 - Oct 31:***(check all that apply)*☐ None ☐ In-person ☐ Remote**47. Tech:** ☐ None ☐ Cell phone ☐ Computer/laptop ☐ Tablet☐ Smart speaker ☐ Smart watch ☐ Portable media player☐ Communication aid ☐ Other: _____**48. PPI benefits received:**☐ Employer-Offered Health Insurance
☐ Sick ☐ Personal days ☐ Vac days ☐ Retirement plan
☐ No benefits offered**49. PPI hourly wage:** _____ (min. wage is \$15.00)**50. PPI work hours Sept 28 - Oct 11 (round to nearest 15 minutes):** _____**50a. PPI reason for no hours Sept 28 - Oct 11:**☐ Furlough ☐ Planned time off ☐ Sick leave
☐ Lack of job Supports ☐ other**SECTION 6: (PPG) PROVIDER PAID GROUP EMPLOYMENT (If you did not check PPG in Q1 SKIP to Section 7.)****51. PPG title (Appendix B):** _____**51a. If other (write in)** _____*If other, contact Vicki, vferrara@ric.edu, 401-456-8092***52. PPG industry: (Appendix C):** _____**53. PPG business type (check one):**☐ For-profit ☐ Non-profit ☐ DD agency
☐ Gov ☐ Bus. w/mission to hire**54. PPG number of workers:**☐ 2-3 ☐ 4-6 ☐ 7-10 ☐ more than 10**55. PPG transportation:** ☐ On own ☐ Public bus (RIPTA)☐ RIDE paratransit ☐ On-demand services ☐ Private amb.☐ Agency/staff ☐ Family ☐ Co-worker/carpool☐ N/A (works at home)**56. PPG length of employment:**☐ < 1 mo ☐ 1 mo > < 3 mos ☐ 3 mo > < 6 mos
☐ 6 mo > < 12 mos ☐ 1 yr > < 2 yrs
☐ 2 yrs > < 5 yrs ☐ 5 yrs > < 10 yrs ☐ 10 yrs >**57. PPG onsite support Aug 1 - Oct 31:**☐ None ☐ Daily (100%) ☐ Daily (some)
☐ Weekly ☐ Monthly**58. PPG method of support Aug 1 - Oct 31:**☐ In-person only ☐ Remote only ☐ Combination**59. Tech:** ☐ None ☐ Cell phone ☐ Computer/laptop ☐ Tablet☐ Smart speaker ☐ Smart watch ☐ Portable media player☐ Communication aid ☐ Other: _____**60. PPG benefits received:**☐ Employer-offered health ins
☐ Sick days ☐ Personal days ☐ Vacation days
☐ Retirement contribution ☐ No benefits offered**61. PPG hourly wage:** _____ (min. wage is \$15.00)**62. PPG work hours Sept 28 - Oct 11 (round to nearest 15 minutes):** _____**62a. PPG reason for no hours Sept 28 - Oct 11:**☐ Furlough ☐ Planned time off ☐ Sick leave
☐ Lack of job supports ☐ Other**Hours Key: 15 min = .25 30 min = .50 45 min = .75****Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)**

NON-WORK ACTIVITY DATA

63. CBNW length: ☐ < 3 mos. ☐ 3 mos. > < 6 mos. ☐ 6 mos. > < 12 mos. ☐ 1 yr. > < 3 yrs. ☐ 3 yrs. > < 5 yrs.
☐ 5 yrs. > < 10 yrs. ☐ 10 yrs. > < 15 yrs. ☐ 15 yrs. >

64. CBNW method of support Aug 1 - Oct 31: ☐ In-person only ☐ Remote only ☐ Combination ☐ No support provided

65. Tech: ☐ None ☐ Cell phone ☐ Computer/laptop ☐ Tablet ☐ Smart speaker ☐ Smart watch ☐ Portable media player
☐ Wearable fitness tracker ☐ Communication aid ☐ Other: _____

66 CBNW hours from Sept 28 - Oct 11: ☐ Yes ☐ No

66a. CBNW reason for no hours: ☐ Health issues ☐ Planned time off ☐ Lack of supports ☐ Other

Section 7: (CBNW) Community-Based Non-Work Activity (If you did not check CBNW in Q1, skip to Section 8.)

67. Activity type	Hours (Q67)	# of Activities (Q67a)	Who else participated (Q67b) Check all that apply	Attendees (Q67c) Check One
Art, leisure, recreation (e.g., show, dining, 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"/> 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 (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<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"/> 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 (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<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"/> 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 (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community
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"/> 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 (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<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"/> 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 (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<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"/> 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 (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<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"/> 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 (check all that apply): <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than 5 PWD <input type="checkbox"/> 1+ community mbrs	<input type="checkbox"/> Mostly people with disabilities <input type="checkbox"/> Mostly the public or community

68. CBNW settings: ☐ Public Venue ☐ Member-Based Organization ☐ School / Training Facility ☐ Business/Employer
☐ Senior Center / Facility ☐ Virtual

Hours Key: 15 min = .25 30 min = .50 45 min = .75
Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

Section 8: (FBNW) DDD Facility-Based Non-Work Activity**69. FBNW hours Sept 28 - Oct 11:** _____ *(Round to nearest 15 minutes.)***69a. FBNW reason for no hours:** ___ Health issues ___ Planned time off ___ Lack of supports ___ Other**71. FBNW length:** *(if exited/left FBNW and returned within the past 3 months indicate the length of time since returning.):*

___ < 3 mos. ___ 3 mos. > < 6 mos. ___ 6 mos. > < 12 mos. ___ 1 yr > < 3 yrs

___ 3 yrs > < 5 yrs ___ 5 yrs > < 10 yrs ___ 10 yrs > < 15 yrs ___ 15 yrs >

72. FBNW method of support Aug 1 - Oct 31: ___ In-person only ___ Remote only ___ Combination ___ No support provided

Person providing data : _____ Completed by: _____

Email: _____ Phone number: _____