

## Waiver Guide Feed Back and Evaluation Survey

Please let us know whether this booklet is helpful and any suggestions you have for improving it by returning the completed survey via mail or fax. The survey is available as a separate document on request.

To fax: Send to Brenda Wade 317-233-3712

To mail: Waiver Guide Survey c/o Governors' Council/Disability, 150 W Market #625, Indianapolis, IN 46204

1. How helpful is the Consumer Guide to Waiver Programs as a source for information about waivers?

Very helpful     Helpful     Somewhat helpful     Not helpful

2. Overall, how satisfied are you with Consumer Guide to Waiver Programs?

Very satisfied     Satisfied     Somewhat satisfied     Not satisfied

3. What do you think about the length of the booklet and how well the topics are covered?

Too short/not enough information     Just right     Too long/too much information

4. Which describes your interest in Waivers and this booklet? (Please check all that apply)

- I am currently receiving a waiver
- I have recently been "targeted" for a Waiver opening
- I am on the waiting list for a Waiver
- I plan to apply for a Waiver
- I will use the book to educate others about the Waiver program

5. Which describes you? (Please check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Person with a disability | <input type="checkbox"/> Parent of a person/child with a disability |
| <input type="checkbox"/> State agency personnel   | <input type="checkbox"/> Service provider                           |
| <input type="checkbox"/> Advocacy organization    | <input type="checkbox"/> Parent group                               |
| <input type="checkbox"/> Educator                 | <input type="checkbox"/> Other: _____                               |

6. Comments and Suggestions:

7. Would you like to receive the Council's free monthly newsletter *On Target*?  Yes  No  Already receive

8. Would you like to receive **Council E-mail News** (about twice each month)?  Yes  No  Already receive

If you said yes to either of the last two questions, please include your contact information when returning this form. Or if you prefer, e-mail the information separately to Brenda Wade at: [bwade@gpcpd.org](mailto:bwade@gpcpd.org)

Name: \_\_\_\_\_

Address: \_\_\_\_\_, IN ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_