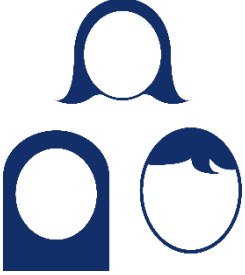
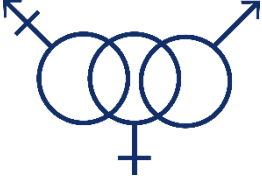





## 2020 Kentucky Needs Survey



















If you need help to complete this form, a staff member can help. Please call (859)257-8104. If you need another format, we have versions en español and online.

	<p><b>Tell us about you:</b> <b>Please check all the boxes that apply to you.</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Person with a developmental disability</li><li><input type="checkbox"/> Person with a medically complex condition</li><li><input type="checkbox"/> Family member of a person with a developmental disability</li><li><input type="checkbox"/> Family member of a person with a medically complex condition</li><li><input type="checkbox"/> Service Provider</li><li><input type="checkbox"/> Other (please specify) _____</li></ul>
	<p><b>Your gender:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Female</li><li><input type="checkbox"/> Male</li><li><input type="checkbox"/> Prefer not to answer</li><li><input type="checkbox"/> Other (please specify) _____</li></ul>
	<p><b>Your background:</b> <b>Please check all the boxes that apply to you.</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> White/Caucasian (not Hispanic)</li><li><input type="checkbox"/> Black/African American</li><li><input type="checkbox"/> Latino/Hispanic</li><li><input type="checkbox"/> Asian/Pacific Islander</li><li><input type="checkbox"/> Native American</li><li><input type="checkbox"/> Bi- or Multi-Racial</li><li><input type="checkbox"/> Other (please specify) _____</li></ul>
	<p><b>Your age group:</b> <b>Please the box that apply to you.</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> 0–17 years old</li><li><input type="checkbox"/> 18–39 years old</li><li><input type="checkbox"/> 40–59 years old</li><li><input type="checkbox"/> 60–79 years old</li><li><input type="checkbox"/> 80+ years old</li></ul>
	<p><b>Your county:</b> Please write the name of your Kentucky County. _____</p>

**NEXT PAGE →**

**Areas of Greatest Need:**

Rate each item based on your opinion of the greatest need.

	<p><b>Self-Advocacy</b> This includes having control over your life, speaking for yourself, becoming a leader.</p>			
 <input type="checkbox"/> The lowest need	 <input type="checkbox"/> Low need	 <input type="checkbox"/> Some need	 <input type="checkbox"/> High need	 <input type="checkbox"/> The highest need
<p><b>Please tell us about problems you have with advocacy.</b></p>				
	<p><b>Education and Early Intervention</b> This includes having access to school, being included in school, etc.</p>			
 <input type="checkbox"/> The lowest need	 <input type="checkbox"/> Low need	 <input type="checkbox"/> Some need	 <input type="checkbox"/> High need	 <input type="checkbox"/> The highest need
<p><b>Please tell us about problems you have with education.</b></p>				
	<p><b>Childcare</b> This includes support for children and families before and after school.</p>			
 <input type="checkbox"/> The lowest need	 <input type="checkbox"/> Low need	 <input type="checkbox"/> Some need	 <input type="checkbox"/> High need	 <input type="checkbox"/> The highest need
<p><b>Please tell us about problems you have with childcare.</b></p>				

**NEXT PAGE →**



**Healthcare**

**This includes receiving health, dental, mental health and prevention services.**



The lowest need



Low need



Some need



High need



The highest need

**Please tell us about problems you have with healthcare.**



**Health and Wellness**

**This includes living a healthy life and being active.**



The lowest need



Low need



Some need



High need



The highest need

**Please tell us about problems you have with health and wellness.**



**Employment**

**This includes getting a job in the community, getting paid for a job, and keeping a job.**



The lowest need



Low need



Some need



High need



The highest need

**Please tell us about problems you have with employment.**



**Housing**

**This includes ability to rent, own or modify where you live.**



The lowest need



Low need



Some need



High need



The highest need

**Please tell us about problems you have with housing.**

**NEXT PAGE →**



### Transportation

This includes getting to places you want to go, like work, out with friends, or to access community services.



The lowest need



Low need



Some need



High need



The highest need

Please tell us about problems you have with transportation.



### Recreation

This includes fun, social or relaxing activities in your community.



The lowest need



Low need



Some need



High need



The highest need

Please tell us about problems you have with recreation.



### Community Supports

This includes getting services to help people live, work and enjoy life in their community.



The lowest need



Low need



Some need



High need



The highest need

Please tell us about problems you have with community supports.

Please tell us about other needs: