



## INDIVIDUAL (CUSTOMER) SURVEY VERSION

UCP Oregon wants to hear from the people we support. We are using this survey to collect information that will help us understand what is working with the supports we offer, and what we can improve.

Please take this survey if you are connected with UCP as a person with a disability who receives services or a family member of someone who receives services.

Please note that you only need to fill out the survey one time. You can stop the survey at any time. Your answers will be confidential (we do not ask for your name or any other information that would identify you). It will take about 20 minutes to complete the survey.

If you would like to be entered for a chance to win a \$50 Amazon gift card, please enter your email on the last page of this survey. Your email will not be connected with your survey answers. At the close of the survey period, one email will be picked at random to receive the gift card.

If you have any questions about this survey, please send an email to [ucp@ucporegon.org](mailto:ucp@ucporegon.org).

Thank you!

## **ABOUT YOU**

If you are a person with a disability, you will answer the survey questions about yourself. Feel free to ask for help with the survey if you need it.

If you are not a family member but are answering the survey on behalf of a person with a disability, you will answer questions about the experiences of the person with a disability.

### **1. I am a (Choose one)**

- Person with a disability (with or without support to fill out this survey)
  - Answering on behalf of a person with a disability (example: direct support provider)
- \_\_\_\_\_

### **2. Age (Choose one)**

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="radio"/> 0-3   | <input type="radio"/> 22-35 |
| <input type="radio"/> 4-11  | <input type="radio"/> 36-50 |
| <input type="radio"/> 12-17 | <input type="radio"/> 51-64 |
| <input type="radio"/> 18-21 | <input type="radio"/> 65+   |

### **3. How do you identify? (Check all that apply)**

- Girl/Woman
- Boy/Man
- Transgender
- Prefer not to answer
- Other: \_\_\_\_\_

**4. Race/Ethnicity (Choose one)**

Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

**5. How do you describe your racial background/ethnic heritage? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Asian or Asian American                   | <input type="checkbox"/> White or Caucasian              |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Prefer not to answer            |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other: _____                    |

**6. What county do you live in? (Choose one)**

- Multnomah
- Clackamas
- Washington
- Clark
- Wasco
- Hood River

**7. Type of disability (Check all that apply)**

- Intellectual/Cognitive Disability
- Developmental Disability
- Autism Spectrum or Sensory Disability
- Physical Disability (visual, deaf, mobility, not developmental disability)

- Mental Health
- Prefer not to answer
- Other: \_\_\_\_\_

**8. How often do you interact with or receive services from UCP? (Choose one)**



















- Daily
- Weekly
- Monthly

- Twice a year
- Once a year
- Less than once a year

## TELL US HOW YOU FEEL ABOUT UCP

If you are the person who receives services, think about UCP to answer the questions. Mark one answer for each question.

If you are answering on behalf of someone who receives services, think about their experiences to answer the following questions. When we ask about "you," in these questions, we mean the person receiving services.

	Yes	Sometimes	No	Don't Know	Prefer Not To Answer	Does Not Apply
<b>9. Do UCP staff members treat you with respect?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>10. Do you feel comfortable telling someone at UCP when things aren't okay?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>11. Do you feel like you could be involved in creating UCP's goals if you wanted to?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>12. How can UCP improve?</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>					

**13. What UCP services do you get? (Check all that apply)**































- UCP Connections (Brokerage Services)
- Employment Solutions (Supported Employment)
- Foundations (Supported Living)



















- Building Blocks (Children’s Services)
- Do not get services from UCP
- I don’t know

	Yes	Sometimes	No	Don't Know	Prefer Not To Answer	Does Not Apply
<b>14. Do you get the supports you need?</b>	😊	🤔	😞	😞	😐	🚫
<b>15. Do you like the supports you get?</b>	😊	🤔	😞	😞	😐	🚫
<b>16. Do you choose your supports?</b>	😊	🤔	😞	😞	😐	🚫
<b>17. Do you choose your support staff?</b>	😊	🤔	😞	😞	😐	🚫

## FRIENDSHIPS, RELATIONSHIPS, AND COMMUNITY CONNECTIONS

Tell us about getting out in your community and your connections with others. Community can mean your neighborhood, job, social club, faith-based organization, online group, team, or other group of people who have the same interests or beliefs. Think about a community that is important to you, your family member, or person you support to answer the following questions. Mark one answer for each question.

<b>18. Do you feel like you belong to a community?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>19. Do you feel you spend enough time with your community?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>20. Does UCP help you spend enough time with your community?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>21. Do you help other people in your community?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>22. Does UCP support you to help other people?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 

<p><b>23. Are you happy with the number of friends you have?</b></p>	<p>Yes</p> 	<p>Sometimes</p> 	<p>No</p> 	<p>Don't Know</p> 	<p>Prefer Not To Answer</p> 	<p>Does Not Apply</p> 
<p><b>24. Does UCP help you do the things you want to do?</b></p>	<p>Yes</p> 	<p>Sometimes</p> 	<p>No</p> 	<p>Don't Know</p> 	<p>Prefer Not To Answer</p> 	<p>Does Not Apply</p> 
<p><b>25. Do you feel like you are a part of the UCP community?</b></p>	<p>Yes</p> 	<p>Sometimes</p> 	<p>No</p> 	<p>Don't Know</p> 	<p>Prefer Not To Answer</p> 	<p>Does Not Apply</p> 



## DAY ACTIVITIES

Tell us about how you spend your time. Think about what you usually do during the day and during the week to answer the questions.







### 26. What activities do you do during the day? (Check all that apply)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Work         | <input type="checkbox"/> Spend time at home                                   |
| <input type="checkbox"/> School       | <input type="checkbox"/> Spend time doing activities I enjoy in the community |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Day Service  |   |

### 27. Of the activities you do during the day, what do you do the most each week? (Choose one)

- |                                   |  |
|-----------------------------------|--|
| <input type="radio"/> Work        | <input type="radio"/> Spend time at home                                   |
| <input type="radio"/> School      | <input type="radio"/> Spend time doing activities I enjoy in the community |
| <input type="radio"/> Volunteer   | <input type="radio"/> Other: _____   |
| <input type="radio"/> Day Service |  |

### 28. Would you like to do something else during the week?































Yes	Sometimes	No	Don't Know	Prefer Not To Answer	Does Not Apply
					

### 29. If yes, where would you like to spend more time during the daytime each week? (Choose one)

- |                                   |  |
|-----------------------------------|--|
| <input type="radio"/> Work        | <input type="radio"/> Spend time at home |
| <input type="radio"/> School      | <input type="radio"/> Recreation         |
| <input type="radio"/> Volunteer   | <input type="radio"/> Other: _____       |
| <input type="radio"/> Day Service |  |

## RIGHTS AND RESPONSIBILITIES

Tell us about speaking up for yourself and being in charge of your own life.

<p><b>30. Does UCP staff (example: personal agent, employment support) help you make your own decisions?</b></p>	<p>Yes </p>	<p>Sometimes </p>	<p>No </p>	<p>Don't Know </p>	<p>Prefer Not To Answer </p>	<p>Does Not Apply </p>
<p><b>31. Does UCP staff help you learn skills to do things on your own (getting around, making friends, learning a new hobby)?</b></p>	<p>Yes </p>	<p>Sometimes </p>	<p>No </p>	<p>Don't Know </p>	<p>Prefer Not To Answer </p>	<p>Does Not Apply </p>
<p><b>32. Do you feel like you can stand up for your rights at home?</b></p>	<p>Yes </p>	<p>Sometimes </p>	<p>No </p>	<p>Don't Know </p>	<p>Prefer Not To Answer </p>	<p>Does Not Apply </p>
<p><b>33. Do you feel like you can stand up for your rights where you spend most of your time during the day?</b></p>	<p>Yes </p>	<p>Sometimes </p>	<p>No </p>	<p>Don't Know </p>	<p>Prefer Not To Answer </p>	<p>Does Not Apply </p>
<p><b>34. Do you feel like UCP stands up for people with disabilities and their families?</b></p>	<p>Yes </p>	<p>Sometimes </p>	<p>No </p>	<p>Don't Know </p>	<p>Prefer Not To Answer </p>	<p>Does Not Apply </p>

## INFORMATION

35. Do you get enough information about: (Check one per row)

	Yes	No	Not interested
The supports you receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other supports UCP offers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UCP updates (example: staff changes, changes to services, Board activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UCP events (example: fundraisers, picnics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community activities that UCP is involved with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy events (example: self-advocacy activities, legislative activity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enter your email for a chance to win a \$50 Amazon gift card: \_\_\_\_\_