



## **FAMILY MEMBER 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!

## **TELL US ABOUT THE PERSON WITH DISABILITIES**

We know that family members might play a number of roles in the lives of people with disabilities. For this survey, we want to know about your impressions of UCP whether or not you are directly involved in planning or directing the services your family member receives. The instructions at the top of each page will help you understand how to answer the questions that follow.

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)**













- Family member of a person with a disability
  - Answering on behalf of a person with a disability (example: direct support provider)
- \_\_\_\_\_

## **TELL US ABOUT YOUR EXPERIENCE AS A FAMILY MEMBER**

We want to know more about your involvement with UCP services as a family member. Please answer the following questions about yourself.

### **2. Have you participated in any of the family support activities offered by UCP? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> New Diagnosis Group | <input type="checkbox"/> Have not participated in any family support activities |
| <input type="checkbox"/> Support Groups      | <input type="checkbox"/> Prefer not to answer                                   |
| <input type="checkbox"/> Fun Outings         | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Respitality         |   |

<b>1. Do you have a role in managing the services your family member receives from UCP (example: ISP planning, scheduling staff, arranging supports)?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>2. Are you satisfied with your level of involvement?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>3. Is there anything you would like to share with UCP from your perspective as a family member of a person who receives services?</b> <hr/> <hr/> <hr/> <hr/> <hr/>						

Think about your family member to answer the questions below. If you have more than one person in your family with a disability, please complete the survey for one member of your family.

**4. How old is the person with a disability? (Choose one)**

- 0-3
- 4-11
- 12-17
- 18-21
- 22-35
- 36-50
- 51-64
- 65+

**5. How do they identify? (Check all that apply)**

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

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

Are they of Hispanic, Latino, or Spanish origin?

- Yes
- No

**7. How do they describe their racial background/ethnic heritage? (Check all that apply)**

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African
- White or Caucasian
- Prefer not to answer
- Other: \_\_\_\_\_

**8. What county do they live in? (Choose one)**

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

**9. 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: \_\_\_\_\_

**10. How often do they 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

We would like to know about your experiences with UCP. Please answer the following questions from your perspective as a family member.

	Yes	Sometimes	No	Don't Know	Prefer Not To Answer	Does Not Apply
<b>11. Do UCP staff members treat you and your family member with respect?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>12. Do you (and your family member if applicable) 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>13. Do you (and your family member if applicable) 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>14. How can UCP improve?</b>						
<hr/>						
<hr/>						
<hr/>						
<hr/>						
<hr/>						
<hr/>						































**15. What UCP services does your family member get? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> UCP Connections (Brokerage Services)        | <input type="checkbox"/> Building Blocks (Children’s Services) |
| <input type="checkbox"/> Employment Solutions (Supported Employment) | <input type="checkbox"/> Does not get services from UCP        |
| <input type="checkbox"/> Foundations (Supported Living)              | <input type="checkbox"/> I don’t know                          |



















	Yes	Sometimes	No	Don't Know	Prefer Not To Answer	Does Not Apply
<b>16. Does your family member get the supports they need from UCP?</b>	😊	🤔	😞	😞	😊	🚫
<b>17. Do you like the supports your family member gets from UCP?</b>	😊	🤔	😞	😞	😊	🚫
<b>18. Do you (and your family member if applicable) make choices about the supports your family member gets from UCP?</b>	😊	🤔	😞	😞	😊	🚫
<b>19. Do you (and your family member if applicable) choose the staff who support your family member?</b>	😊	🤔	😞	😞	😊	🚫

## FRIENDSHIPS, RELATIONSHIPS, AND COMMUNITY CONNECTIONS

Tell us about your family member's connections with others. Community can mean their neighborhood, job, social club, faith-based organization, online group, team, or other group of people who have the same interests or beliefs.

<p><b>20. Do you feel like your family member belongs to a 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>
<p><b>21. Do you feel your family member spends enough time with their 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>
<p><b>22. Does UCP help your family member spend enough time with their 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>
<p><b>23. Does your family member help other people in their 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>
<p><b>24. Does UCP support your family member to help other people?</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.Are you happy with the number of friends your family member has?</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>26.Does UCP help your family member do the things they 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>27.Do you (and you family member) 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 your family member spends their time. Think about what they usually do during the day and during the week to answer the questions.







### 28. What activities does your family member 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  |   |

### 29. Of the activities you selected, what do they do most during the 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 |  |

### 30. Would they like to do something else during the week?































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

### 31. If yes, where would they 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

We want to know about your experiences with making decisions and speaking up for yourself and your family member.

	Yes	Sometimes	No	Don't Know	Prefer Not To Answer	Does Not Apply
<b>32. Does UCP staff that you interact with (example: personal agent, employment support) help you (and your family member if applicable) make your own decisions?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>33. Does UCP staff help your family member learn skills to do things on their own (getting around, making friends, learning a new hobby)?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>34. Do you feel like your family member can stand up for themselves where they live?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>35. Do you feel like your family member can stand up for themselves where they spend most of their time during the day?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 
<b>36. Do you feel like UCP stands up for people with disabilities and their families?</b>	Yes 	Sometimes 	No 	Don't Know 	Prefer Not To Answer 	Does Not Apply 

**INFORMATION**

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

	Yes	No	Not interested
The supports your family member receives	<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: \_\_\_\_\_