

INDEPENDENT LIVING SUPPORTS PILOT (ILSP) POST-PILOT SURVEY

Instructions: Completing this form will allow DHS to learn about your experience with the ILSP program.

Aging and disability resource center (ADRC) staff will complete this form with you and submit it to DHS. Information collected in this form will be shared with the ILSP program evaluator to assess impact of the program. This form is intended to be completed after your ninth month of enrollment or when your funding is almost used up. This form is also used when you are disenrolling early due to no longer being eligible for the ILSP program.

I. Participant Information

Name (Last, First, MI)	Date of Birth	ILSP ID	ADRC
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II. Survey

1. Does someone help you with any of these activities?

	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Bathing	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Dressing	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Eating	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Getting around your home	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Toileting	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Getting up from a bed, chair, or toilet	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Making meals	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Managing or taking medicine	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Money management	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Household chores	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Using the telephone	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
Transportation	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>

Name (Last, First, MI)	Date of Birth	ADRC			
2. Did ILSP improve your ability to participate in social activities outside your home as often as you would like?	Significantly Improved <input type="checkbox"/>	Moderately Improved <input type="checkbox"/>	No Change <input type="checkbox"/>	Negatively Impacted <input type="checkbox"/>	N/A <input type="checkbox"/>
3. Did ILSP improve your ability to safely move around your home? (For examples, can you safely access your bedroom, bathroom, kitchen, and entrance to your home or apartment?)	Significantly Improved <input type="checkbox"/>	Moderately Improved <input type="checkbox"/>	No Change <input type="checkbox"/>	Negatively Impacted <input type="checkbox"/>	N/A <input type="checkbox"/>
4. Did ILSP help you to have enough money to meet your basic needs?	Significantly Improved <input type="checkbox"/>	Moderately Improved <input type="checkbox"/>	No Change <input type="checkbox"/>	Negatively Impacted <input type="checkbox"/>	N/A <input type="checkbox"/>
5. Did ILSP help you with transportation to get to health care appointments or pick up prescriptions?	Significantly Improved <input type="checkbox"/>	Moderately Improved <input type="checkbox"/>	No Change <input type="checkbox"/>	Negatively Impacted <input type="checkbox"/>	N/A <input type="checkbox"/>
6. Did ILSP help you with transportation to work, grocery shopping, social activities, or running errands?	Significantly Improved <input type="checkbox"/>	Moderately Improved <input type="checkbox"/>	No Change <input type="checkbox"/>	Negatively Impacted <input type="checkbox"/>	N/A <input type="checkbox"/>
7. Did ILSP improve your ability to afford enough food to eat?	Significantly Improved <input type="checkbox"/>	Moderately Improved <input type="checkbox"/>	No Change <input type="checkbox"/>	Negatively Impacted <input type="checkbox"/>	N/A <input type="checkbox"/>
8. Did ILSP help to lessen your feelings of loneliness or isolation from other people?	Significantly Improved <input type="checkbox"/>	Moderately Improved <input type="checkbox"/>	No Change <input type="checkbox"/>	Negatively Impacted <input type="checkbox"/>	N/A <input type="checkbox"/>
9. Did ILSP improve the likelihood of remaining in your home for the next six months?	Significantly Improved <input type="checkbox"/>	Moderately Improved <input type="checkbox"/>	No Change <input type="checkbox"/>	Negatively Impacted <input type="checkbox"/>	N/A <input type="checkbox"/>
10. Did ILSP improve the likelihood of remaining in your home for the next year?	Significantly Improved <input type="checkbox"/>	Moderately Improved <input type="checkbox"/>	No Change <input type="checkbox"/>	Negatively Impacted <input type="checkbox"/>	N/A <input type="checkbox"/>

III. INFORMATION COMPLETED BY

Name – ADRC Worker	Date Completed
Phone Number	Email Address