## Fuller Lives

ADVOCATE EDUCATE EMPOWER



## SURVEY OF HOUSING NEEDS FOR ADULTS WITH INTELLECTUAL DISABILITIES

Presented by Fuller Lives, a parent-created nonprofit working to ensure our children lead meaningful and fulfilling adult lives.

This survey is intended for the PRIMARY CAREGIVER of a person with Intellectual Disabilities

1. Are you the PRIMARY CAREG	GIVER for a person with Intellectual Disabilities?					
2. How old is the person you can	re for?How old are you?					
3. What is the home community of the person you care for? (Where does the person you care for presently live ?)						
4. Is the person you care for pre Or at risk of becoming homel	esently homeless?yesno ess?yesno					
5. What kind of home does the p	person you care for live in at present?					
family homefoster care homegroup home	apartment provided by an agencyindependent apartment or homeother					
6, Do you expect to need another in the future?	er housing option for the person you care for					
yes	_nonot certain					
7. How soon would you antici	pate a change in housing needs?					
within the next year	between 5 and 10 years					
between 1 and 5 years	more than 10 years					
8. When a change in housing housing to be located? (che	is needed, where would you like the new eck all that you prefer)					
Hawaii Kai to Kaimuki Kaimuki to Makiki Makiki to Downtown North Shore Oahu Windward Coast Oahu	Downtown to Waipahu Waipahu- Mililani Leeward Coast Oahu					
Neighbor Island Kaua'iBig Island	Lana'iMauiMoloka'i					

9. Have you made plans for necessary?	a change in the prese	ent living arrangement if and when it is
Yes. A family member will to	ake over the necessary	care and provide a place to live.
Yes. A non-family member	will take over the neces	ssary care and provide a place to live.
Not really We've talked ab plans.	out it and have some o	options but have made no real decision or
Not really We've talked ab	out it, but do not know	our options or what is available.
No We have nobody and r	no place to provide futu	ure care
10. When a change in housir	ng is required, which t	type of housing would you prefer?
foster care	group hom	ne
supervised apartment	independe	ent apartment or home
11. Is the person you care for	or presently receiving	y waiver services?
YesNo		
which represents their le	vel of functioning, and ed a SIS score? If so, p us predict future hous	eing evaluated and given a SIS score d thus the level of needed services. Has please place the score in the blank next sing needs. No, not evaluated yet
THANK YOU FOR COMPLETING housing options available for our		
		Place
Needs. We are focused upon in communities for our children w	nproving housing option when we are no longer R LIVES, please leave	by parents of adult children with Special ions available within our home able to care for them. If you would like aus your contact information. We invite
Name		
Email Address		
Phone Number		

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