

Question 1. In what parish does your family live?

Sorted Alphabetically

Parish	Frequency	Percent
Beauregard	2	14%
Calcasieu	2	14%
East Baton Rouge	4	29%
Morehouse	1	7%
Orleans	1	7%
Ouachita	1	7%
Plaquemines	1	7%
Richland	1	7%
Saint Martin	1	7%

Sorted by Frequency

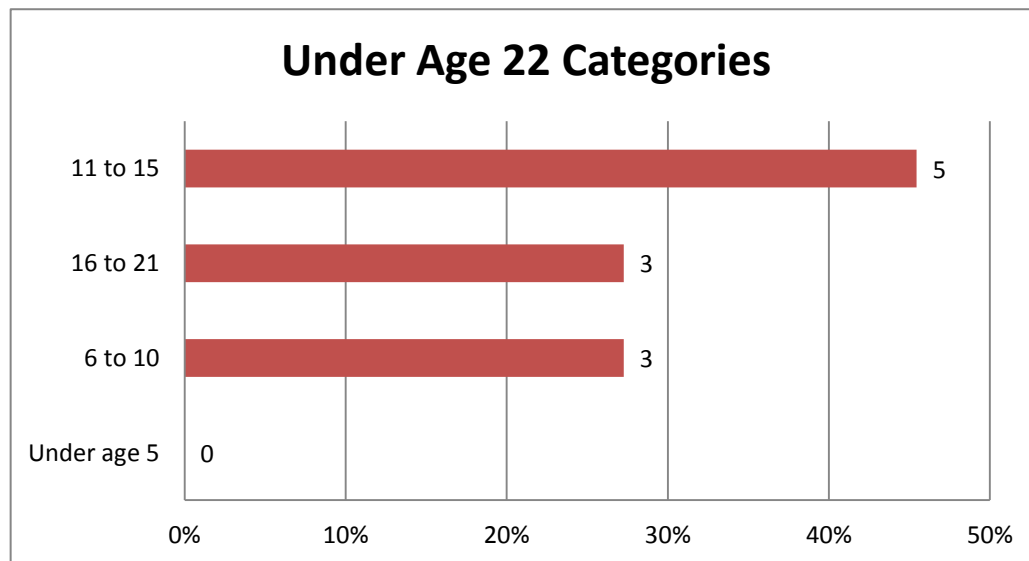
Parish	Frequency	Percent
Morehouse	1	7%
Orleans	1	7%
Ouachita	1	7%
Plaquemines	1	7%
Richland	1	7%
Saint Martin	1	7%
Beauregard	2	14%
Calcasieu	2	14%
East Baton Rouge	4	29%

Question 2. How old is the person with a disability who receives services?

Age Range	Count	Percent
Under Age 22	11	79%
22 - 35	0	0%
36 - 50	0	0%
51 - 65	1	7%
over 65	1	7%
No Answer	1	7%

n=14

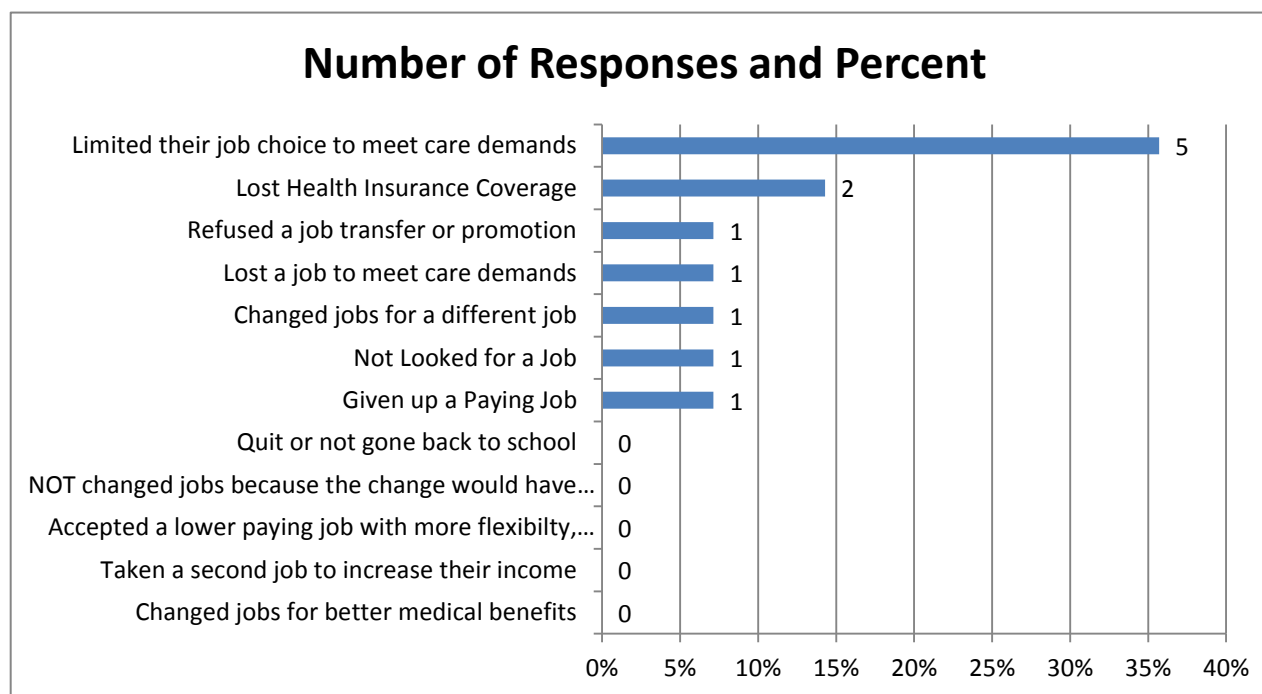
Breakdown of Under Age 22		
Under age 5	0	0%
6 to 10	3	27%
11 to 15	5	45%
16 to 21	3	27%



Question 3. To meet the needs of the person with a disability, has anyone in your household: (Mark all that apply)

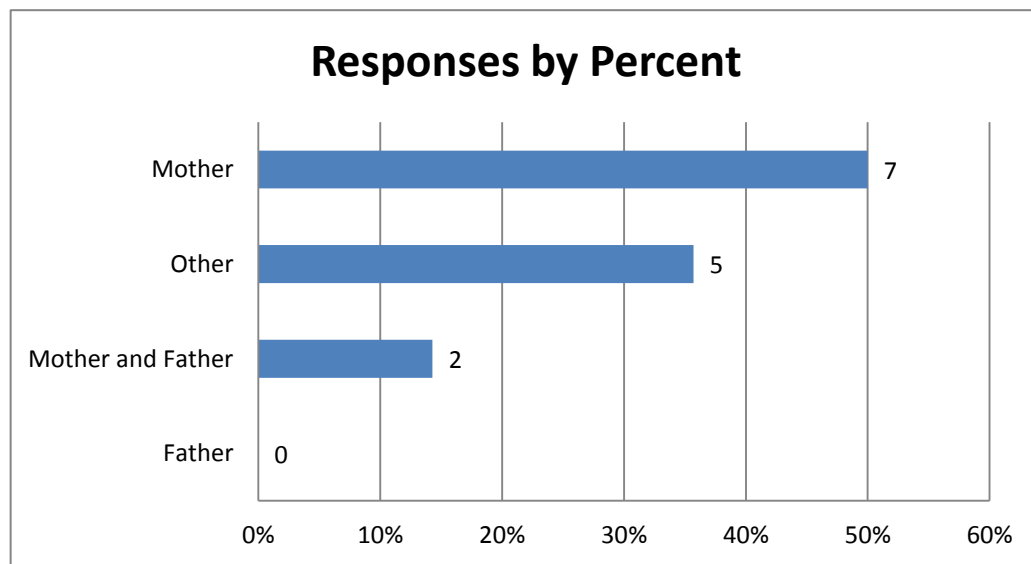
Condition	Frequency	Percent
Given up a Paying Job	1	7%
Not Looked for a Job	1	7%
Lost Health Insurance Coverage	2	14%
Changed jobs for a different job	1	7%
Lost a job to meet care demands	1	7%
Refused a job transfer or promotion	1	7%
Limited their job choice to meet care demands	5	36%
Changed jobs for better medical benefits	0	0%
Taken a second job to increase their income	0	0%
Accepted a lower paying job with more flexibility, better benefits, or fewer demands	0	0%
NOT changed jobs because the change would have meant losing health benefits	0	0%
Quit or not gone back to school	0	0%

n= 14



Question 4. Who is primarily responsible for caring for the person with a disability? (Mark one)

Person(s)	Frequency	Percent
Mother	7	50%
Father	0	0%
Mother and Father	2	14%
Other	5	36%

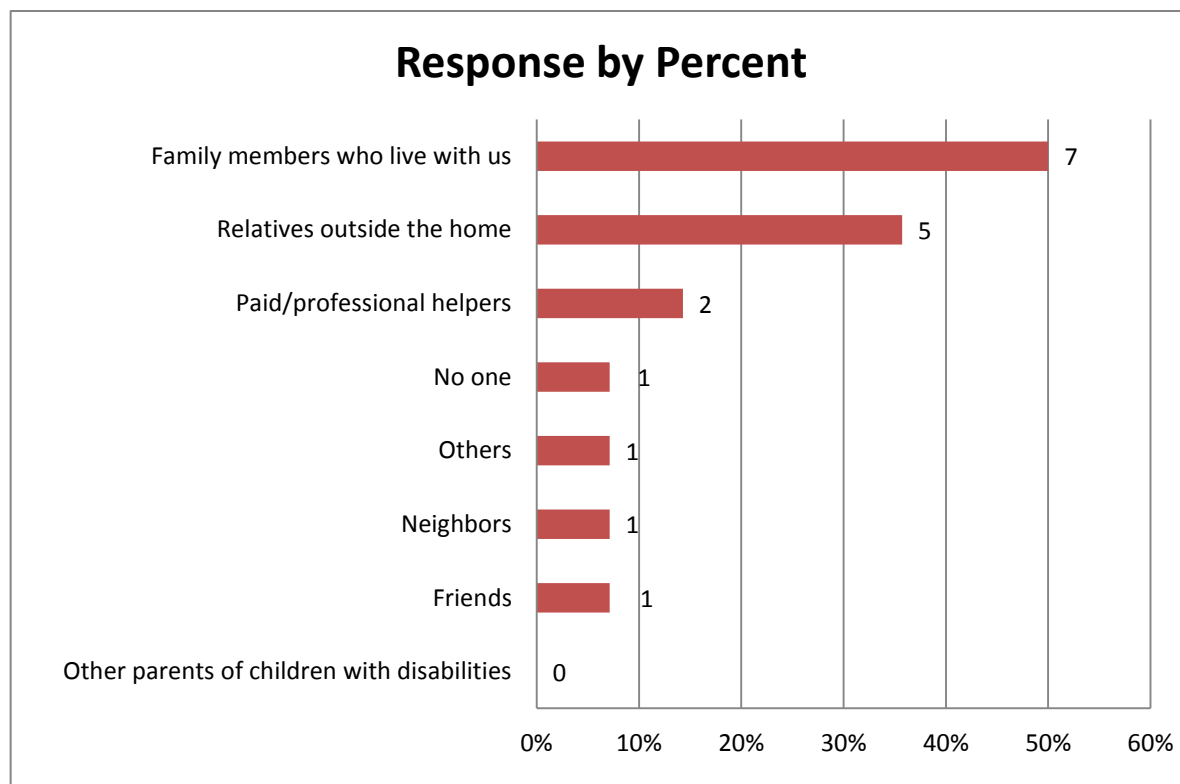


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Question 5. Day-to-day, who is counted on to help meet the challenges faced because of the disability? (Mark all that apply)

Person(s)	Frequency	Percent
Family members who live with us	7	50%
Relatives outside the home	5	36%
Friends	1	7%
Other parents of children with disabilities	0	0%
Paid/professional helpers	2	14%
Neighbors	1	7%
Others	1	7%
No one	1	7%

n=14

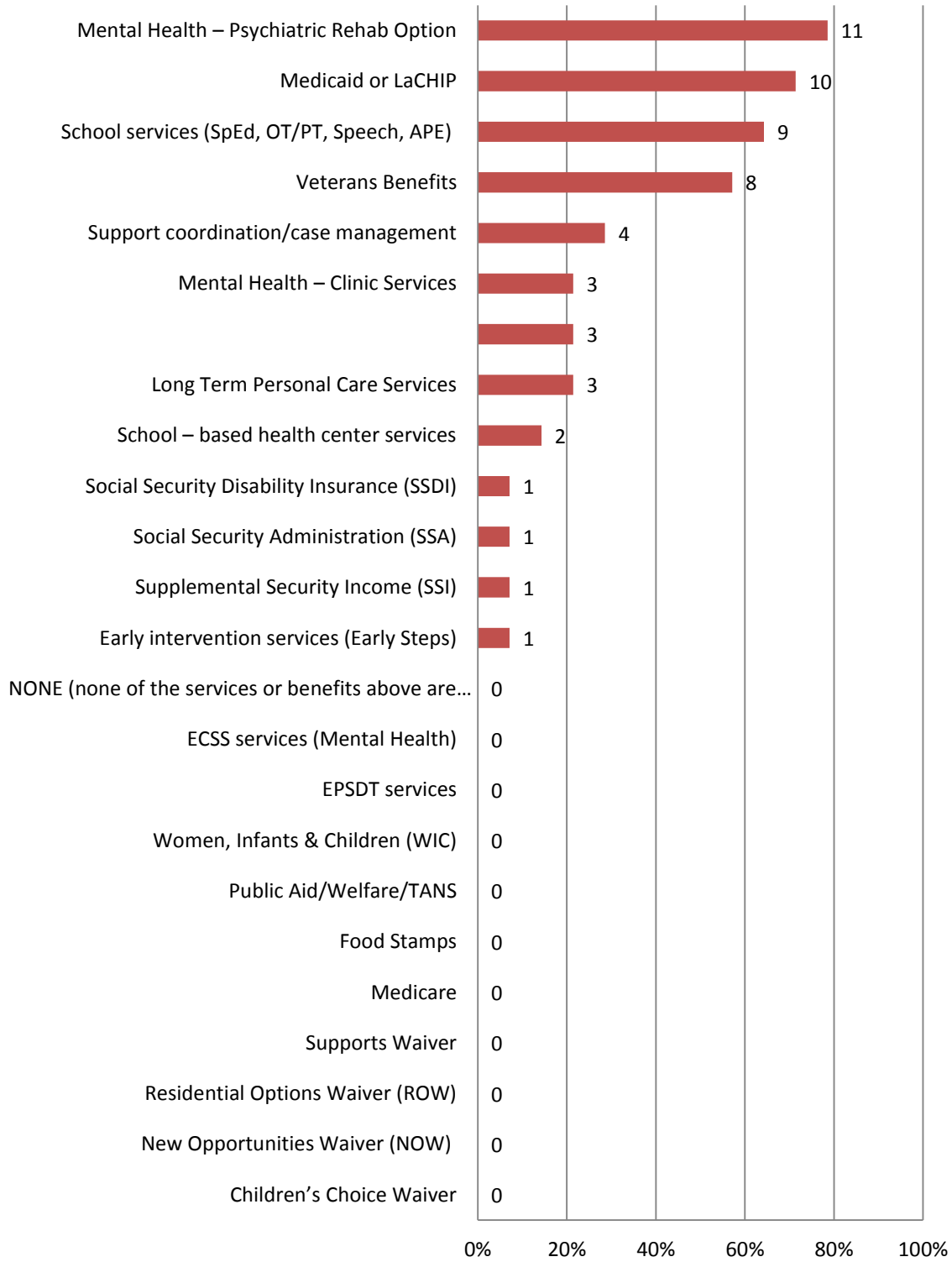


Question 7. Please specify if the person with a disability is currently receiving any of the following services or benefits (Mark all that apply.):

Service or Benefit	Frequency	Percent
Support coordination/case management	4	29%
Early intervention services (Early Steps)	1	7%
Children's Choice Waiver	0	0%
New Opportunities Waiver (NOW)	0	0%
Residential Options Waiver (ROW)	0	0%
Supports Waiver	0	0%
Long Term Personal Care Services	3	21%
Medicare	0	0%
Medicaid or LaCHIP	10	71%
School services (SpEd, OT/PT, Speech, APE)	9	64%
School – based health center services	2	14%
Children's Special Health Services – Clinic Services (screenings, specialized therapists)	3	21%
Mental Health – Psychiatric Rehab Option	11	79%
Mental Health – Clinic Services	3	21%
Supplemental Security Income (SSI)	1	7%
Social Security Administration (SSA)	1	7%
Social Security Disability Insurance (SSDI)	1	7%
Veterans Benefits	8	57%
Food Stamps	0	0%
Public Aid/Welfare/TANS	0	0%
Women, Infants & Children (WIC)	0	0%
EPSDT services	0	0%
ECSS services (Mental Health)	0	0%
NONE (none of the services or benefits above are received)	0	0%

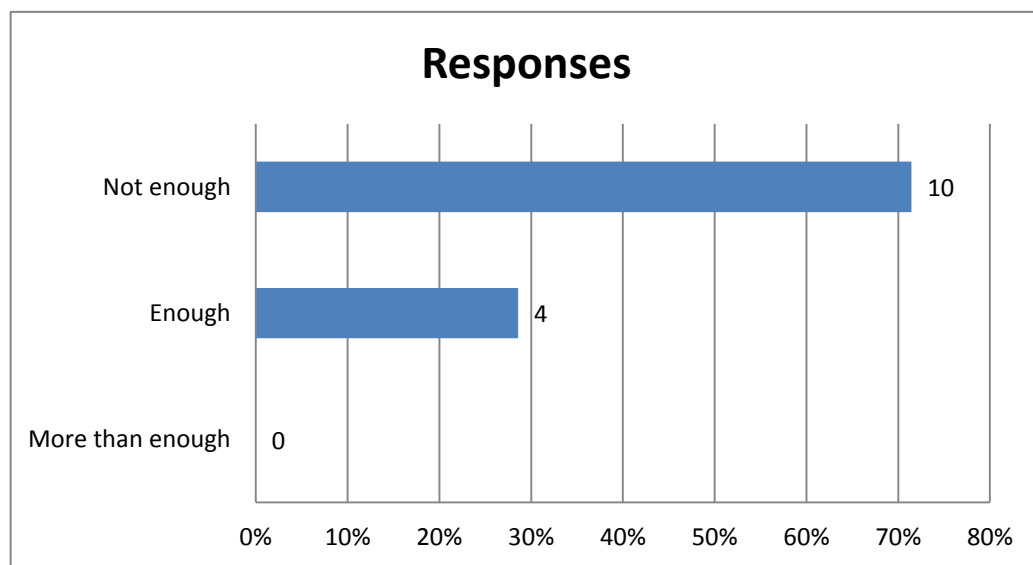
n=14

Responses



Question 8. Overall, how adequate is the amount of support you receive in helping you to meet the challenges you and your family face because of the disability? (Mark one.)

Answer	Frequency	Percent
Not enough	10	71%
Enough	4	29%
More than enough	0	0%
No Answer	0	0%



n=14

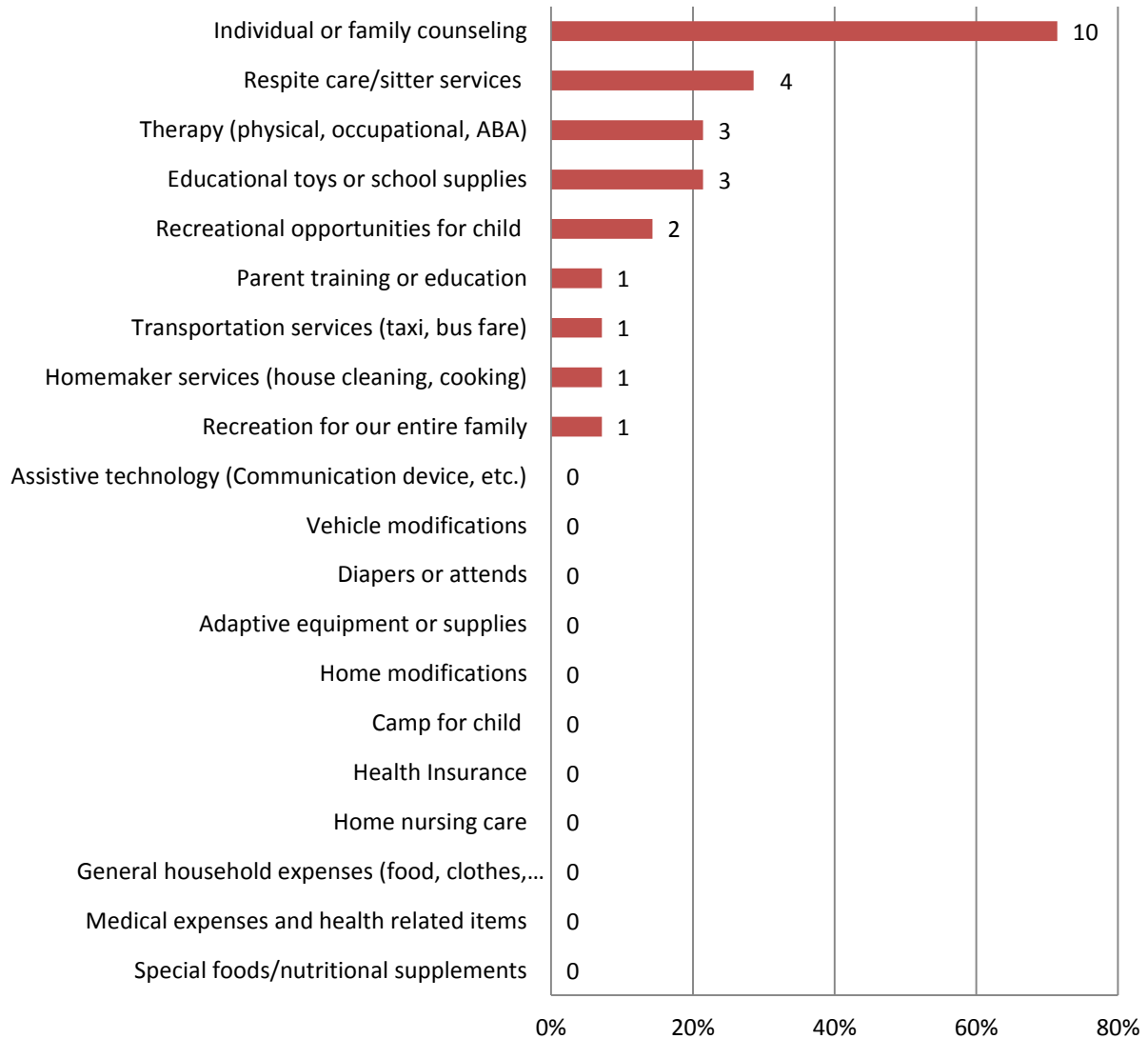
10a. Please indicate what services you receive:
(Mark all that apply.)

As Listed

How Spent	Frequency	Percent
Respite care/sitter services	4	29%
Individual or family counseling	10	71%
Recreational opportunities for child	2	14%
Recreation for our entire family	1	7%
Educational toys or school supplies	3	21%
Special foods/nutritional supplements	0	0%
Homemaker services (house cleaning, cooking)	1	7%
Medical expenses and health related items	0	0%
Transportation services (taxi, bus fare)	1	7%
General household expenses (food, clothes, utilities, rent)	0	0%
Home nursing care	0	0%
Therapy (physical, occupational, ABA)	3	21%
Health Insurance	0	0%
Camp for child	0	0%
Home modifications	0	0%
Parent training or education	1	7%
Adaptive equipment or supplies	0	0%
Diapers or attends	0	0%
Vehicle modifications	0	0%
Assistive technology (Communication device, etc.)	0	0%

n=14

Responses



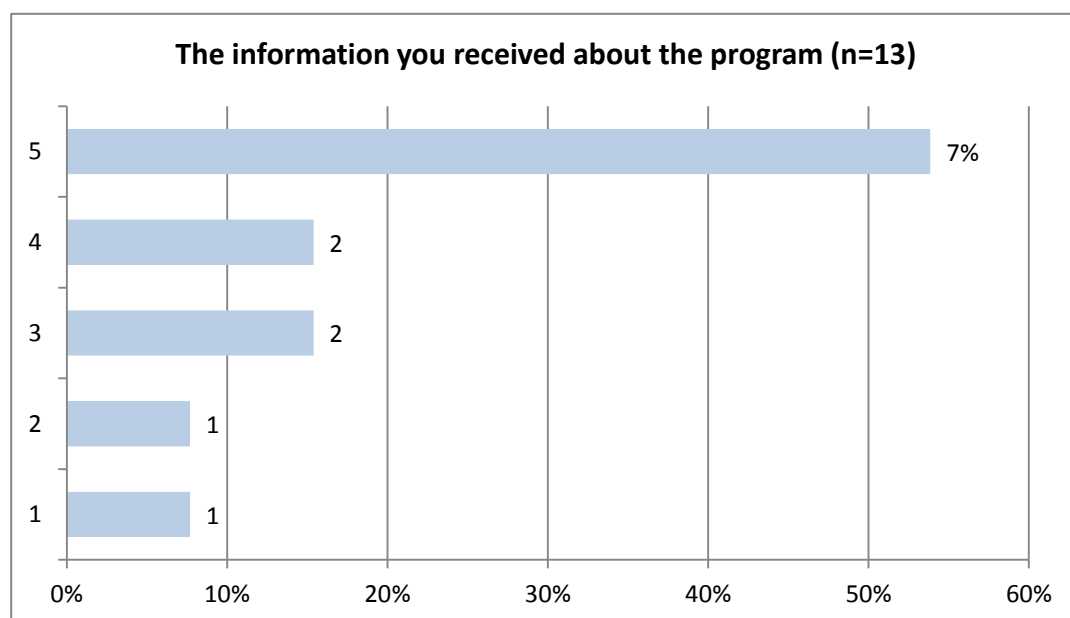
10b. Are there other supports/services you receive that are not listed? (Please list them below.)

Item or Service
3 cash grants in 2 years
3 mission trips to South Carolina
behavior
counseling
denied SSI
financial assistance
job/educational assistance
mentoring
need help for education/homework
need sitter
nothing for my child
school intervention team
SSI check for me
tools for school
tutoring (2x mon th)

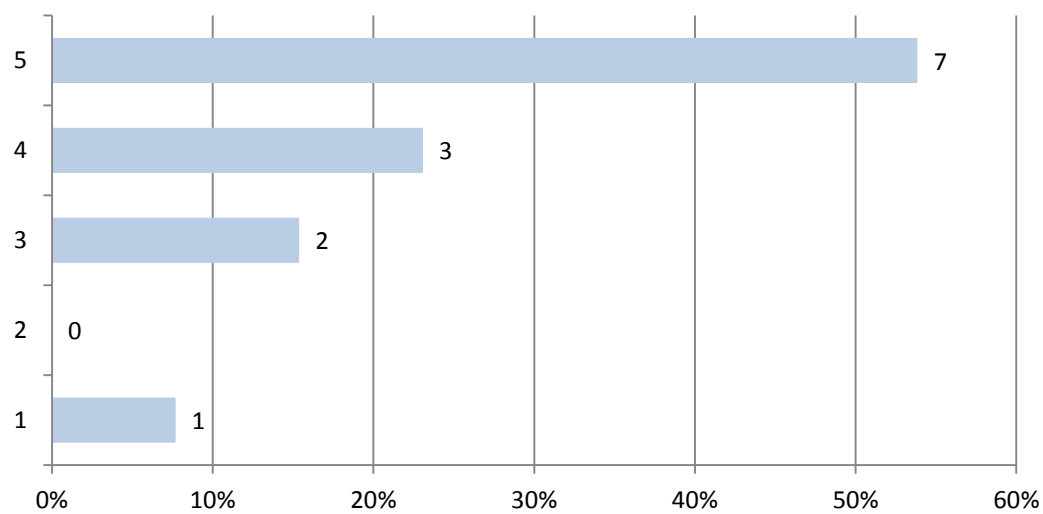
Question 10c. For each area below, circle the number that best describes your level of satisfaction with the service.

1 = Not at all satisfied, 5 = Very satisfied. (Circle only one response per area.)

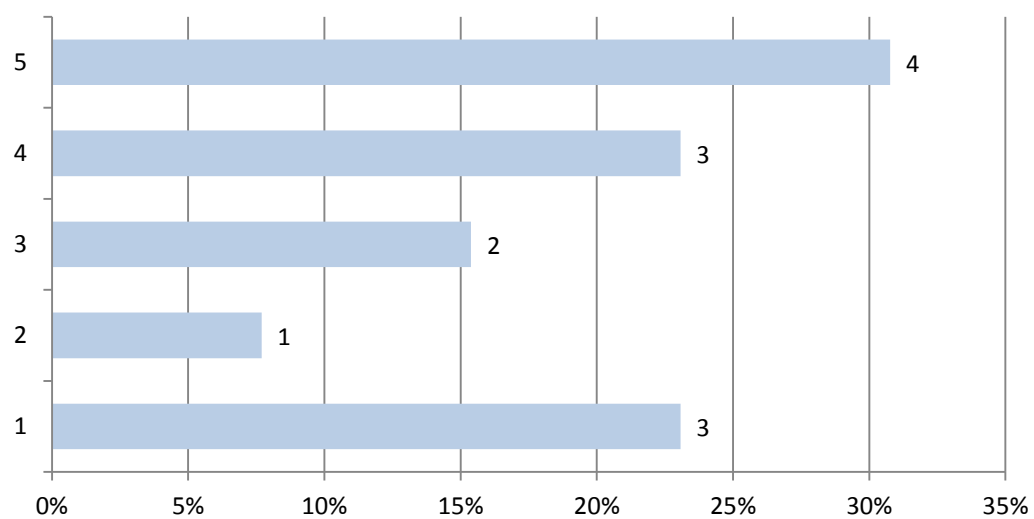
How satisfied are you with...		Score					
Statement		1	2	3	4	5	Mean
The information you received about the program (n=13)	Frequency	1	1	2	2	7	3.7
	Percent	8%	8%	15%	15%	54%	
The application procedure used when you first applied (n=13)	Frequency	1	0	2	3	7	3.9
	Percent	8%	0%	15%	23%	54%	
The type and level of services you receive (n=13)	Frequency	3	1	2	3	4	3.1
	Percent	23%	8%	15%	23%	31%	
How much control you have over the services you receive (n=13)	Frequency	3	1	4	3	2	2.8
	Percent	23%	8%	31%	23%	15%	
The flexibility of the services (n=12)	Frequency	2	3	3	3	1	2.4
	Percent	17%	25%	25%	25%	8%	
The way you have been treated by people involved with this program (n=13)	Frequency	1	0	1	3	8	4
	Percent	8%	0%	8%	23%	62%	



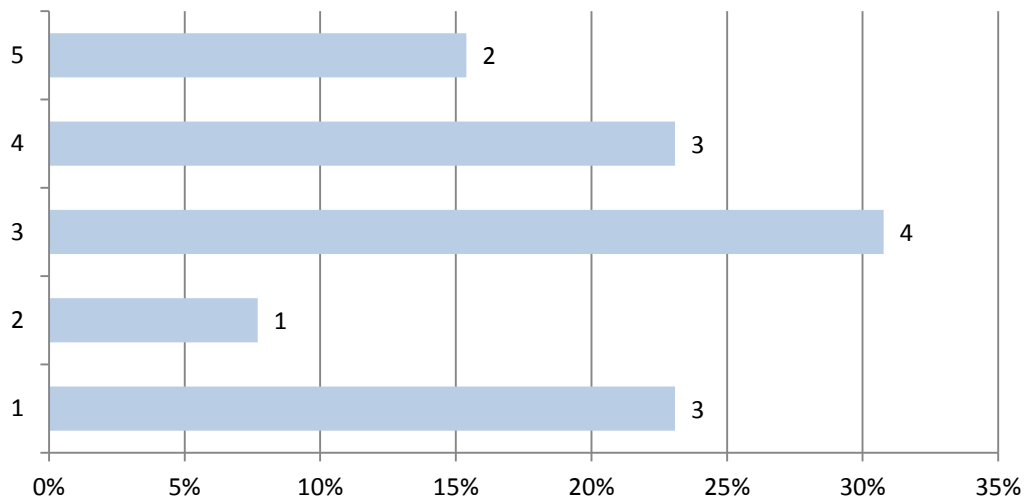
The application procedure used when you first applied (n=13)



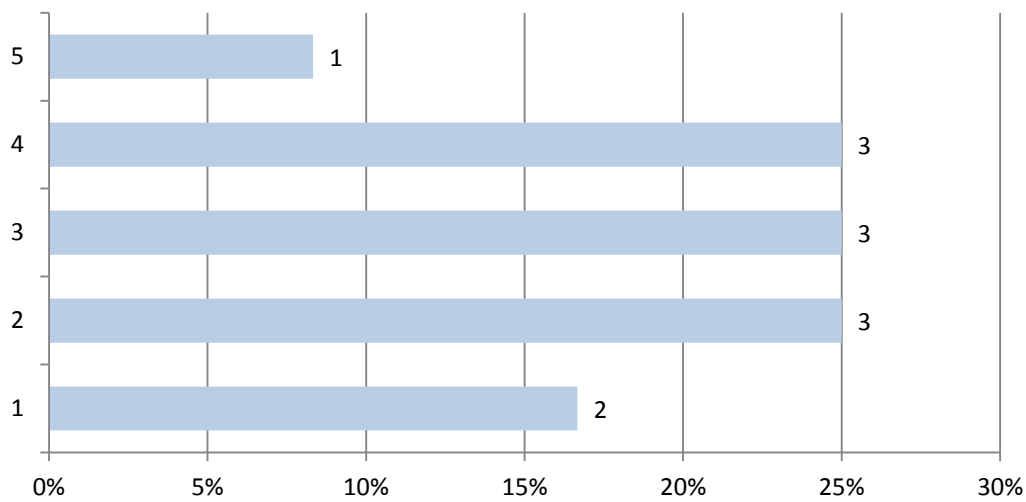
The type and level of services you receive (n=13)



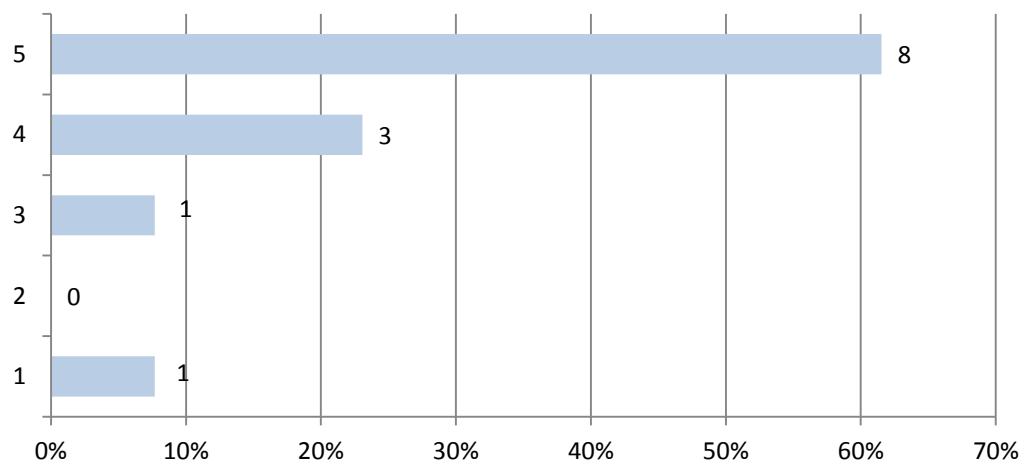
**How much control you have over the services you receive
(n=13)**



The flexibility of the services (n=12)



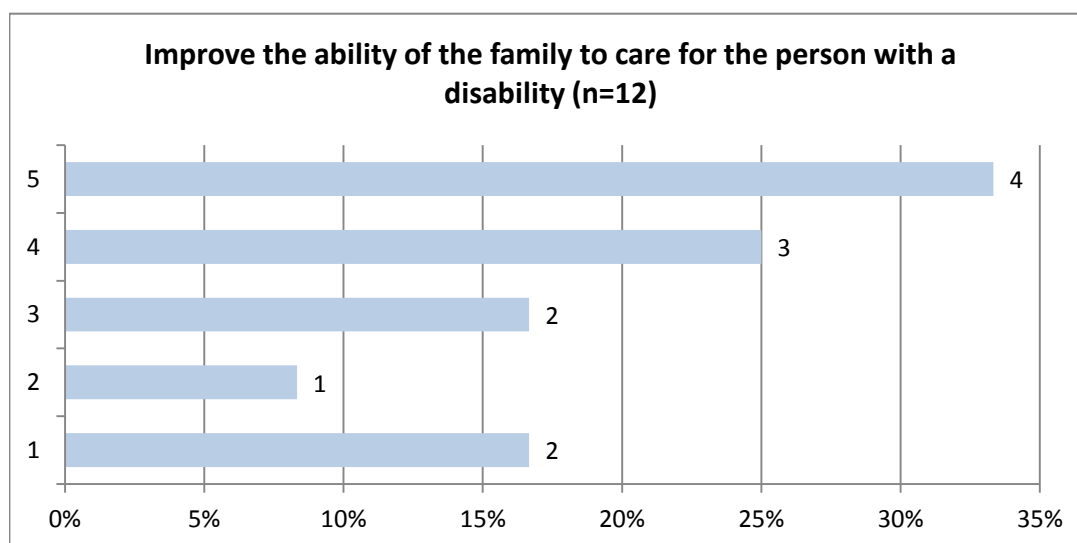
**The way you have been treated by people involved with this
program (n=13)**



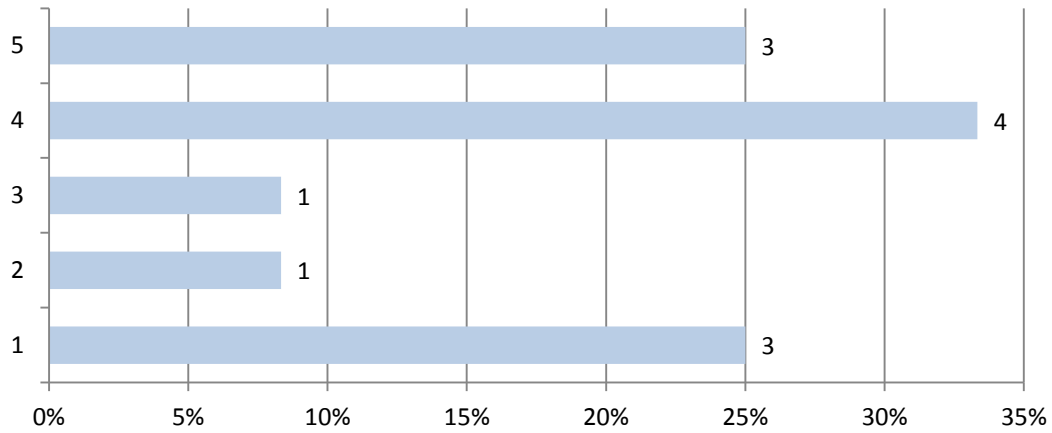
Question 10d. For each item below, circle the number that best describes the impact these programs have on your family.

1 = No impact at all, 5 = A lot of impact. (Circle only one response per area.)

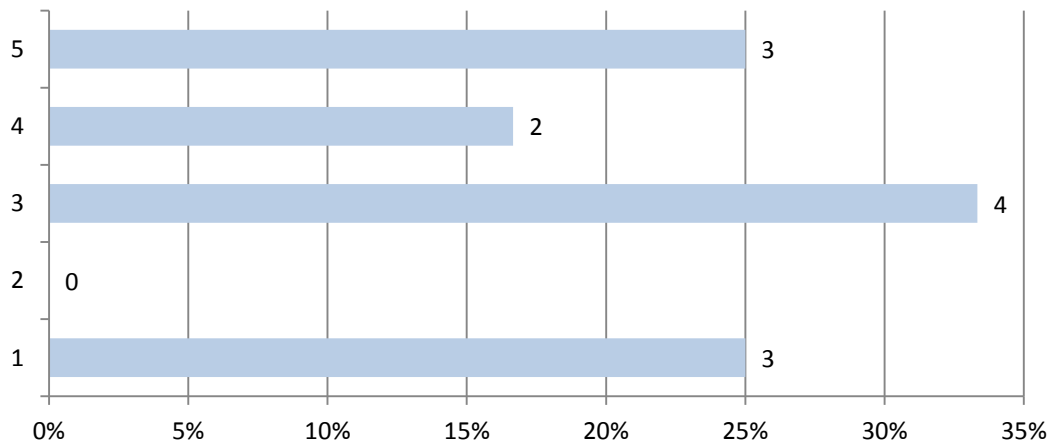
How much do these services/supports...		Score					
Statement		1	2	3	4	5	Mean
Improve the ability of the family to care for the person with a disability (n=12)	Frequency	2	1	2	3	4	3.9
	Percent	17%	8%	17%	25%	33%	
Help your family to do more together (n=12)	Frequency	3	1	1	4	3	3.8
	Percent	25%	8%	8%	33%	25%	
Help your family be more like other families (n=12)	Frequency	3	0	4	2	3	3.6
	Percent	25%	0%	33%	17%	25%	
Help you or your family member with a disability remain at home (n=12)	Frequency	0	1	3	4	4	4.1
	Percent	0%	8%	25%	33%	33%	
Reduce stress in your family's life (n=12)	Frequency	1	4	2	2	3	3.5
	Percent	8%	33%	17%	17%	25%	
Allow you or your family member to work (n=11)	Frequency	5	0	3	1	2	2.9
	Percent	45%	0%	27%	9%	18%	
Help you or your family do things that you were unable to do before (n=12)	Frequency	2	2	3	2	3	3.6
	Percent	17%	17%	25%	17%	25%	



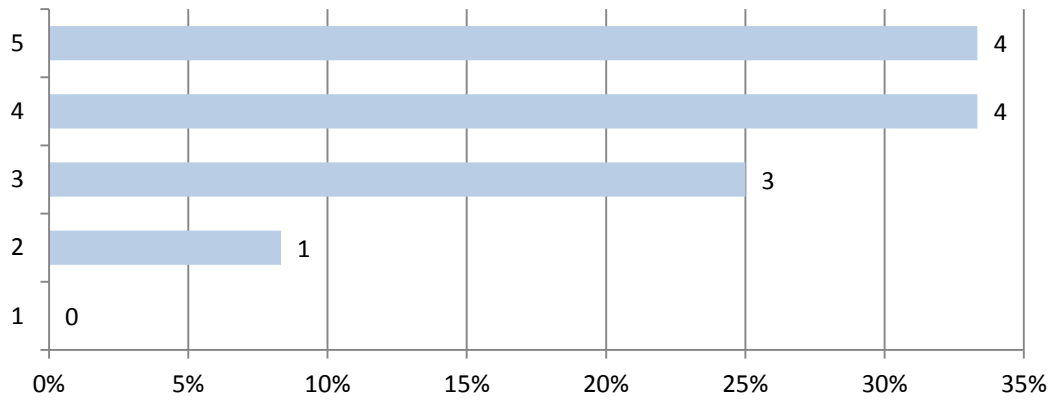
Help your family to do more together (n=12)



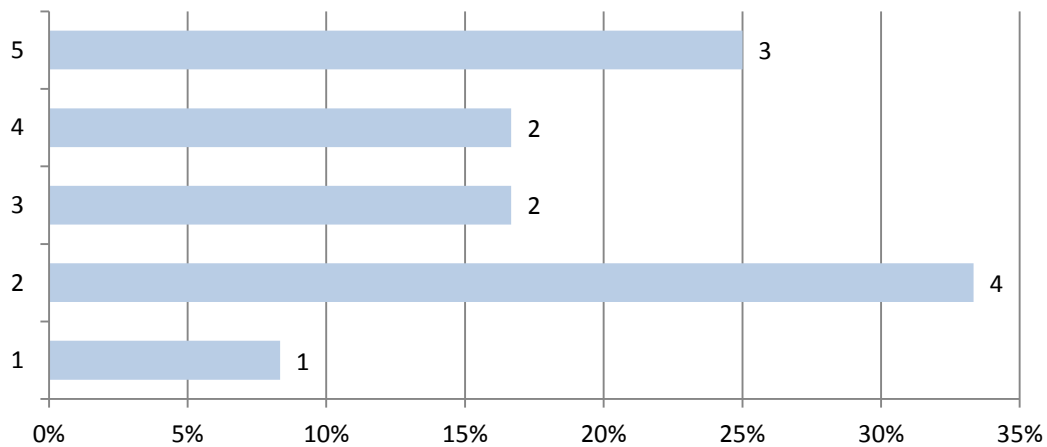
Help your family be more like other families (n=12)



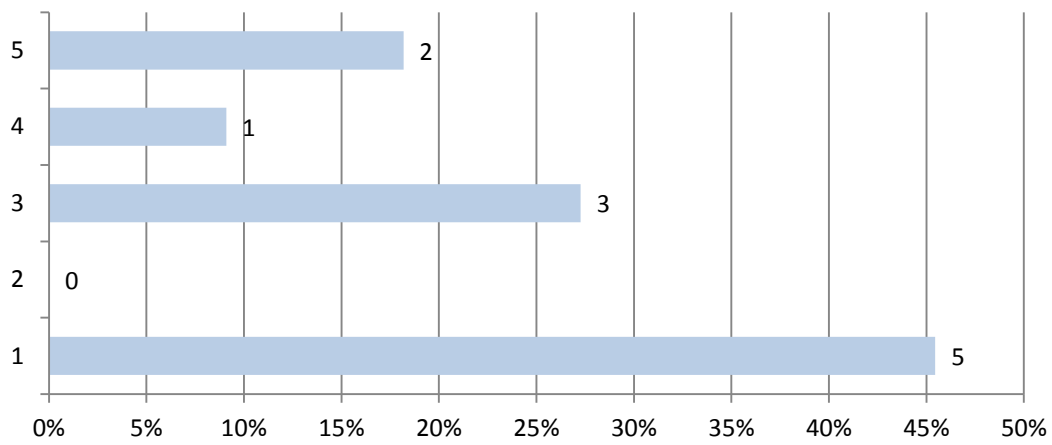
Help you or your family member with a disability remain at home (n=12)



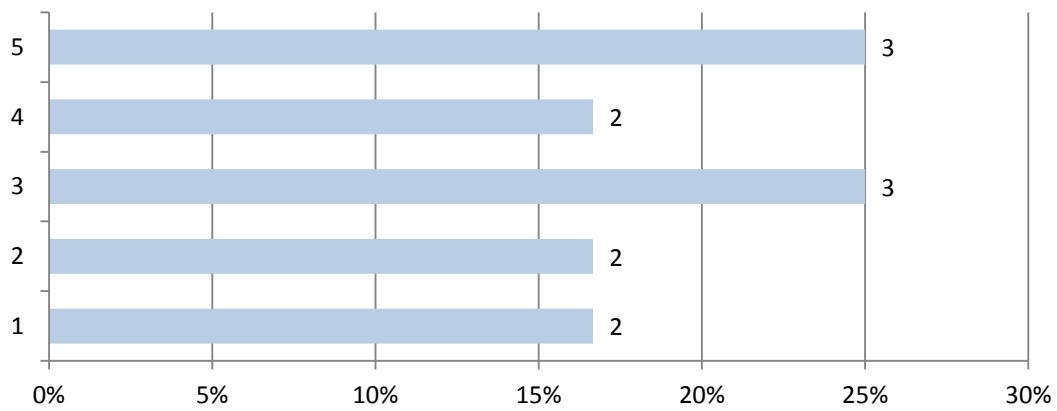
Reduce stress in your family's life (n=12)



Allow you or your family member to work (n=11)



Help you or your family do things that you were unable to do before (n=12)



10e. What do you MOST appreciate or value about the Consumer Care Resources program?

Statement
Availability of persons @ state offices
I am happy that my sons as a positive encouraging male model in his life
I appreciate what I get, but I need more. Shannon, the counselor and everyone is great
People working w/son seem to really care about him. Could I get help w/house cleaning
Solution to situation
The medical, dental and prescription coverage
The respite program is wonderful. It gives my son something to look forward to and gives us a break from him so we (parents) can have some much needed alone time
The time there and therapist is caring and considerate of child needs
The work w/me well. I have a great team
They care about family
You have a lot of needed programs that people should know about

10f. What would you do to change how the Consumer Care Resources program is run?

Statement
Have options for services specific to my needs
Have psychiatrist appointments closer than they are
I have no complaints; family has benefitted from the program as a whole. It reduced stress in our lives. I feel fortunate that we were able to receive these services
I need more help financially but Shannon the counselor is the best thing that ever happened to us. She has helped us so much
I wish communication - access to making appointments with the counselor were more open or accessible.
I would make sure that each family is aware of the programs that are available for the child
Need tutoring. Can only go twice a month on the program and that not enough.
One thing for me as a single mother without health insurance, I wish I was able to go to the doctor too.
Work better together to assist family members