**IL Services Questionnaire**

* The Independent Living Program would like to ask you some questions about *your* experience with Independent Living services. We want to hear feedback from *you* so that we can improve the program, so please take a few minutes to fill out this questionnaire!
* Name of IL provider and/or worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[First Name] [Middle Initial] [Last Name]

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email addresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle YES or No for each question:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | I developed an independent living service plan that fits my needs. | **YES** | **NO** |
| **2.** | I reviewed my service plan with my IL case worker every 6 months. | **YES** | **NO** |
| **3.** | I have an adult who serves as a permanent, lifelong connection. | **YES** | **NO** |
| **4.** | I have participated in activities provided by the IL program that lead to healthy and positive lifestyles. | **YES** | **NO** |
| **5.** | I am involved in the Youth Advisory Council (YAC). | **YES** | **NO** |
| **6.** | I am educated on the dangers of unsafe sex. | **YES** | **NO** |
| **7.** | I was supported by my IL case worker with completing high school or GED program. | **YES** | **NO** |
| **8.** | My IL case worker helped me with my post-secondary education goals. | **YES** | **NO** |
| **9.** | I have my driver’s license. | **YES** | **NO** |
| **10.** | I currently have a job. | **YES** | **NO** |
| **11.** | I am involved in volunteer activities. | **YES** | **NO** |
| **12.** | I have gained vocational education. | **YES** | **NO** |
| **13.** | I have learned about any my medical conditions I have and preventive health care options. | **YES** | **NO** |
| **14.** | I have been educated on what different housing options are available to me. | **YES** | **NO** |
| **15.** | When if I needed, I have received rehabilitation services and counseling for substance abuse | **YES** | **NO** |
| **16.** | I have learned how to open a checking and savings account. | **YES** | **NO** |
| **17.** | The ASSIST stipend has helped me learn how to manage my money. | **YES** | **NO** |
| **18.** | I have received my birth certificate and social security card. | **YES** | **NO** |
| **19.** | Working with IL services has made me better prepared for adulthood. | **YES** | **NO** |

Thank You!