



DISABILITY RIGHTS OREGON

Disability Rights Oregon 2016 Community Insights Survey

Annually, Disability Rights Oregon conducts a survey to solicit additional input regarding the needs of Oregonians with disabilities. Disability Rights Oregon's mission is to promote and defend the rights of individuals with disabilities. We envision a society in which persons with disabilities have equality of opportunity, full participation and the ability to exercise meaningful choice.

Your insights are important. Please take approximately 10 minutes to complete this survey and help us identify areas in which we may focus our resources in the coming year.

The link to this survey is also available online on our website: www.droregon.org

If you need an alternate format to complete this survey, please contact us at (503) 243-2081 or 1 (800) 452-1694 or welcome@droregon.org. Thank you for your time.

Please return completed surveys to:

Mail or in person:

Disability Rights Oregon
610 SW Broadway, Suite 200
Portland, OR 97205

Fax:

503-243-1738

Email:

welcome@droregon.org

Disability Rights Oregon is the Protection & Advocacy System for Oregon.

TOP ISSUES

1. Please rate the importance to you and/or your family of each of the following issues as they impact people with disabilities:

	Un- important 1	2	3	4	5	6	7	8	9	Extremely important 10
Being safe from abuse and neglect										
Getting and keeping housing										
Getting a good education										
Seeing a doctor/getting medical care										
Getting public services and supports										
Rights and safety in institutions										
Being able to vote										
Getting and keeping a job										
Honoring individual decision-making										
Physical access										
Being able to use transportation										
Being part of the community										
Other (please specify below)										
Other:										

2. What is the biggest problem faced by people with disabilities that you would like to see Disability Rights Oregon address?

ATTITUDES AND TYPES OF SERVICES

3. Please rate your agreement with the following statements:

	Strongly Disagree 1	2	3	4	5	6	7	8	9	Strongly Agree 10
The rights of individuals with disabilities is an important issue to Oregonians										
Oregon government is responsive to the needs of people with disabilities.										
I believe disability rights is an important issue in Oregon										

4. Please rate how useful you feel each of the following types of services and advocacy are:

	Not useful 1	2	3	4	5	6	7	8	9	Extremely useful 10
Helping people one at a time with individual legal problems										
Doing work that helps many people by advocating for changes in the law										
Conducting training for providers and policymakers										
Raising public awareness of the rights of people with disabilities										
Providing self-help materials for self-advocacy and information and referral										
Conducting training for self-advocacy and information and referral										
Other (please specify below)										
Other:										

DRO SERVICES

11. Have you received services from Disability Rights Oregon?

- Yes
 No

If you have received services from Disability Rights Oregon, please complete this section. If not, then please skip to page 5.

12. What is the most recent timeframe in which you received services from Disability Rights Oregon? (Please only select one.)

- Between October 1, 2015 and today
 September 30, 2015 or earlier

13. How satisfied were you with the services you received from Disability Rights Oregon

Very dissatisfied	Slightly dissatisfied	Unsure or neutral	Satisfied	Very satisfied

14. What type of services did you receive from Disability Rights Oregon? (Check all that apply)

- Spoke with an attorney or advocate about my issue
 Met with a Certified Work Incentives Coordinator about Social Security work incentives planning
 Used information from the DRO website
 Worked with an attorney or advocate on a legal matter
 Received information from staff to conduct my own advocacy
 Attended a DRO presentation and/or rights training
 Other: _____

15. How successfully was your issue resolved after contacting or working with Disability Rights Oregon?

- There was no change
 Partially resolved
 Completely resolved
 Not sure or not applicable

DEMOGRAPHICS

16. Which of the following describes you? (Select all that apply)

- Person with a disability
- Family member of a person with a disability
- Provider of disability-related services
- Community volunteer with disability-related organization or cause
- Other (please specify) _____

17. I am most interested in issues affecting individuals with the following disabilities (select all that apply)

- Deaf or hard of hearing
- Blind or sight impairment
- Physical disability
- Psychiatric disability
- Cognitive disability
- Intellectual/developmental disability
- Traumatic brain injury
- Learning disability
- Other (please specify) _____

18. Please write the name of the county you live in here: _____

19: Your age: _____

20. If you would like to receive occasional updates and information from Disability Rights Oregon, please provide your contact information

Name: _____

Address: _____

Address 2: _____

City/Town: _____

State: _____

ZIP: _____

County: _____

Email Address: _____

Phone Number: _____

Thank you for your time and your insights.

21. Please provide any additional comments.
