# Toolkit Survey

Feedback from you will help SILVER identify trends and issues related to emergency supports for institutionalized people. Please email the completed survey to xxxxx@xxxxx. com. We appreciate your support!

I represent:

A Center for Independent Living (CILs)

Another Community-Based Organization (CBOs)

A governmental agency

No organization, just myself

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale of 1-5 (1 = “not at all true”, 5 = “absolutely true”):

I believe the Toolkit provided clear and accurate information

Before reading the toolkit, I did not think CILs or CBOs should conduct emergency relocations

After reading the toolkit, I believe that CILs or CBOs should conduct emergency relocations

I intend to utilize the Toolkit’s information

Other comments about the Toolkit:

Please rate the following statements using a 1-5 scale where 1 = Strongly agree, 2 = somewhat agree, 3 = neither agree nor disagree, 4 = somewhat disagree, 5 = strongly disagree

* The toolkit had clear learning objectives.
* I was able to thoroughly review the toolkit.
* The content in the toolkit effectively supports the learning objectives.
* This toolkit increased the likelihood that I will act to support CILs or CBOs conducting emergency relocations.
* I will use the toolkit in my work. –
* I will recommend this toolkit to my colleagues.

What changes or additions are needed to to the toolkit to promote the role of CILs and CBOS?

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Who else needs to have and review this toolkit or a version of this toolkit deigned for other stakeholders?

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### Toolkit Survey

***Questions for CIL representatives only***

During the first year of the COVID -19 pandemic, the number of residents my/our CIL helped transition from institutions:

Increased significantly

Increased slightly

Remained unchanged

Decreased slightly

Decreased significantly

Between the first and second year of the COVID pandemic, the number of residents we helped transition from institutions:

Increased significantly

Increased slightly

Remained unchanged

Decreased slightly

Decreased significantly

Please describe any reasons for the changes in transitions you experienced

If you would like to be contacted about future SILVER activities and resources, please complete the following

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Webpage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE EMAIL COMPLETED SURVEY TO: xxx@xxxx.com**