

WHO ARE WE?

The Statewide Independent Living Council (SILC) works with the Centers for Independent Living (WVCILs) and the Division of Rehabilitation Services (DRS) in West Virginia to make sure the services you need are available to you. The Governor appointed the Council members to monitor and evaluate the quality of independent living services provided by DRS and CIL grants. The SILC gives input about consumer needs and how services for people with disabilities can be improved.

Your answers to this survey are confidential and will be used to help us as we advocate for better services for West Virginians with disabilities.

WHAT DO WE NEED FROM YOU?

Please fill out this short survey completely and tell us about your experience with a CIL. If you receive more than one survey, please fill out and return only one. Refold and tape the survey shut so the postage paid area is on the outside.

Again, **we promise that all answers will be confidential.** If you have questions or need assistance filling out this form, please call:

WVSILC
1-855-855-9743

Optional Information

My disability is: _____

I am living where I want to live.

Yes No

If no, where would you like to live?

Would you fill out this survey online if that was an option?

Yes No

If you are willing to advocate for . . .

- More funding for CILs . . .
- More CILs for WV . . .
- To end the waiting list . . .

Call or E-mail the SILC:

1-855-855-9743

wvsilc@wvsilc.org

THANK YOU!

WVSILC
PO Box 625
Institute, WV 25112-0625

Status _____
Program _____
County _____

***IS INDEPENDENT LIVING
WORKING FOR YOU?***

**CONSUMER
SATISFACTION
CARD**

WVSILC
PO Box 625
Institute, WV 25112-0625

Provided by:

**WV Statewide Independent Living
Council &
WV Centers for Independent Living**

Measuring your satisfaction with the
services provided to you by the WV
Centers for Independent Living

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
INSTITUTE, WV
PERMIT NO. 6

Please tell us how the CIL worked with you. Your answers will NOT be shared with CIL staff members.

Rate how strongly you agree or disagree with the following statements.

N A	1	2	3	4	5	1=Strongly Agree, 2= Agree, 3 = Neutral, 4=Disagree, 5=Strongly Disagree, NA =Does not apply to me
						1. I chose my own independent living goal(s).
						2. I chose the service(s) I needed to meet my goal(s).
						3. The staff stayed in contact with me so I knew what was happening with my services.
						4. The services I got helped me to be more independent.
						5. I have more control over my life now.
						6. I would recommend this CIL to my friends and family.
						7. Overall, the services I received from the CIL were excellent.

8. What was the best service you received?

9. Did the CIL services help to make your life different? ___ Yes ___ No ___ I Don't Know

If the services made a difference, please tell us how.

10. Are there any other services you wish the CILs would offer? ___ Yes ___ No *If yes, please tell us what services you would like?*

11. Please check each service you received.



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| a. If I had a problem, they stood up for me or helped me stand up for myself. | |
| b. The CIL staff put me in touch with other agencies or people who could help me. | |
| c. I received items that help me do things I need to do (lift chair, hearing aid). | |
| d. They helped me find another person with a disability that I could talk to. | |
| e. They taught me how to take better care of myself. | |
| f. They taught me how to make choices that make my life better. | |
| g. They taught me new skills that I wanted to learn. | |
| h. They helped to make my surroundings more accessible (ramps, lifts, hand rails). | |
| i. They helped me find a place to live. | |
| j. They helped me get transportation to the places I needed to go. | |

12. What else can you tell us about your experience with the CIL?