

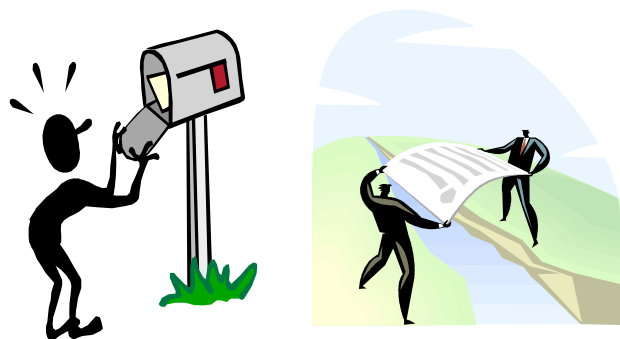


The **CLBC Community Council for Surrey** is pleased to offer this short survey as an opportunity for you and your family to identify areas of need for individuals who receive support from CLBC.

The information we receive will guide our Council's work, in how we influence CLBC and in future initiatives to inform and engage community stakeholders in Surrey for positive change.




For your convenience, we have included a stamped return envelope. **Please return your survey before Friday, October 17, 2008.**

This survey has been designed for self-advocates, with help from self-advocates.



For information about your Community Council, its members and its role, go to www.clbc.bc.ca

HOUSING

| | | | |
|----|---|-----------------------------|---|
| 1. |  | I like where I live. |   |
| | | | Yes No |

For supporting adult to answer: The housing needs of this individual are being met.

- I strongly agree* _____
- I agree* _____
- does not apply* _____
- I disagree* _____
- I strongly disagree* _____

| | | | |
|----|---|---------------------|---|
| 2. |  | I feel safe. |   |
| | | | Yes No |

For supporting adult to answer: There are safeguards in place to ensure the safety and wellbeing of this individual.

- I strongly agree* _____
- I agree* _____
- does not apply* _____
- I disagree* _____
- I strongly disagree* _____




TRANSPORTATION

| | | | | | | |
|----|---|---|---|--|---|---|
| |  |  |  |  |  |  |
| 3. | I can get to the places I want to go. | | | | Yes | No |

For supporting adult to answer: The transportation needs of this individual are being met.

I strongly agree ___
I agree ___
does not apply ___
I disagree ___
I strongly disagree ___


PERSONAL CARE

| | | | |
|----|---|---|---|
| |  |  |  |
| 4. | I have the help I need to look after myself. | Yes | No |

For supporting adult to answer: The physical and care needs of this individual are being met.

I strongly agree ___
I agree ___
does not apply ___
I disagree ___
I strongly disagree ___




SOCIAL NETWORK

| | | | | |
|----|---|------------------------|---|---|
| 5. |  | I have friends. |  |  |
| | | | Yes | No |

For supporting adult to answer: This individual has a network of friends and social contacts in place.



- I strongly agree* _____
 - I agree* _____
 - does not apply* _____
 - I disagree* _____
 - I strongly disagree* _____
-
-
-

COMMUNITY INVOLVEMENT

| | | | | |
|----|---|-----------------------------------|---|---|
| 6. |  | I go to school or college. |  |  |
| | | | Yes | No |

For supporting adult to answer: This individual is meeting his/her goals with regard to post-secondary education.

- I strongly agree* _____
 - I agree* _____
 - does not apply* _____
 - I disagree* _____
 - I strongly disagree* _____
-
-
-

7.   **I go to work and get paid.**   Yes No

For supporting adult to answer: This individual is meeting his/her goals with regard to paid employment that is meaningful to them.

- I strongly agree* _____
- I agree* _____
- does not apply* _____
- I disagree* _____
- I strongly disagree* _____





8.    Yes No

I help in my community as a volunteer.

For supporting adult to answer: This individual participates in the community as a volunteer.

- I strongly agree* _____
- I agree* _____
- does not apply* _____
- I disagree* _____
- I strongly disagree* _____

RECREATION

| | | | |
|---|---|---|---|
|  |  |  |  |
| 9. | I go to my recreation center. | Yes | No |

For supporting adult to answer: This individual has access to or participates in recreation and leisure activities.

I strongly agree ___
I agree ___
does not apply ___
I disagree ___
I strongly disagree ___

What else would you like us to know?

Thank you for your participation!

The Surrey Community Council will be following up this survey with a report in mid November that will be posted on the CLBC website: www.clbc.bc.ca

We will be building community action plans and making recommendations to CLBC and community agencies based on survey feedback. If needed, would it be possible to contact you to obtain more details about the areas where you feel services or supports are not adequate? (This optional!)

If so, please provide your name, your relationship to the individual needing CLBC services, your phone number and the best time to be reached:

Name : _____ Relationship: _____

Phone number: _____ Best time to call: _____

Self-advocate's name (optional): _____