Continuity Care Survey

Section A - About Continuity Care Services:

1. What services have you used?

   ☐ Individual Support from Executive Director (assistance with planning, navigating the system, advocacy)
   ☐ Information and Resources
   ☐ Workshops   Please specify the topics:

   _____

   _____

   ☐ Parent Support Groups (Senior Parent, Transition Parent, daytime or evening groups)
   ☐ Adult Sibling Conversation Evenings (for siblings who have a brother/sister with a disability)
   ☐ Baby Boomer Café (social gatherings for siblings along with their brother/sister with a disability)
   ☐ Family Fun Night (social event for families held in October)
   ☐ Sharing Circle of Support Program (to help develop and maintain a support network for a person with an intellectual disability)

2. Have you experienced any of the following barriers or challenges when accessing our services? (Check all that apply)

   ☐ Transportation
   ☐ Lack of respite
   ☐ Location of our office (when attending meetings or workshops)
   ☐ Time of meetings or workshops
   ☐ Parking
   ☐ Health/mobility issues make it difficult to attend
   ☐ Others: _____

Section B - Public Relations and Communication:

1. How do you stay informed about Continuity Care events and services? (Check all that apply)

   ☐ Newsletter
   ☐ Website
   ☐ Facebook page
   ☐ Email
   ☐ Word of Mouth
   ☐ Other

2. Do you utilize social media to connect with others?   ☐ Yes   ☐ No

3. Would you like Continuity Care to offer these options?
   ☐ Twitter
   ☐ Instagram
   ☐ Blog
   ☐ Facebook Groups

Section C - Areas for future consideration:

1. Which of the following ideas would be of interest to you:

   ☐ Advisor to a Trust (Continuity Care would consult with the Trustee to assist with decisions and make recommendations as to how the funds in the discretionary trust are spent to benefit the beneficiary (ie. the person with the disability).

   ☐ Mentorship Program (Continuity Care would assist with connecting families in similar situations to share experiences, knowledge and advice.)

   ☐ Friendly Visitor (Continuity Care would hire and screen a volunteer or paid person to check in with an individual with a disability on a monthly basis to ensure their needs are being met, assist with accessing services/supports, help with relationship building.)

   ☐ Video Conferencing option for workshops

   ☐ Webinars on our website from our workshops

   ☐ Training for Agency staff (Topics include Relationship and Support Network Building, Lifebook/Portfolio, Person Centered Planning and RDSP.)

2. Do you have any suggestions for services and supports that would be of interest and would like our organization to consider?

   _____

   _____

   _____

Section D: Demographic Information

1. Are you:

   ☐ A person with a disability
   ☐ A parent of a child with a disability
   ☐ A sibling of a brother/sister with a disability
   ☐ A grandparent of a grandchild with a disability
   ☐ A family member of a relative with a disability (aunt, uncle, cousin, niece, nephew)
   ☐ A friend of a person with a disability
   ☐ A service provider with a disability agency/organization
   ☐ A professional
   ☐ Other: _____

2. What is the age range of the person with a disability?

   ☐ Under 5 years old
   ☐ 5-18 years old
   ☐ 19-21 years old
   ☐ 22-50 years old
   ☐ 51-65 years old
   ☐ Over 65 years old

3. What area of Manitoba do you live?

☐ Northern Manitoba
☐ Southern Manitoba
☐ Western Manitoba
☐ Eastern Manitoba
☐ Central Manitoba
☐ Interlake region
☐ Parkland region
☐ Winnipeg
☐ Brandon
☐ Outside of Manitoba - please specify: _____

Section E: Additional Feedback and Comments:

1. Do you have any other information or suggestions that you would like to share with us?

_____

_____

_____

2. In your previous involvements with Continuity Care, have you been dissatisfied in any way? If so, please explain:

_____

_____

_____

3. Please provide us with a statement about how Continuity Care has impacted you/your family:

_____

_____

_____

4. If you would like someone from Continuity Care to contact you about this survey, please provide your name and contact information.

_____

_____

Thank you for participating in our survey. Your responses and feedback is important to us and will assist us in improving and expanding the supports and services that we provide to our members.