Waiver Guide Feedback and Evaluation Survey

Please let us know whether this booklet is helpful and any suggestions you have for improving it by returning the completed survey via mail or fax. The survey is available as a separate document on request.

To fax: Send to Brenda Wade 317-233-3712
To mail: Waiver Guide Survey c/o Governors’ Council/Disability, 150 W Market #625, Indianapolis, IN 46204

1. How helpful is the Consumer Guide to Waiver Programs as a source for information about waivers?
   _____ Very helpful      _____ Helpful      _____ Somewhat helpful      _____ Not helpful

2. Overall, how satisfied are you with Consumer Guide to Waiver Programs?
   _____ Very satisfied      _____ Satisfied      _____ Somewhat satisfied      _____ Not satisfied

3. What do you think about the length of the booklet and how well the topics are covered?
   _____ Too short/not enough information      _____ Just right      _____ Too long/too much information

4. Which describes your interest in Waivers and this booklet? (Please check all that apply)
   _____ I am currently receiving a waiver
   _____ I have recently been “targeted” for a Waiver opening
   _____ I am on the waiting list for a Waiver
   _____ I plan to apply for a Waiver
   _____ I will use the book to educate others about the Waiver program

5. Which describes you? (Please check all that apply.)
   _____ Person with a disability
   _____ Parent of a person/child with a disability
   _____ State agency personnel
   _____ Service provider
   _____ Advocacy organization
   _____ Parent group
   _____ Educator
   _____ Other: __________________________________________________________

6. Comments and Suggestions:

7. Would you like to receive the Council's free monthly newsletter On Target?  __Yes  __No  __Already receive

8. Would you like to receive Council E-mail News (about twice each month)?  __Yes  __No  __Already receive

If you said yes to either of the last two questions, please include your contact information when returning this form. Or if you prefer, e-mail the information separately to Brenda Wade at: bwade@gpcpd.org

Name: ___________________________________________________________________________________
Address: ________________________________________________________________________________, IN  ZIP:________
E-mail: ________________________________ Telephone:______________________________