Needs Assessment for People with Disabilities

Unmet Needs in the Thomas Jefferson Planning District

May 29, 2009

Prepared by the:
Thomas Jefferson Planning District Commission in coordination with the
Jefferson Area Disability Services Board and the Jefferson Area Transition Council

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Executive Summary

This Needs Assessment is a joint effort between the Jefferson Area Disability Services Board (DSB) and the Jefferson Area Transition Council (JATC). The assessment examines the needs of people with all types of disabilities in the Thomas Jefferson Planning District, which consists of the City of Charlottesville and the Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson.

The purpose of this assessment is to identify unmet needs to determine needed programs and services for people with disabilities within the Thomas Jefferson Planning District. This is a comprehensive study of the needs of people with all types of disabilities in the planning district undertaken as a joint effort between the Jefferson Area Disability Services Board (DSB) and the Jefferson Area Transition Council (JATC). This Needs Assessment will be used as the basis for an action plan to launch new initiatives to address the identified gaps in services.

This process began with assembling an advisory group to guide the preparation of the Needs Assessment, as outlined in the first section of the THA Toolkit. The process gathered new input through a survey instrument and work sessions with the Disability Services Board and Transition Council. Information was also drawn from a variety of data sources, as well as from previous surveys, studies and planning efforts focused on the needs of people with disabilities.

Full community inclusion for people with disabilities is impeded by limited choices for housing and transportation. To achieve independent living, some assistive technology, training, or assistance may be needed to prepare for and maintain employment, develop independent living skills, and enjoy a meaningful social life. While the region offers a wide array of services, there are still many barriers in our community that can isolate people with disabilities and limit employment opportunities and affordability, accessibility and choice in housing and transportation.

The data and input gathered through this process suggested a number of initiatives to address unmet needs:

**Housing:**
- Launch a homesharing program matching homeproviders with homeseekers, and roommates, including roommates who can serve as guides for young adults with disabilities.
- Develop a home modification program providing information and assistance on tax credits, financing options, design of modifications, and securing a contractor.
- Provide training for planners and building officials in accessible design.
- Promote the development of Accessory Dwelling Units (ADUs) in the urban core to provide safe, decent, affordable housing near bus routes.
- Promote Universal Design in housing and communities through workshops, presentations, displays, and other events.
- Include the needs of people with disabilities in redevelopment plans, including Charlottesville Redevelopment and Housing Authority (CRHA) and Habitat for Humanity properties.

**Transportation:**
- Match people with disabilities with volunteer drivers through RideShare and facilitate volunteer drivers by addressing liability issues and insurance. Introduce RideShare to special education students through presentations in area high schools.
- Partner with agencies and organizations serving the elderly to leverage efforts toward creating livable communities.
- Continue to identify crosswalks and sidewalks where improvements are needed and work with the City and Albemarle County to implement upgrades. Provide additional accessible parking spaces within the urban core.
Continue the JAUNT Stars program to provide vouchers to use JAUNT during job training, job search and the initial period of employment prior to the first paycheck.

**Independent Living:**
Offer a series of awareness seminars done in a positive way to inform decision makers and the public about the needs and contributions of people with disabilities and barriers to community inclusion.
Train a new type of life coach for young adults with disabilities to develop skills and techniques to live independently, addressing employment, housing, transportation, social life, and financial management.
Highlight and honor disability-friendly businesses and employers through a Business Directory and recognizing employers who effectively integrate people with disabilities into their workforce.

**Assistive Technology**
Lease equipment, including devices for emergency preparedness, through an assistive technology loan program.
Partner with agencies and organizations serving the elderly, including the Institute on Aging, to identify the needs for assistive technology to deliver services and promote independence.

**Employment**
Investigate the possibility of replicating Project SEARCH in this area. Project SEARCH provides employment and education opportunities for individuals with significant disabilities through innovative workforce and career development.
Develop an integrated approach to employment training, utilizing a variety of programs in the area to combine job training, social skills, and self-advocacy into a coordinated program combining funding streams.
Provide training for employers on the benefits of hiring people with disabilities. Include effective supervision techniques that identify and utilize natural supports in the workplace and draw on area resources to integrate job carving, process modification and assistive technology to fully tap the capabilities of people with disabilities.

**Emergency Preparedness**
Incorporate Evacuation Plans for Populations with Special Needs for all localities in the update of the Regional Hazard Mitigation Plan.
Introduction
This Needs Assessment is a joint effort between the Jefferson Area Disability Services Board (DSB) and the Jefferson Area Transition Council (JATC). The assessment examines the needs of people with all types of disabilities in the Thomas Jefferson Planning District, which consists of the City of Charlottesville and the Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson.

Description of the DSB and JATC
The Disability Services Board (DSB) has been staffed by the Thomas Jefferson Planning District Commission (TJPDC) since its creation. The purpose of the DSB is to stimulate public awareness, foster coalitions of committed and educated advocates, and enhance local government interest in disability issues. The DSB is a volunteer group of citizens, people with disabilities, and service providers. The DSB’s mission is to improve the self-sufficiency of people with physical and sensory disabilities by providing research, information and support for coordinated disability services, and raising public awareness of the needs and the contributions of people with disabilities in the Thomas Jefferson Planning District (City of Charlottesville, and the Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson).

The Jefferson Area Transition Council (JATC) is a partnership of students, families, agencies, schools, and other community partners who coordinate and improve the delivery of services for youth with disabilities, ages 14 through 22, as they transition from high school to adult life. The Thomas Jefferson Planning District Commission hosts and staffs the Transition Council. The JATC was formed in 2004, with a grant from the Virginia Board for People with Disabilities (VBPD) for Mapping Transition Services for Students with Disabilities as its inaugural project. That project took the form of the Life After High School web site (www.LifeAfterHS.org), providing a directory of services in the planning district and linking to various resources for students with disabilities and their families for the transition from student to adult life.

History of the Needs Assessment
All DSBs have been required to assess the needs of people with physical and sensory (mobility, hearing, and vision) disabilities in their service area every 3 years. This information is used to guide the activities of the DSB, inform local officials of needs within their jurisdictions, and advise state agencies. When the JATC was established, it went through an initial process to plan the goals and objectives of the group. This work resulted in the definition of the group, and development of its mission, goals, and objectives. One of the identified objectives was to “identify unmet needs to determine needed programs and services.” The Transition Council discussed the possibility of piggy-backing onto the DSB Needs Assessment to develop a comprehensive study of the unmet needs of people with all types of disabilities in the planning district. Due to the time and attention needed to complete the Transition Map by June 30, 2006, the Transition Council did not have the capacity to link with the DSB for their Needs Assessment completed in April 2006.

The TJPDC has had grant funding through the VBPD for the past four years to establish the Transportation and Housing Alliance (THA) and to develop the THA Toolkit to integrate the needs of people with disabilities and other special needs into planning efforts. As part of that work, TJPDC developed a Fact Sheet on using the THA Toolkit to perform a Needs Assessment and promoted the use of the THA Toolkit for that purpose with DSBs across the state. Unfortunately, during the 2009 General Assembly session, the adopted state budget discontinued funding for DSBs and the mandate to have a DSB and to prepare a Needs Assessment was rescinded. Efforts toward preparation of the triennial Needs Assessment had begun with the development and distribution of a survey. The
Transition Council assisted in the distribution of the surveys and was interested in joining the effort to develop a comprehensive assessment of people with all types of disabilities in the Planning District. TJPDC submitted a project proposal to the THA Review Team and was selected for funding through the THA project.

**Use of the THA Toolkit**
This project used the Transportation and Housing Alliance (THA) Toolkit to assess the communities’ needs on behalf of people with disabilities. THA developed the Toolkit to help provide a better understanding of transportation and housing needs for people with disabilities and others who may otherwise be excluded from the planning process. It is a catalog of tools, with instructions and tips on how to analyze information on your community. The Toolkit provides guidance on housing, transportation and employment, which are major items addressed in Needs Assessments.

**Purpose**
The purpose of this assessment is to identify unmet needs to determine needed programs and services for people with disabilities within the Thomas Jefferson Planning District. This is a comprehensive study of the needs of people with all types of disabilities in the planning district undertaken as a joint effort between the Jefferson Area Disability Services Board (DSB) and the Jefferson Area Transition Council (JATC). This Needs Assessment will be used as the basis for an action plan to launch new initiatives to address the identified gaps in services.

**Planning Process**

**Advisory Group**
This process began with assembling an advisory group to guide the preparation of the Needs Assessment, as outlined in the first section of the THA Toolkit. The process gathered new input through a survey instrument and work sessions with the Disability Services Board and Transition Council. Information was also drawn from a variety of data sources, as well as from previous surveys, studies and planning efforts focused on the needs of people with disabilities.

**Group work with DSB and Transition Council**
The Advisory Group also provided guidance on how to make the best use of the meeting with the Transition Council scheduled for May 4. The group advised that the most effective use of the time would be to conduct a facilitated work session with the group on areas of focus across disabilities to identify the areas of greatest concern and actions that would have the greatest impact. Materials compiled for the group work included an outline of this Needs Assessment and definitions of the core areas used for past DSB Needs Assessments. The session produced valuable insight and input, and the process was repeated with the DSB at their May 18 meeting. Notes from these two sessions are included in the appendices.

**Top Core Areas**
The top core areas varied depending upon the type of disabilities considered. The Transition Council identified employment as the top area, with housing and transportation tied for second place, and training as a close third. Cutting across these four core areas, the Transition Council identified a need for life coaches/mentors to help young adults navigate the transition into adult life.

The Disability Services Board had three clear core areas emerge as priorities: Housing, Independent Living, and Assistive Technology. The foundation for the identification of these areas was the need...
for community inclusion – breaking down the physical and attitudinal barriers that make it difficult for people with disabilities to participate fully in community life.

**Data Collection**

The Advisory Group recommended reviewing data from several sources, including studies, plans or surveys that have been conducted in the past few years. One primary source of information was the Department of Education web site, which provides a count of students by disability by school district. Data from 1997 and 2007 were compared to look at areas of change in the number and percentage of students with disabilities, and in changes in the types of disabilities reported. The total number of students in the entire planning district rose from 4,354 in 1997 to 4,403 in 2007, but this was a decrease in the percentage of the total student population from 16% in 1997 to 15% in 2007. The number of students identified as having autism rose from 9 students in 1997 to 253 students in 2007. The number with specific learning disabilities decreased both in the number of students (1,909 to 1,499) and in the percentage of special education students (45% to 34%). For the chart of the data included in the appendices, multiple and severe disabilities were combined into a single category, and the “other” category included hearing impairments, visual impairments, orthopedic impairments, other health impairments and traumatic brain injury. In total, the “other” category rose from 9% in 1997 to 20% in 2007.

Numbers of people receiving Social Security Income (SSI) were also examined as an indicator of the incidence of disabilities. Social Security Income (SSI) is a Federal income supplement program funded by general tax revenues (not Social Security taxes) to help the elderly and people with disabilities who have little or no income. SSI is intended to provide provides cash to meet basic needs for food, clothing, and shelter. SSI payments are $637 per month for an individual in the Charlottesville Metropolitan Statistical Area (MSA). SSI recipients usually also qualify for food stamps and Medicaid. Across the planning district, the number of SSI recipients decreased from a total of 3,318 in 1998 to 3,099 in 2007. There was some slight shifting of the proportion among the localities in the region, with the City of Charlottesville seeing the largest decrease over the 9 year period.

**Surveys**

Results of a few surveys were used to inform this assessment. The most current was the survey developed for the DSB Needs Assessment, which was revamped slightly during the process to include all disabilities, instead of being limited to physical and sensory disabilities. The Virginia Institute for Autism (VIA) conducted a Family Survey as part of their work in evaluating the needs of students with autism as they approached adulthood. JAUNT, the para-transit provider in the Planning District, conducts a satisfaction survey of their users each year. The Transition Council held a Listening Session in October 2007, which resulted in qualitative information through focus groups, as well as quantitative information through a follow-up survey. Tabulation of survey results are included in the appendices, with brief summaries included here.

**Modified DSB Needs Assessment Survey:** This survey was based on the Core Areas required for the DSB Needs Assessment report and was initially geared toward people with physical and sensory disabilities. With the initiation of this project, the survey was expanded to include all disabilities. A total of 40 completed surveys were submitted, with 65% of the respondents having a physical or sensory disability. 75% were between the ages of 22 and 55 and 90% lived in Albemarle or Charlottesville. The service areas identified as having the greatest need were employment, transportation, medical/therapeutic, accessible housing and assistive technology. Comments also pointed out a need for public awareness and education, affordable fitness facilities, accessible parking, and dental services. Physical access to commercial and residential buildings, expanded
JAUNT services, respite care, and assistance navigating the system and accessing services were mentioned in the general comments.

**VIA Family Survey:** This survey was mailed to 250 patient families by the Kluge Children’s Rehabilitation Center at the University of Virginia. The survey was also distributed by e-mail through affinity groups with online responses. Families responding to the survey had children aged 12 to 21 and indicated that their children lived at home (over 95%). The survey asked what services the child would need as an adult. The highest ranking answers were help with social skills and friend-making, job training to work in the community, and counseling in how to get and keep a job.

**JAUNT:** JAUNT used surveys and other analysis to evaluate their effectiveness over the past year, and provided this summary from their annual report:

JAUNT’s service effectiveness varies from county to county, depending on the services provided, but generally, it is clear that some of our rural services are overbooked, creating unacceptably long ride times for people as we travel long distances to pick everyone up.

In Charlottesville and urban Albemarle, JAUNT continues to do a good job of meeting the needs of people with disabilities during the hours of service that we operate. There are occasional complaints of missed trips and lengthy waiting times for will-calls (from doctor appointments), but the service provided is quite successful in getting people where they need to go.

In rural Albemarle, night and weekend service is available. The only known shortcomings have to do with frequency and directness of service. In the outlying areas, JAUNT’s focus on efficiency means passengers are likely to be grouped with others on routes. Some passengers need to wait up to two hours before and after appointments in Charlottesville or spend extra time on the bus while other people are dropped off or picked up. The high cost of using rural services for members of the general public is a deterrent, but fares for the elderly and disabled are affordable except in the most remote areas. Although there are definitely convenience problems and cost issues, there is no question that JAUNT is able to get most people to their destinations. There have been some requests for commuter service from Crozet. JAUNT will continue to work toward express services for employees.

In Louisa County the same frequency issues apply and there is no night or Sunday service. With the additional funding for FY08, JAUNT began providing Saturday service that included the Zion’s Crossroads Dialysis Center, as well as other County destinations. Weekday services are not ideal. Because of the limited number of routes available and the greater distances involved, passengers frequently have long rides and long waits.

In Fluvanna County, there are similar problems with ride times. The three day per week midday route to Charlottesville is so popular that people are riding far too long to get to their appointments and JAUNT has had to encourage some passengers to switch to a different day to minimize this issue. It is a continuing effort to strike a balance between providing service to as many people as possible versus providing rides of less than three hours. A fourth day of midday service to Charlottesville will be added at the end of the year. Two employment routes to Charlottesville are offered and three days of intra-county service. Due to budget constraints, JAUNT will have to cut out two days of service in Fluvanna starting July 1.

Nelson County is the greatest concern at this time. Services have not expanded significantly in years and midday service to Charlottesville also has ride times that are too long because the van must cover the entire county before heading into the City. Wintergreen service continues to be successful, though ridership is lower due both to the economic impact of disappointing ski seasons and the impact of fare increases. There are unmet needs, especially for seniors who want to travel to destinations off the regular schedule. In addition, as attendance increases at the rural senior centers, there are increasing concerns about the length of the ride.
Transition Council Listening Session: This Saturday morning session focused on housing needs for young adults with disabilities. The session primarily consisted of focus groups with young adults and parents, in separate groups. Facilitators led the focus groups through a series of questions on lifestyle preferences, living arrangements, barriers to preferred housing, needed assistance, and change in needs over time. There were concerns about safety, skills and assistance for independent living, and companionship. There were 19 follow-up surveys submitted after the session. The top choice for housing was an apartment with some help, living with roommates, in Charlottesville or the urban ring. In the short-term, the most common living arrangement was identified as “living with family.” Housing was expected to be paid for with earnings and support from family. Survey respondents indicated needing support from a caregiver or occasional support. The last question in the survey asked respondents to identify things “I wish I knew more about” with a list of items and a line for “other.” Most reported needing to know more about more than one item from the list, with supported living, government housing assistance, success stories and supported employment receiving the most notations.

Mapping
The THA Toolkit provides protocols for a variety of maps to illuminate the needs of people with disabilities. Several maps were produced to inform this needs assessment. The population map indicates a higher percentage of the overall population having a disability in the rural areas than in the city and urban ring. This seems to support anecdotal reports that people with disabilities have to choose between affordable housing and access to services. The number of people with disabilities is still higher in the urban areas, which are much denser for overall population. The geo-coded maps showing service locations indicate that the highest concentration is in the urban areas. Bus stops within the City and urbanized areas of Albemarle County provide access within ¼ mile to a high percentage of the population. Para-transit provides both fixed route and on-demand service. An evaluation of JAUNT service is provided in the survey section.

The THA Toolkit was also used to look at employment trends. As expected, the map indicates a high concentration of employment in the urban core, with some nodes in the rural areas of Albemarle County and the surrounding rural counties. Data through the On the Map Census website were available for the years 2003 through 2006. The number of jobs increased from 77,825 in 2003 to 88,688 in 2006. The largest growth areas were health care and social assistance. Manufacturing and retail trade decreased.

Summary of Needs
Full community inclusion for people with disabilities is impeded by limited choices for housing and transportation. To achieve independent living, some assistive technology, training, or assistance may be needed to prepare for and maintain employment, develop independent living skills, and enjoy a meaningful social life. While the region offers a wide array of services, there are still many barriers in our community that can isolate people with disabilities and limit employment opportunities and affordability, accessibility and choice in housing and transportation.

Affordable and appropriate housing choices remain a significant need in the region. Affordable housing remains elusive for a large segment of the population and is even more so for people with disabilities. In a recent study – The State of Housing Report - it was found that by 2020 there will be a need for an additional 5,091 affordable owner units and by 2010, and 3,950 additional affordable rental units. The affordable housing opportunities for people with disabilities, whose population has a higher incidence of low income when compared to the population as a whole, are even more limited. There may be the potential to increase affordable rental units through redevelopment.
projects within the urban core. Possibilities include the property owned by the Charlottesville
Redevelopment and Housing Authority and trailer parks purchased by Habitat for Humanity.
Redevelopment plans for these properties are underway, and are envisioned for mixed-use, mixed-
income development.

Methods to create affordable and appropriate housing have been piecemeal. While there is a regional
initiative to promote home sharing, the opportunities to enact this regional initiative are limited. For
people with physical disabilities, home modification programs to create accessible housing and the
construction of homes and apartments with universal design features fall below the identified need.
The 2009 Needs Assessment Survey reported that 40% of respondents live with a parent, relative or
friend. Twenty eight percent of respondents own property and 27% rent. The fact that 40% are
reliant on others for their living arrangements speaks to the need for programs like home sharing.

Training for planners and building officials on home modifications and universal design is needed as
well on methods to achieve alternative living arrangements, such as accessory dwelling units
(“granny flats” or “mother-in-law apartments”). The 2009 Needs Assessment identified accessible
housing as a high need, with respondents expressing a higher need for employment,
medical/therapeutic and transportation.

Supportive community features and services are another significant need. The 2009 Needs
Assessment survey identified medical/therapeutic, assistive technology, education, case
management, family support, training, counseling and emergency preparedness as needed services.
In particular, assistive technology remains a big need, per the survey instrument and results of the
DSB work session. Awareness seminars, training for employers, disability-friendly businesses and
employers and employment training were identified as means to creating an increasingly supportive
community.

Adequate mobility options have consistently emerged as a large need in both the 2009 Needs
Assessment survey and the needs identified by the Disabilities Services Board and the Transition
Council. The dominant means of travel in the region is by personal vehicle. People with disabilities
have expressed the need for volunteer drivers as one means of dealing with our automobile-centric
society. The Charlottesville Transit System and JAUNT are available to assist persons with
disabilities, although CTS has a limited service delivery area, relative to the region as a whole, and
the demand for JAUNT outstrips JAUNT’s capacity.

For pedestrians, crosswalks with ADA-compliant curb cuts, striping and a textured transition were
expressed as a continuing need. Sidewalks need to be free of obstacles, of sufficient width and need
to provide a smooth transition to crosswalks. There is also a need for more handicapped parking
spaces, appropriately distributed throughout the urban areas.

As identified in the 2009 Needs Assessment survey and by the DSB and Transition Council,
personal independence is facilitated by a job/life coach (mentor or advocate), by personal
assistance, counseling, education, training, communication access and assistive technology.

Residents are engaged in civic and social life by creating livable communities. Livable
communities address the full spectrum of need by offering good transportation options, a mix of uses
(especially employment, housing, services and shopping) and facilitate and promote engagement in
civic and social life. Livable communities also assist seniors in aging in place, or in making their
residence and community livable for a lifetime.

Livable communities, also called new urbanism or smart growth, are a relatively new concept in the
region. Livable community planning is occurring primarily in the City of Charlottesville and in the
urbanizing portions of Albemarle County. The challenges are greater in rural areas where employment, services and shopping are often scattered throughout the area. Promoting and developing livable communities remain a great need throughout the region.

**Proposed Actions**

**Housing:**
Launch a homesharing program matching homeproviders with homeseekers, and roommates, including roommates who can serve as guides for young adults with disabilities.
Develop a home modification program providing information and assistance on tax credits, financing options, design of modifications, and securing a contractor.
Provide training for planners and building officials in accessible design.
Promote the development of Accessory Dwelling Units (ADUs) in the urban core to provide safe, decent, affordable housing near bus routes.
Promote Universal Design in housing and communities through workshops, presentations, displays, and other events.
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Continue the JAUNT Stars program to provide vouchers to use JAUNT during job training, job search and the initial period of employment prior to the first paycheck.

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Offer a series of awareness seminars done in a positive way to inform decision makers and the public about the needs and contributions of people with disabilities and barriers to community inclusion.
Train a new type of life coach for young adults with disabilities to develop skills and techniques to live independently, addressing employment, housing, transportation, social life, and financial management.
Highlight and honor disability-friendly businesses and employers through a Business Directory and recognizing employers who effectively integrate people with disabilities into their workforce.

**Assistive Technology**
Lease equipment, including devices for emergency preparedness, through an assistive technology loan program.
Partner with agencies and organizations serving the elderly, including the Institute on Aging, to identify the needs for assistive technology to deliver services and promote independence.
Employment
Investigate the possibility of replicating Project SEARCH in this area. Project SEARCH provides employment and education opportunities for individuals with significant disabilities through innovative workforce and career development.
Develop an integrated approach to employment training, utilizing a variety of programs in the area to combine job training, social skills, and self-advocacy into a coordinated program combining funding streams.
Provide training for employers on the benefits of hiring people with disabilities. Include effective supervision techniques that identify and utilize natural supports in the workplace and draw on area resources to integrate job carving, process modification and assistive technology to fully tap the capabilities of people with disabilities.

Emergency Preparedness
Incorporate Evacuation Plans for Populations with Special Needs for all localities in the update of the Regional Hazard Mitigation Plan.
Appendices
Existing Services
Data on SSI
Data on School Populations
Maps
Notes of group sessions
DSB Roster
Transition Council Rosters
Advisory Committee Agenda and Roster
DSB Survey Instrument, including Core Area Definitions
Survey Tabulations
Existing Services in Thomas Jefferson Planning District

The Thomas Jefferson Planning District contains an extensive variety of services for people with disabilities and their families. Although geographical access to the services may vary between counties in the Planning District, each of the core areas has at least some representation in the region. The organizations contained in this summary are from the public, private, or non-profit sector and represent a diversity of goals and extent of resources. Many of them offer a more general range of services to the wider population, with specialized programs for those with special needs. The survey is not intended to be exhaustive, but to give a sufficient overview of the most prominent service providers in the region.

Assistive Technology

The NewWell Fund, which operates out of Richmond, offers low-interest loans to individuals with disabilities and their families to help with the purchase of assistive technologies. Loans may also be granted to eligible recipients for a variety of other uses, in the interest of promoting independent living. Additionally, the Independence Resource Center (see Independent Living for full description) has limited funds available for the purchase of assistive technology.

Virginia Assistive Technology System is a state-wide program that was established with the goal of increasing awareness, accessibility and acquisition of assistive technology. A primary function of the VATS is to facilitate the reuse of assistive technology devices. VATS also operates an Information and Referral system, which is an administrative resource to connect people with needs with available assistive technology services in the state.

The Virginia Department of Rehabilitative Services, the Department for the Blind and Vision Impaired and the Department for the Deaf and Hard of Hearing are all State agencies that serve a clientele in accessing and utilizing assistive technology. In general, assistance is geared toward providing assistive technology related to employment.

Case Management

Case management is an inherently collaborative process, and thus overlaps considerably with many of the other core areas. However, given the extensive number of services in the region, personal help with navigating through the complex maze of resources can be valuable.

The Virginia Workforce Center-Charlottesville, with additional satellite and information centers in the region coordinate many of the job placement and training programs available and guide individuals through a job search process. Individuals can receive employment guidance tailored to their specific needs and aspirations. The Department of Rehabilitative Services has its main office at the Virginia Workforce Center and provides specific services to clients with disabilities. Departments of Social Services provide case management services to their clients with disabilities. Benefits Planning, Assistance and Outreach Programs, provided through the Social Security Administration, provide information and assistance on benefit programs and work incentives to all SSA beneficiaries with disabilities.
**Counseling**

There are a wide range of counseling and therapy services, both mainstream and more specifically tailored to the needs of people with disabilities, in the Thomas Jefferson Planning District. Many of these are listed in the 2008 United Way Disability Services Guide. Several organizations in the Charlottesville area are designed for specific disabilities within specific populations. **Region Ten** offers a wide range of services for different mental disabilities. **JABACares** is a branch of the Jefferson Area Board of Aging that connects volunteers with often therapeutic needs. Piedmont Virginia Community College

**Education**

The existing transitional program embedded within the public schools and related agencies in our area is recognized for its quality. Currently, all school systems have transition coordinators in each high school. These coordinators work with DRS counselors and other resources in the community. The **Charlottesville City Schools** and **Albemarle County Schools** jointly operate the Post-High Program, which provides vocational training to students with severe disabilities who stay in high school past the age of 18.

The **Department of Rehabilitative Services** (DRS) has assigned Rehabilitative Counselors to all school systems in the area. Due to resource limitation, transitional services are generally reserved for high school seniors. School Transition Counselors review the list of seniors with the DRS Rehab Counselor and identify students who need DRS services. DRS conducts meetings with parents and utilizes the technical resources available through **Woodrow Wilson Rehabilitation Center** (WWRC) as well as the **Virginia Assistive Technology System** (see Assistive Technology). WWRC operates the Postsecondary Education Rehabilitation Transition (PERT) Program, which is jointly administered by DRS and the Department of Education. The PERT Program operates from a “best practices” model in which youth and adult service providers partner to provide an integrated continuum of secondary to postsecondary transition services for participating clients. PERT offers evaluation, assessment, and screening services.

To help transitioning students navigate the maze of post-high services, the **Jefferson Area Transition Council** (staffed by the Thomas Jefferson Planning District Commission) received a grant from the Virginia Board for People with Disabilities to create a “transition map.” This was developed in the form of a web site at http://www.lifeafterhs.org. Topic areas include goals, career, home and community life, and benefits and financial assistance.

**University of Virginia** and **Piedmont Virginia Community College** provide educational counseling to students with disabilities in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

**Employment Services**

There are many general career placement, job skills training, and mentoring programs available in the Thomas Jefferson Planning District. Organizations in the area include, but are not limited to, the **Albemarle Baptist Association, Albemarle Career Center, FOCUS Womens Resource Center, Louisa Employment Center, Louisa Teamworks, Nelson Career Resource Center, Personal & Career**
Some employment services are targeted specifically toward people with disabilities. The Virginia Department of Rehabilitative Services offers individualized training and placements services. Workforce Enterprises is a non-profit organization that serves approximately 465 people in the Thomas Jefferson Planning District for a fixed rate.

**Family Support**

Children, Youth & Family Services, Inc. (CYFS) is a private, non-profit human service agency located in downtown Charlottesville. CYFS provides a continuum of services for children and families in three focus areas: promoting Parent Education & Support, fostering quality Child Care, and preserving family bonds through mediated clinical services.

The Parent Resource Center, a branch of the Piedmont Regional Education Program, serves parents of children in special education in the public schools and operates on the philosophy that parents are a valuable resource in planning the education of their special child.

**Housing**

Charlottesville Redevelopment and Housing Authority manages 376 public housing units reserved for very low income families, seniors, and people with disabilities. Further privately-owned rental units are available from the federal Housing Choice Voucher program, which are issued through the federal Housing and Urban Development office to households with family members with disabilities in the community to provide essential rental housing. These are available specifically for residents with disabilities not only through local governments, but also through non-profit organizations Region Ten, Piedmont Housing Alliance, and The Arc of the Piedmont. However, the availability of vouchers in the region is not optimal, and often the wait list becomes closed until new openings emerge.

Piedmont Housing Alliance (PHA) and Habitat for Humanity of Greater Charlottesville and Albemarle Housing Improvement Program (AHIP) all provide a number of housing services to the disadvantaged population in the region. People with disabilities are given special attention in many of their programs, particularly the Mainstream Voucher Program. Many of the local governments have means, such as affordable housing funds and repair assistance, for meeting these needs.

The Jefferson Area Board of Aging (JABA), as well as PHA and AHIP, offers training and financial assistance programs for home repairs and safety. These resources can be utilized for transforming a home to enhance its level of accessibility. Alternatively, FHA secured 203(k) federal loans are available through HUD to offset the cost of home accessibility improvements.

There are several organizations, mostly located in Charlottesville, focused specifically on the needs of the homeless population. The Salvation Army offers a comprehensive set of services, including help in securing permanent housing and intervention from losing existing housing.
Independent Living
The Independence Resource Center (IRC) in Charlottesville provides a full range of services to the people with disabilities, including peer counseling, independent living skills training, an advocacy program, consumer groups, and sign language instruction in the region. They are the regional branch of the Virginia Centers of Independent Living (VACIL) organization. The purpose is to foster a community environment that empowers individuals to live as independently as they choose. IRC services are free to those who need them, but IRC also operates Independence Rehab Discounters, a discount equipment dealer. The service is operated out of the building housing IRC. Equipment is sold at a discount due to low markup rates, and wheelchair and limited scooter repairs can be performed. Both individuals and agencies utilize the service.

Medical and Therapeutic
The Charlottesville Area has a wealth of medical services available, many through the University of Virginia (UVA) Medical Center. UVA’s Kluge Children’s Rehabilitation Center serves children under age 19 on a sliding scale basis and offers some case management services for their clients, as well as specialists in education, nutrition, audiology, and various therapies. The Infant and Toddler Connection of the Blue Ridge, federally funded by the Individuals with Disabilities Education Act (IDEA), does screenings and coordinates early intervention services for children under the age of three. UVA’s Speech Language Hearing Clinic provides diagnostic and rehabilitation services for persons with speech, language and/or hearing disorders.

Other medical resources serving the Thomas Jefferson Planning District include Martha Jefferson Hospital, Charlottesville Free Clinic (for those who do not qualify for disability benefits) and the Thomas Jefferson Health District. In Nelson County, the Blue Ridge Medical Center provides health care services, including prevention, education and treatment, to residents of Nelson County. The Center is currently planning for an expansion. The Louisa County Resource Council operates Medical Outreach Services and a free dental clinic, which provide access to health and dental care to low-income, uninsured and medically underserved residents of Louisa County. The Greene Care Clinic, a free clinic in Stanardsville, opened in September 2005. Greene County also operates a dental clinic for qualifying individuals. The Veterans Administration (VA), which operates a medical center in Richmond and an outpatient clinic in Harrisonburg, can be an option for disabled veterans. The VA also offers prescription and in-home care services.

Personal Assistance
The Independence Resource Center (IRC) manages the Personal Assistance Services (PAS) program for our area, which recruits and trains new employees. This option can offer long-term home care that is an attractive alternative to an institutional setting for many individuals with disabilities. Personal Assistants (PA) require some training, but there is no certification program. Personal Assistance through PAS is limited to people with disabilities who are employed. Services are limited to 12 hours per week, except for individuals meeting certain conditions that allow for services 30 hours per week. For people with disabilities who are not employed, it is necessary to patch together various resources, including Medicaid waivers, to provide personal assistance services.
Training
Degree-based and/or course-based training in health sciences is available locally through the University of Virginia (UVA), Piedmont Virginia Community College (PVCC), the Charlottesville-Albemarle Technical Education Center (CATEC) and the Charlottesville Campus of the Richmond School of Health and Technology. There are no local programs providing training in Occupational Therapy (OT), Physical Therapy (PT), Orthotics and Prosthetics. Programs in OT and PT are available through James Madison University (JMU) in Harrisonburg and Virginia Commonwealth University in Richmond. UVA and JMU have Master’s Degree programs for Speech Language Pathologists.

Several organizations offer elementary, intermediate, and advanced courses in American Sign Language. UVA’s Curry School of Education offers a variety of Sign Language courses, as well as more theoretical classes in Deaf Studies. Piedmont Virginia Community College offers introductory, intermediate and advances course in American Sign Language. There are several lower-cost opportunities to learn sign language from the Open Door Continuing Education Program with Albemarle County Public Schools, the Independence Resource Center in Charlottesville, and Louisa County Parks and Recreation.

In 2007, Piedmont Virginia Community College won an award from the Metlife Foundation to develop an in-home caregiver training program. Based on a comprehensive 48-hour curriculum, aspiring home health aides will be able to participate in a noncredit certificate program. Modules, developed by an advisory board of local experts on aging, will include Companion/Light Housekeeping Aide, Personal Care Aide and Administrative Aide.

Training sessions are offered as a prerequisite for volunteer caregiving and disability service positions.

Transportation
Many local governments in the Thomas Jefferson Planning District are engaged in efforts to create livable communities, where people who cannot drive can freely navigate their environment. This includes both land use measures to encourage compact growth, and transportation accommodations for pedestrians and cyclists. The City of Charlottesville has been paying particular attention to pedestrian safety for all users, and they have installed auditory signaling, tactile surface pads, and Braille signage for many of the crosswalks in town.

The Quality Community Council (QCC) runs weekly walks for all levels of ability, and they partner with public health authorities for an effort called Local Motion to encourage walking in the community.

For longer-distance regional transportation, JAUNT, Inc. is the primary service provider for those with disabilities. JAUNT is a coordinated regional transportation system providing service to Charlottesville and Albemarle and the surrounding counties. JAUNT offers urban area demand-response service for people with disabilities who live in the City of Charlottesville and the urbanized area of Albemarle County are eligible to use JAUNT services. JAUNT services are available to the general public, but there are reduced rates for people with disabilities. Charlottesville Transit Service (CTS) buses serve the greater Charlottesville area and are all fully equipped for wheelchair access.
Communication Access

VA Recording For the Blind and Dyslexic Inc is a national non-profit with a regional headquarters in Charlottesville. RFBDC supplies recorded books (mostly educational) in all subjects at all levels for individuals who have print-disabilities (dyslexia), blind, have low vision, or perceptual or physical disabilities. Volunteers are trained to read and record print materials, check and duplicate completed tapes, as well as perform administrative tasks. An application fee is required which may be waived upon request.

Public Schools in the Planning District do not include any blind or deaf students, because they are consolidated by the State Department of Education into the Virginia School for Deaf and Blind in Staunton.
Students Enrolled in Special Education by Type in Thomas Jefferson Planning District Commission in 1997

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Albemarle</th>
<th>Greene</th>
<th>Fluvanna</th>
<th>Louisa</th>
<th>Nelson</th>
<th>Charlotte: TJPDC</th>
<th>Total Students with disabilities</th>
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</thead>
<tbody>
<tr>
<td>Mental Retardation</td>
<td>122</td>
<td>24</td>
<td>30</td>
<td>82</td>
<td>26</td>
<td>100</td>
<td>384</td>
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<tr>
<td>Severe Disabilities</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>22</td>
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<tr>
<td>Hearing Impairments</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>2</td>
<td>27</td>
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<tr>
<td>Speech or language impairments</td>
<td>344</td>
<td>98</td>
<td>77</td>
<td>121</td>
<td>57</td>
<td>171</td>
<td>868</td>
</tr>
<tr>
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<td>6</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Emotional Disturbance</td>
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<td>48</td>
<td>24</td>
<td>51</td>
<td>40</td>
<td>79</td>
<td>370</td>
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<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>18</td>
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<td>7</td>
<td>12</td>
<td>63</td>
<td>306</td>
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<td>Specific Learning Disabilities</td>
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<td>251</td>
<td>196</td>
<td>171</td>
<td>121</td>
<td>244</td>
<td>1909</td>
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<td>9</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>64</td>
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<tr>
<td>Autism</td>
<td>18</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>7</td>
<td>36</td>
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<tr>
<td>Traumatic Brain Injury</td>
<td>5</td>
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<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
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<td>110</td>
<td>50</td>
<td>45</td>
<td>19</td>
<td>12</td>
<td>91</td>
<td>327</td>
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<tr>
<td>Total Students with disabilities</td>
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<td>568</td>
<td>398</td>
<td>479</td>
<td>273</td>
<td>784</td>
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<td>2839</td>
<td>4026</td>
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<td>27465</td>
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<tr>
<td>Percent with disability</td>
<td><strong>16%</strong></td>
<td><strong>23%</strong></td>
<td><strong>14%</strong></td>
<td><strong>12%</strong></td>
<td><strong>13%</strong></td>
<td><strong>18%</strong></td>
<td><strong>16%</strong></td>
</tr>
</tbody>
</table>

Source: Virginia Department of Education
Students Enrolled in Special Education by Type in Thomas Jefferson Planning District Commission in 2007

Source: Virginia Department of Education


<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Albemarle</th>
<th>Greene</th>
<th>Fluvanna</th>
<th>Louisa</th>
<th>Nelson</th>
<th>Cville</th>
<th>TJPDC</th>
<th>Total Students</th>
<th>Percent with disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Retardation</td>
<td>71</td>
<td>12</td>
<td>16</td>
<td>64</td>
<td>15</td>
<td>72</td>
<td>250</td>
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<td>13%</td>
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<tr>
<td>Severe Disabilities</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>11</td>
<td>470</td>
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<td>Hearing Impairments</td>
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<td>7</td>
<td>1</td>
<td>8</td>
<td>4</td>
<td>8</td>
<td>43</td>
<td>532</td>
<td>14%</td>
</tr>
<tr>
<td>Speech or language impairments</td>
<td>317</td>
<td>81</td>
<td>152</td>
<td>155</td>
<td>52</td>
<td>111</td>
<td>868</td>
<td>1705</td>
<td>16%</td>
</tr>
<tr>
<td>Visual Impairments</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>17</td>
<td>470</td>
<td>15%</td>
</tr>
<tr>
<td>Emotional Disturbance</td>
<td>99</td>
<td>44</td>
<td>28</td>
<td>93</td>
<td>17</td>
<td>72</td>
<td>353</td>
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<td>16%</td>
</tr>
<tr>
<td>Orthopedic impairments</td>
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<td>1</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>18</td>
<td>470</td>
<td>14%</td>
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<tr>
<td>Other Health Impairments</td>
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<td>105</td>
<td>87</td>
<td>55</td>
<td>121</td>
<td>789</td>
<td>1705</td>
<td>14%</td>
</tr>
<tr>
<td>Specific Learning Disabilities</td>
<td>638</td>
<td>177</td>
<td>161</td>
<td>273</td>
<td>96</td>
<td>154</td>
<td>1499</td>
<td>30287</td>
<td>15%</td>
</tr>
<tr>
<td>Multiple Disabilities</td>
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<td>6</td>
<td>16</td>
<td>7</td>
<td>3</td>
<td>7</td>
<td>60</td>
<td>4403</td>
<td>16%</td>
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<tr>
<td>Autism</td>
<td>146</td>
<td>8</td>
<td>21</td>
<td>41</td>
<td>10</td>
<td>27</td>
<td>253</td>
<td>4084</td>
<td>16%</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>4084</td>
<td>16%</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>44</td>
<td>38</td>
<td>25</td>
<td>35</td>
<td>32</td>
<td>57</td>
<td>231</td>
<td>30287</td>
<td>15%</td>
</tr>
<tr>
<td>Total Students with disabilities</td>
<td>1705</td>
<td>470</td>
<td>532</td>
<td>771</td>
<td>287</td>
<td>638</td>
<td>4403</td>
<td>30287</td>
<td>15%</td>
</tr>
<tr>
<td>Total Students</td>
<td>12803</td>
<td>2833</td>
<td>3765</td>
<td>4692</td>
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<td>4084</td>
<td>30287</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent with disability</td>
<td>13%</td>
<td>17%</td>
<td>14%</td>
<td>16%</td>
<td>14%</td>
<td>16%</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Persons were classified as having a disability if any of the following were true:
1. They were 5 years or older and answered "yes" to having a sensory, physical, mental or self-care disability; or
2. They were 16 years or older and had a response of "yes" to going outside the home disability; or
3. They were 16-64 years old and had a response of "yes" to employment disability.

Source: US Census Table P.42.
Map constructed by TJPDC. March 2007.
Persons were classified as having a disability if any of the following were true:
1. They were 5 years or older and answered "yes" to having a sensory, physical, mental or self-care disability; or
2. They were 16 years or older and had a response of "yes" to going outside the home disability; or
3. They were 16-64 years old and had a response of "yes" to employment disability.

Source: US Census Table P.42.
Map constructed by TJPDC. March 2007.
This map is a composit of several layers. The dark areas are where there is a greater portion of persons with disability, elderly age 65 and over, and households with income less than $35,000.
1/8 Mile Buffer Around All CTS Stops

Source: U.S. Census 2000
Summary File 1, Table P1
Map constructed by TJPDC
May 2009
Proportion of Population within 1/4 Mile of Bus Stops by Blocks

Estimated Population within 1/4 Mile of CTS Bus Stops:

Albemarle: 19.6%
Charlottesville: 92.4%
TJPDC: 28.6%

Source: U.S. Census 2000
Summary File 1, Table P1
Map constructed by TJPDC
May 2009
Proportion of Population within 1/8 Mile of Bus Stops by Blocks

Estimated Population within 1/8 Mile of CTS Bus Stops:

- Albemarle: 10.8%
- Charlottesville: 68.9%
- TJPDC: 19.8%

Legend:
- 0-25%
- 25-50%
- 50-70%
- 70-90%
- 90-100%

Source: U.S. Census 2000
Summary File 1, Table P1
Map constructed by TJPDC
May 2009
Needs Assessment-Employment

This map is for demonstration purposes only. For a more detailed and customizable map output, please use the "Print Map" tool located above the Map Viewer.
<table>
<thead>
<tr>
<th></th>
<th>2006 Count</th>
<th>2006 Share</th>
<th>2003 Count</th>
<th>2003 Share</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Primary Jobs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>88,688</td>
<td>100.0%</td>
<td>77,825</td>
<td>100.0%</td>
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<td><strong>Jobs by Worker Age</strong></td>
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<tr>
<td>Age 30 or younger</td>
<td>23,151</td>
<td>26.1%</td>
<td>19,695</td>
<td>25.3%</td>
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<tr>
<td>Age 31 to 54</td>
<td>49,920</td>
<td>56.3%</td>
<td>45,952</td>
<td>59.0%</td>
</tr>
<tr>
<td>Age 55 or older</td>
<td>15,617</td>
<td>17.6%</td>
<td>12,178</td>
<td>15.6%</td>
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<td><strong>Jobs by Earnings Paid</strong></td>
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<td></td>
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<tr>
<td>$1,200 per month or less</td>
<td>20,371</td>
<td>23.0%</td>
<td>20,281</td>
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<tr>
<td>$1,201 to $3,400 per month</td>
<td>38,248</td>
<td>43.1%</td>
<td>37,167</td>
<td>47.8%</td>
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<td>More than $3,400 per month</td>
<td>30,069</td>
<td>33.9%</td>
<td>20,377</td>
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<td><strong>Jobs by Industry Type (2-digit NAICS)</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Agriculture, Forestry, Fishing and Hunting</td>
<td>756</td>
<td>0.9%</td>
<td>620</td>
<td>0.8%</td>
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<td>Mining, Quarrying, and Oil and Gas Extraction</td>
<td>161</td>
<td>0.2%</td>
<td>151</td>
<td>0.2%</td>
</tr>
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<td>Utilities</td>
<td>1,546</td>
<td>1.7%</td>
<td>1,632</td>
<td>2.1%</td>
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<tr>
<td>Construction</td>
<td>6,636</td>
<td>7.5%</td>
<td>5,881</td>
<td>7.6%</td>
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<td>Manufacturing</td>
<td>5,934</td>
<td>6.7%</td>
<td>5,883</td>
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<td>Wholesale Trade</td>
<td>2,027</td>
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<td>1,846</td>
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<td>Retail Trade</td>
<td>10,070</td>
<td>11.4%</td>
<td>9,600</td>
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<td>Transportation and Warehousing</td>
<td>1,723</td>
<td>1.9%</td>
<td>1,127</td>
<td>1.4%</td>
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<td>Information</td>
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<td>2.4%</td>
<td>2,499</td>
<td>3.2%</td>
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<tr>
<td>Finance and Insurance</td>
<td>1,877</td>
<td>2.1%</td>
<td>1,788</td>
<td>2.3%</td>
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<tr>
<td>Real Estate and Rental and Leasing</td>
<td>1,430</td>
<td>1.6%</td>
<td>1,408</td>
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<tr>
<td>Professional, Scientific, and Technical Services</td>
<td>5,981</td>
<td>6.7%</td>
<td>4,566</td>
<td>5.9%</td>
</tr>
<tr>
<td>Management of Companies and Enterprises</td>
<td>2,099</td>
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<td>2,010</td>
<td>2.6%</td>
</tr>
<tr>
<td>Administration &amp; Support, Waste</td>
<td>3,295</td>
<td>3.7%</td>
<td>3,191</td>
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<td>Management and Remediation</td>
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<td>Educational Services</td>
<td>17,246</td>
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<td>Health Care and Social Assistance</td>
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<td>9.3%</td>
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<td>Arts, Entertainment, and Recreation</td>
<td>1,544</td>
<td>1.7%</td>
<td>915</td>
<td>1.2%</td>
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<td>Accommodation and Food Services</td>
<td>7,665</td>
<td>8.6%</td>
<td>6,891</td>
<td>8.9%</td>
</tr>
<tr>
<td>Other Services (excluding Public Administration)</td>
<td>3,501</td>
<td>3.9%</td>
<td>3,434</td>
<td>4.4%</td>
</tr>
<tr>
<td>Public Administration</td>
<td>2,725</td>
<td>3.1%</td>
<td>2,375</td>
<td>3.1%</td>
</tr>
<tr>
<td>QWI Indicators - Private Sector Jobs</td>
<td>2006</td>
<td>2003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------</td>
<td>------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Employers</td>
<td>6,137</td>
<td>5,567</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment (Beginning-of-2nd quarter)</td>
<td>63,145</td>
<td>55,223</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment, Stable Jobs</td>
<td>53,690</td>
<td>46,858</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations, Stable Jobs</td>
<td>5,879</td>
<td>5,294</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hires, Stable Jobs</td>
<td>5,221</td>
<td>4,435</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firm Job Gain</td>
<td>5,572</td>
<td>4,938</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firm Job Loss</td>
<td>3,440</td>
<td>3,396</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment (reference quarter)</td>
<td>79,729</td>
<td>69,712</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Monthly Earnings, Stable Jobs</td>
<td>2,711</td>
<td>2,293</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Monthly Earnings Separations from Stable Jobs</td>
<td>1,226</td>
<td>1,285</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Monthly Earnings, New Hires, Stable Jobs</td>
<td>1,963</td>
<td>1,816</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quarterly Workforce Indicators (QWI) in OnTheMap are considered to be experimental. For the latest and most accurate QWI statistics, use the QWI Online application at http://lehd.did.census.gov.

Job counts and average earnings measures that are subject to item suppression at the block-level do not contribute to estimates for the selected area in this report. To the extent that the selected area in the QWI Report is affected by item suppression, job counts in the QWI Report will be lower than the corresponding job counts in the Shed Report.

Report Settings

Year(s): 2006, 2003
Job Type: Primary Jobs
Labor Market Segment: All Workers
Study Selection Layer: Counties
Study Selection Features: Albemarle, Louisa, Charlottesville, Greene, Fluvanna, Nelson
Advanced Area Selection: Add to initial Work area.
Advanced Selection Layer: Cities/Towns
Advanced Selection Features: Charlottesville
Map Precision: Blocks
Selected Block Count: 5255
Query ID: 1243372809305

Data Sources

Welcome: Billie Campbell called the meeting to order. Bill Wanner of TJPDC facilitated the meeting, which was a work session on the Needs Assessment, currently underway in partnership with the Disability Services Board as a project of the Transportation and Housing Alliance (THA).

Needs Assessment: The Transition Council worked together as one group and in small groups to identify issues of greatest concern and greatest impact. The identified issues will help guide the Needs Assessment being conducted by the region’s Disability Services Board. The goal of the Needs Assessment is to move toward action. To that end, the Council first ranked the 13 core areas by order of importance and then expanded upon the top four core areas through a facilitated discussion.

Each participant had four dots to vote for their top four priorities. In rank, order the core areas were:

<table>
<thead>
<tr>
<th>Core Area</th>
<th>Ranked Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>7</td>
</tr>
<tr>
<td>Housing</td>
<td>6</td>
</tr>
<tr>
<td>Transportation</td>
<td>6</td>
</tr>
<tr>
<td>Training</td>
<td>5</td>
</tr>
<tr>
<td>Independent Living</td>
<td>4</td>
</tr>
<tr>
<td>Case Management</td>
<td>3</td>
</tr>
<tr>
<td>Education</td>
<td>3</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>1</td>
</tr>
<tr>
<td>Personal Assistance</td>
<td>1</td>
</tr>
<tr>
<td>Medical and Therapeutic</td>
<td>0</td>
</tr>
<tr>
<td>Communication Access</td>
<td>0</td>
</tr>
<tr>
<td>Counseling</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>0</td>
</tr>
<tr>
<td>Family Support</td>
<td>0</td>
</tr>
</tbody>
</table>

Small groups worked on the top four areas: Employment, Housing, Transportation and Training. The groups reported to the full group after their breakout session.

Employment
Autism/ASP – Emphasize Social Skills
Training for Employers – Build Natural Support
Underemployment – Match Skills with Environment: Advocate
Learned Independence in School – Self-Determination: Safe Place to Fail
More Support for Adults
Build Trust – Early Connections
Break Down Silos – Coordinated Approach

**Housing/Independent Living**
Coordinated Agency – Housing and Supportive Services
Affordable Housing – More Units/Rental Assistance
More options

**Transportation**
Introduce RideShare Early
Corps of Volunteer Drivers – Liability/Insurance Waiver
Identify Employers – Unpaid Internships
Shopping/Recreation
List of Services and Contacts

**Training**
Social Skills – Supervisors
Job/Life Coach (Mentor) – Advocate: Navigate
Volunteer Training

Overall, the group felt that a new type of “coach” was needed to assist young adults as they transition to adult life. The skill set would be less technical than that required for a job coach, but would require some training. The group felt this may be a business opportunity due to the unmet need. A curriculum and perhaps a certificate would be needed to equip people to serve as a Life Coach/Mentor for young adults. This concept cut across all of the four core areas discussed.

**Meeting Schedule**: The next meeting will be held Monday, June 1, 2009 from 2:00 to 3:30 p.m.

**Adjournment**: There being no further business, the meeting was adjourned.
Board members present:
Erika Castillo, Albemarle
Robin Clark, Charlottesville
Valery Lytle, Louisa
Mike Peoples, Albemarle
Trisha Stevenson, Albemarle
Tom Vandever, IRC

Staff present:
Rochelle Garwood, TJPDC
Billie Campbell, TJPDC
Bill Wanner, TJPDC

Board members absent:
Barbara Bell, Charlottesville
Joe Bolling, Nelson
Randy Corpening, Greene
Janyce Lewis, Charlottesville
Paul Oswell, Louisa
Mark Rooks, Albemarle
Tom Smith, Fluvanna

Vacancies:
Citizen Representative, Nelson

Call to Order: Mike Peoples, Chair, called the meeting to order.

Needs Assessment Facilitated Work Session
Bill Wanner and Billie Campbell let the group in a session to identify issues of greatest concern and greatest impact. The identified issues will help guide the Needs Assessment. The goal of the Needs Assessment is to move toward action. To that end, the Board first ranked the 14 core areas by order of importance and then expanded upon the top four core areas through a facilitated discussion.

What follows are the prioritized ranking of the core areas and a summary of the group discussion that followed.

Prioritized Ranking of the Needs Assessment Core Areas

<table>
<thead>
<tr>
<th>Core Area</th>
<th>Ranked Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>5</td>
</tr>
<tr>
<td>Independent Living</td>
<td>5</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>4</td>
</tr>
<tr>
<td>Transportation</td>
<td>2</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>2</td>
</tr>
<tr>
<td>Case Management</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
</tr>
<tr>
<td>Personal Assistance</td>
<td>1</td>
</tr>
<tr>
<td>Employment</td>
<td>1</td>
</tr>
<tr>
<td>Family Support</td>
<td>1</td>
</tr>
<tr>
<td>Communication Access</td>
<td>1</td>
</tr>
<tr>
<td>Counseling</td>
<td>0</td>
</tr>
<tr>
<td>Medical and Therapeutic</td>
<td>0</td>
</tr>
<tr>
<td>Training</td>
<td>0</td>
</tr>
</tbody>
</table>

Each member of the group was then given three post-it notes on which to write three separate ideas of new initiatives to address unmet needs. These were posted on the wall, grouped together with similar ideas, and then
discussed with the group. The discussion focused on independent living and community inclusion as the primary area of need, encompassing the top core areas. Actions are needed to promote greater community inclusion by breaking down the physical and attitudinal barriers that make it difficult for people with disabilities to participate fully in community life.

- A home modification program
- Funds for home modification
- A local, state, national codified, standardized Americans with Disabilities Act (ADA)
- Lobby to modify ADA so that new developments over 4 (?) houses are included. (To be accessible, no step entry, main floor bedroom/bath, no carpet, etc.)
- Work to align ADA guidelines and State building code and educate building inspectors
- Awareness seminars done in a positive, fun way – to let the “important” people in Charlottesville know about independent living issues
- “Rights” advocacy training certification program
- Legal Assistance Fund (Advocacy)
- Assistive Technology Fund
- Grant to “lease” light-active smoke alarms through fire and rescue
- Program to defray veterinarian costs for service animals
- Disability-friendly Business Directory
- Cross disability resource group or committee

This information will be combined with the results of the work session with the Transition Council, survey results, and other data, studies, maps, and surveys to create a Comprehensive Needs Assessment for people with all types of disabilities in the planning district. This is a project under the Transportation and Housing Alliance grant through the Virginia Board for People with Disabilities, with a completion deadline of May 29.

Approval of Minutes: This was deferred to the next meeting due to lack of a quorum.

JAUNT Stars Update: Tom Vandever reported that all funds have been expended for JAUNT vouchers. The reimbursement request has been prepared, but needs the signature of the DSB Chair, Tom Smith. Work is continuing to match clients up with the vouchers. Over 30 people have used the vouchers so far. Next steps include seeking additional funding to continue the program, engaging in more advertising and employer outreach, and trying to get radio or TV coverage on the success of the initial program.

DSB Next Steps: Rochelle reported that 15 DSBs submitted Letters of Intent to request a grant out of the $70,000 of stimulus funding to provide employment training to localities. The notice of award has not yet been received, but our understanding is that all DSBs who submitted a letter would receive funding, to be allocated on the basis of the number of localities served. A proposal defining the approach and budget for the funds will be required at a later date. The program is anticipated to start on October 1, 2009.

Picking back up on the interest of members in universal design and home modification, Bill invited members to come to a meeting of the Blue Ridge Home Builders’ Association. Valery and Trisha expressed interest, and Bill will follow up with them.

To address next steps, the DSB decided to meet in June to set the stage for the coming year. The structure of the DSB will remain unchanged for the time being, since that is a requirement for the employment grant. The date will be June 10 at 3:00 p.m. at the IRC.

Other: There were no items of old business or new business, and no public comments.

Adjournment: There being no further business, the meeting was adjourned.
Jefferson Area Disability Services Board
401 East Water Street, PO Box 1505, Charlottesville, VA 22902
phone: (434) 979-7310 fax: (434) 979-1597 VA Relay Users: 711
email: rgarwood@tjpdc.org; website: www.tjpdc.org/housing/dsb/dsb.asp

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Supervisor of Student Services
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Citizen position vacant

IRC Representative
Mr. Tom Vandever
Executive Director
Independence Resource Center
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Charlottesville, VA 22903
434-971-9629/fax: 971-8242
tvandever@ntelos.net

Notes
*1 Has a physical disability
*2 Has a sensory (visual/hearing) disability
*3 Has a relative with a disability
*4 Represents business/employer
*5 Represents local government

The Board generally meets on the 2nd Monday of even months. According to DRS regulations, Boards must include one local government representative from each locality, two representatives of the business community, and at least 30% of the board must have a disability. The number of people from each locality on the Jefferson Area DSB is established relative to their number of estimated people with disabilities, according to the decennial Census.
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mmckee@viaschool.org
Jefferson Area Transition Council
Needs Assessment Advisory Group

April 21, 2009
3:00 – 4:30 p.m.
TJPDC Offices, 401 E. Water Street

Goals:
(1) Get to know one another
(2) Review the requirements for the Needs Assessment and use of THA Toolkit
(3) Identify other resource materials – studies, reports, surveys
(4) Brainstorm on informational interviews to conduct
(5) Plan for May 4 Transition Council meeting

AGENDA

• Welcome and Introductions
  ▪ Introductions by name and position – identify particular areas of expertise related to the needs of people with disabilities

• Review the Needs Assessment Scope of Work and THA Toolkit
  ▪ THA Toolkit
  ▪ Fact Sheet on Conducting a Needs Assessment
  ▪ Grant application for Needs Assessment
  ▪ Survey instrument – core areas
  ▪ DSB Needs Assessment from 2006

• Other resource materials: What other studies, plans or surveys have been conducted in the past few years? What data are available?

• Informational Interviews: Who should TJPDC staff interview to collect additional data, research and insight that could contribute to the assessment?

• Prepare for May 4 Transition Council Meeting: Meeting date is May 4 and the meeting will be focused on a discussion of the Needs Assessment. How can we make the best use of that meeting?
JATC Needs Assessment Advisory Group

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Peter Ohlms  
JAUNT Mobility Manager  
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2009 Needs Assessment Survey

Every three years, the Jefferson Area Disability Services Board (JADSB) assesses the needs of people with physical and sensory (hearing, sight, etc.) disabilities in the Thomas Jefferson Planning District (the City of Charlottesville and the Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson). This year, the JADSB is working with the Jefferson Area Transition Council to assess the needs of people with other types of disabilities as well. If you or a family member have a physical, sensory, developmental, intellectual, or other disability, we would really appreciate it if you could take a few minutes to let us know about the services that you are receiving, or wish you were receiving. Thank you so much for your help!

Demographic Data:

Year of Birth: _______  Gender: M___ F___

Highest Level of Education (check here □ if currently enrolled):

- [ ] No schooling completed
- [ ] Pre-K
- [ ] Kindergarten – 5th grade
- [ ] 6th – 8th grade
- [ ] 9th – 10th grade
- [ ] 11th – 12th grade (no diploma)
- [ ] High school diploma or equivalent
- [ ] Some college
- [ ] Associate degree
- [ ] Bachelor’s degree
- [ ] Postgraduate degree

I live in:

- [ ] Albemarle County
- [ ] City of Charlottesville
- [ ] Fluvanna County
- [ ] Greene County
- [ ] Louisa County
- [ ] Nelson County

Current Living Arrangement:

- [ ] Own house/apt/condo
- [ ] Rent
- [ ] Group Home
- [ ] Nursing Home
- [ ] Parent/relative/friend
- [ ] Homeless
- [ ] Other: ____________________________
Employment Status (check all that apply):
- □ Part-time  □ Student  □ Retired  □ Looking for a job
- □ Full-time  □ Volunteer  □ Unemployed  □ Unable to work

Race (check all that apply):
- □ White
- □ Black/African-American
- □ American Indian/Alaska Native
- □ Asian
- □ Native Hawaiian/Other Pacific Islander
- □ Some Other Race
- □ Check if you identify as Hispanic or Latino.

Race (check the one you most identify with):
- □ White
- □ Black/African-American
- □ American Indian/Alaska Native
- □ Asian
- □ Native Hawaiian/Other Pacific Islander
- □ Some Other Race

Type of Disability (check all that apply):
- □ Blind / Vision Impaired
- □ Deaf / Hard of Hearing
- □ Speech Impaired
- □ Physically Disabled (including mobility impaired and MCS)
- □ Brain Injury
- □ Intellectual Disability
- □ Chronic Medical
- □ Mental Health
- □ Other: ________________________________

Services:

Please indicate which of these services you’re currently using (see attachment for definitions):

- □ Assistive Technology
- □ Case Management
- □ Counseling
- □ Education
- □ Employment Services
- □ Family Support Services
- □ Housing
- □ Independent Living Services
- □ Medical & Therapeutic Services
- □ Personal Assistance Services
- □ Training
- □ Transportation
- □ Communication Access
- □ Emergency Preparedness
Please rate your satisfaction with the services you’re receiving, with 5 being very satisfied and 1, not satisfied at all:

<table>
<thead>
<tr>
<th>Service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Not receiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive Technology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Case Management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Employment Services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Housing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Independent Living Services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Medical &amp; Therapeutic Services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Personal Assistance Services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Transportation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Communication Access</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Not receiving</td>
</tr>
</tbody>
</table>

What do you feel are the top five areas of greatest need? Please number 1-5, with 1 being most important:

- [ ] Assistive Technology
- [ ] Case Management
- [ ] Counseling
- [ ] Education
- [ ] Employment Services
- [ ] Family Support Services
- [ ] Housing
- [ ] Independent Living Services
- [ ] Medical & Therapeutic Services
- [ ] Personal Assistance Services
- [ ] Training
- [ ] Transportation
- [ ] Communication Access
- [ ] Emergency Preparedness

Are there other services that you feel should be offered that aren’t listed? Please explain:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Future Goals

What do you want to achieve in your future? 

What barriers might keep you from reaching your goals? 

What do you need to reach your goals? 

Comments

Please share any other thoughts you have about the needs of people with physical, visual or hearing disabilities and available services in our region. Feel free to attach another sheet if you need more space.

Contact Information (Optional):

Please complete & return by April 20, 2009 - Jefferson Area Disability Services Board

By mail: PO Box 1505, Charlottesville, VA 22902
In person: to the Thomas Jefferson Planning District Commission, 401 East Water Street, Downtown Charlottesville
By fax: (434) 979-1597
On the web: http://www.tjpdc.org/housing/dsb/dsb.asp
Or give the survey to your case manager.

Thank you for your help!
Core Service Area Definitions

**Assistive Technology** is defined in the Technology-Related Assistance for individuals with Disabilities Act of 1988 as any item, piece of equipment, or product system that is used to increase, maintain, or improve functional capacities of individuals with disabilities. Some key areas for considering assistive technology include: augmentative communication, mobility/seating, leisure and recreation, computers, and job site modification.

**Case Management** is a dynamic collaborative process which utilizes and builds on the strengths and resources of consumers to assist them in identifying their needs, accessing and coordinating services, and achieving their goals. It includes major collaborative components of case advocacy, assessment, planning, facilitation and monitoring.

**Counseling** is both a service and the context in which needs are assessed and information and other services provided. It is by establishing a relationship between an individual or family members and a service provider that the opportunity for service planning and provision occurs.

**Education** All children with disabilities have the right to a free and appropriate education. Services may include special education, speech and language services, occupational and physical therapy, transportation, provision of assistive technology, and transition services.

**Employment Services** encompass an array of prevocational and vocational preparation activities, new technologies which allow individuals with severe disabilities to compete in the work place, and work site adaptations. Also included in this category of services are job development, placement, supported and sheltered employment, and employer support services to promote hiring and adjustment of persons with disabilities, as well as basic accessibility of work sites.

**Family Support** is a flexible and varied network of solutions and information useful for maintaining a family when one of its members has a disability. Family support is a philosophy that permeates the delivery of all other services to persons with disabilities. Family support services differ from family to family.

**Housing** The Disability Commission identified two areas of concern with respect to housing for persons with physical and sensory disabilities. There is a general need for affordable, accessible housing. There is also a need for congregate living options for persons needing assistance and supervision.

**Independent Living** services include information & referral, independent living skills training, peer counseling, advocacy, community education, and a variety of other services designed to assist persons with disabilities to lead independent lifestyles and access their communities. Centers for Independent Living are the primary source for these community based services. Independent living also includes access to shopping, entertainment, and other services, including parking for those services. Access to and for service animals is also included in this category.

**Medical & Therapeutic** Persons with physical and sensory disabilities are likely to need health care services to treat existing conditions and to prevent future health problems. Primary concerns presented to the Disability Commission included lack of trained health care providers, limited medical-surgical care for medically indigent children with disabilities, availability, and cost of private health care insurance, and the high cost of medical care.
**Personal Assistance** services are those services, which make it possible for individuals with severe physical functional limitations to more fully participate in all aspects of daily living and to access other services and opportunities. Personal assistance services include help with activities of daily living such as bathing, communicating, cooking, dressing, eating, housekeeping, toileting, and transportation.

**Training** refers to the development of qualified service providers, including educators, skilled medical practitioners, interpreters, in-home caregivers, and rehabilitation engineers. Pre-service training refers to training programs and accreditation standards that prepare individuals, including those with disabilities, for entry into service programs. In-service training refers to upgrading knowledge and skills and embracing new strategies and technologies.

**Transportation** services provide individuals the means of moving from place to place to satisfy some need. Paratransit services refer to on-demand, non-fixed route transportation in an accessible vehicle.

**Communication Access** includes the removal of communication barriers through the provision of auxiliary aids, alternate formats, and interpreting services when necessary and requested to ensure effective communication.

**Emergency Preparedness** is a community's emergency services ability to handle; planning for; and awareness/training of those with physical/sensory disabilities before, during, and/or after an emergency. To ensure communities are prepared to address the needs of persons with disabilities during emergencies or natural disaster (tornado, flood, hurricane, ice/snow storm).
2009 Needs Assessment Survey Results

Forty surveys were returned in the period between December 2008 – May 2009. Of the respondents, 25 or 62.5% were male, and 15 or 37.5% were female. Thirty-seven of the respondents indicated race; of those respondents, 78.4% (29) identified as white, and 21.6% (8) as black or African-American. Most respondents (80%) were working-age, between 22 and 65:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 5</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>6 - 17</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>22 - 40</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>41 - 55</td>
<td>19</td>
<td>47.5</td>
</tr>
<tr>
<td>56 - 65</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>66 - 75</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>76+</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The vast majority (90%) lived in Albemarle or Charlottesville:

<table>
<thead>
<tr>
<th>Locality</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albemarle</td>
<td>23</td>
<td>57.5</td>
</tr>
<tr>
<td>Charlottesville</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>Fluvanna</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Greene</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Most adults had at least a high school diploma or equivalent. Two adults reported a 9th-10th grade education and one reported no formal education. The other respondents with less than a high school diploma were children.

<table>
<thead>
<tr>
<th>Highest Level of Education</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>2</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>pre-K</td>
<td>2</td>
<td>5.0</td>
<td>10.0</td>
</tr>
<tr>
<td>K-5</td>
<td>2</td>
<td>5.0</td>
<td>15.0</td>
</tr>
<tr>
<td>6-8</td>
<td>1</td>
<td>2.5</td>
<td>17.5</td>
</tr>
<tr>
<td>9-10</td>
<td>2</td>
<td>5.0</td>
<td>22.5</td>
</tr>
<tr>
<td>HS diploma</td>
<td>8</td>
<td>20.0</td>
<td>42.5</td>
</tr>
<tr>
<td>Some college</td>
<td>9</td>
<td>22.5</td>
<td>65.0</td>
</tr>
<tr>
<td>Associate degree</td>
<td>3</td>
<td>7.5</td>
<td>72.5</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>5</td>
<td>12.5</td>
<td>85.0</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>6</td>
<td>15.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Thirty-nine of the forty respondents reported their living arrangement. Living with parents, relatives or friends was the most common response, followed by home ownership and renting.

### Living Arrangement

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own house/apt/condo</td>
<td>11</td>
<td>28.2</td>
</tr>
<tr>
<td>Rent</td>
<td>10</td>
<td>25.6</td>
</tr>
<tr>
<td>Group home</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>Nursing home</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Parent/relative/friend</td>
<td>14</td>
<td>35.9</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>39</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Thirty-seven respondents reported their employment status. Nearly a third (32.4%) were unemployed or looking for a job.

### Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-time</td>
<td>6</td>
<td>16.2</td>
</tr>
<tr>
<td>Full-time</td>
<td>5</td>
<td>13.5</td>
</tr>
<tr>
<td>Student</td>
<td>6</td>
<td>16.2</td>
</tr>
<tr>
<td>Volunteer</td>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>Retired</td>
<td>2</td>
<td>5.4</td>
</tr>
<tr>
<td>Unemployed</td>
<td>5</td>
<td>13.5</td>
</tr>
<tr>
<td>Looking for a job</td>
<td>7</td>
<td>18.9</td>
</tr>
<tr>
<td>Unable to work</td>
<td>5</td>
<td>13.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>37</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Respondents were able to report more than one type of disability. The most common was physical disability, with 20 respondents (50% of the total respondents). Five respondents did not specify the type of disability (three surveys were missing the page that would have allowed them to do that). The following types of disabilities were reported:

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind/vision impaired</td>
<td>4</td>
</tr>
<tr>
<td>Deaf/hard-of-hearing</td>
<td>2</td>
</tr>
<tr>
<td>Speech impaired</td>
<td>6</td>
</tr>
<tr>
<td>Physically disabled</td>
<td>20</td>
</tr>
<tr>
<td>Brain injury</td>
<td>3</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>6</td>
</tr>
<tr>
<td>Chronic medical</td>
<td>4</td>
</tr>
<tr>
<td>Mental health</td>
<td>2</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>2</td>
</tr>
<tr>
<td>Memory issues</td>
<td>2</td>
</tr>
<tr>
<td>Autism</td>
<td>1</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>1</td>
</tr>
<tr>
<td>Learning disability</td>
<td>1</td>
</tr>
<tr>
<td>Sensory integration disorder</td>
<td>1</td>
</tr>
<tr>
<td>Not sure</td>
<td>1</td>
</tr>
</tbody>
</table>

Respondents were asked to specify which of the 14 core service areas they used. Again, respondents could choose all that applied:

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive technology</td>
</tr>
<tr>
<td>Case management</td>
</tr>
<tr>
<td>Counseling</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Employment</td>
</tr>
<tr>
<td>Family support</td>
</tr>
<tr>
<td>Accessible housing</td>
</tr>
<tr>
<td>Independent living</td>
</tr>
<tr>
<td>Medical/therapeutic</td>
</tr>
<tr>
<td>Personal assistance</td>
</tr>
<tr>
<td>Training</td>
</tr>
<tr>
<td>Transportation</td>
</tr>
<tr>
<td>Communication access</td>
</tr>
<tr>
<td>Emergency preparedness</td>
</tr>
</tbody>
</table>
Respondents were then asked to rate their satisfaction with the services they were receiving, with 5 being very satisfied and 1, not satisfied at all:

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive technology</td>
<td>15</td>
<td>1</td>
<td>5</td>
<td>3.87</td>
</tr>
<tr>
<td>Case management</td>
<td>14</td>
<td>2</td>
<td>5</td>
<td>4.07</td>
</tr>
<tr>
<td>Counseling</td>
<td>13</td>
<td>2</td>
<td>5</td>
<td>4.54</td>
</tr>
<tr>
<td>Education</td>
<td>7</td>
<td>2</td>
<td>5</td>
<td>4.00</td>
</tr>
<tr>
<td>Employment</td>
<td>11</td>
<td>1</td>
<td>5</td>
<td>4.18</td>
</tr>
<tr>
<td>Family support</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4.25</td>
</tr>
<tr>
<td>Accessible housing</td>
<td>7</td>
<td>2</td>
<td>5</td>
<td>3.57</td>
</tr>
<tr>
<td>Independent living</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>5.00</td>
</tr>
<tr>
<td>Medical/therapeutic</td>
<td>18</td>
<td>1</td>
<td>5</td>
<td>3.50</td>
</tr>
<tr>
<td>Personal assistance</td>
<td>9</td>
<td>2</td>
<td>5</td>
<td>4.11</td>
</tr>
<tr>
<td>Training</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4.80</td>
</tr>
<tr>
<td>Transportation</td>
<td>13</td>
<td>3</td>
<td>5</td>
<td>4.08</td>
</tr>
<tr>
<td>Communication access</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>4.20</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>4.17</td>
</tr>
</tbody>
</table>
Respondents were asked to rank their top five areas of greatest need 1 through 5, with 5 being the most important. This was the most likely portion of the survey to either not be filled out or to be filled out incorrectly (for instance, by not ranking the service areas). All fourteen areas were ranked by at least a few respondents. By rank, the list in order of importance was:

```
<table>
<thead>
<tr>
<th>Service</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Assistance</td>
<td>2.00</td>
</tr>
<tr>
<td>Employment</td>
<td>2.16</td>
</tr>
<tr>
<td>Medical/Therapeutic</td>
<td>2.33</td>
</tr>
<tr>
<td>Accessible Housing</td>
<td>2.36</td>
</tr>
<tr>
<td>Counseling</td>
<td>2.43</td>
</tr>
<tr>
<td>Education</td>
<td>2.67</td>
</tr>
<tr>
<td>Transportation</td>
<td>2.74</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>2.78</td>
</tr>
<tr>
<td>Case Management</td>
<td>3.17</td>
</tr>
<tr>
<td>Training</td>
<td>3.38</td>
</tr>
<tr>
<td>Independent Living</td>
<td>3.55</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>3.57</td>
</tr>
<tr>
<td>Communication Access</td>
<td>3.75</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>4.17</td>
</tr>
</tbody>
</table>
```

By the number of times they made the “top 5,” the list of services in order would be:

```
<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>19</td>
</tr>
<tr>
<td>Transportation</td>
<td>19</td>
</tr>
<tr>
<td>Medical/Therapeutic</td>
<td>15</td>
</tr>
<tr>
<td>Accessible Housing</td>
<td>14</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>14</td>
</tr>
<tr>
<td>Education</td>
<td>12</td>
</tr>
<tr>
<td>Case Management</td>
<td>12</td>
</tr>
<tr>
<td>Personal Assistance</td>
<td>11</td>
</tr>
<tr>
<td>Independent Living</td>
<td>11</td>
</tr>
<tr>
<td>Family Support</td>
<td>9</td>
</tr>
<tr>
<td>Training</td>
<td>8</td>
</tr>
<tr>
<td>Counseling</td>
<td>7</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>6</td>
</tr>
<tr>
<td>Communication Access</td>
<td>4</td>
</tr>
</tbody>
</table>
```
A combined score (multiplying frequency by [5 – mean]) results in the following ranking:

<table>
<thead>
<tr>
<th>Service</th>
<th>Combined Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>54</td>
</tr>
<tr>
<td>Transportation</td>
<td>43</td>
</tr>
<tr>
<td>Medical/Therapeutic</td>
<td>40</td>
</tr>
<tr>
<td>Accessible Housing</td>
<td>37</td>
</tr>
<tr>
<td>Personal Assistance</td>
<td>33</td>
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<td>Education</td>
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<td>Case Management</td>
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<td>Family Support</td>
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<td>Independent Living</td>
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<td>Emergency Preparedness</td>
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<td>Communication Access</td>
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Respondents were asked if there were other services they felt should be offered that weren’t listed. There were twelve responses to this question. Issues included:

- Greater access to cutting-edge research
- Public education and awareness
- Better unity among disability groups
- Low-cost gym memberships/pool memberships (three responses)
- Universal access
- Accessible parking (two responses)
- Lighting to/from parking areas and reflective paint on roadways
- Activities for children in Fluvanna
- Inability of Medicaid waiver and education systems to successfully meet the needs of children with autism
- Financial assistance for families of children with special needs for education/training/equipment/supplements
- Mental training for stress
- Dental services for adults on Medicaid (two responses)
Other Services

2 Greater accessibility locally to cutting edge research.

4 We need more Public Education and Awareness on the social and economic impact of people with disabilities in our communities. I also believe we need more unity and less fragmentation between various disability groups in an effort to lessen the competition for funding between those agencies.

6 Gym memberships and re-hab programs at low cost.

7 The areas of need provided above do not get at the issues I find important, so I am explaining in the comment areas. Exercise, diet, and a fitness routine is one of the most important needs of many people with physical disabilities. However, fitness facilities tend to be very expensive. Working out in a cool pool is also a great benefit because it allows the buoyancy of the water to allow a person to move in ways they cannot on land. Financial help so that those with physical disabilities are essential for them to maintain movement, a healthy weight, and a healthy heart. I lead a support group for people with MS and know several others with spinal cord injuries who would be greatly helped by exercise but who cannot afford to maintain a routine.

8 Universal access and the ability to actually get into and around the buildings and streets are the single most important issue we face. Without this most basic access, we can't even begin to address the other issues.

11 Accessible parking and affordable pool membership. I walk with a cane and tire very quickly. Increased accessible spaces are in dire need in the downtown area as well as increased lighting. I usually tire before 3p.m. but would appreciate more lighting to/from parking areas and garages. I know this is probably impossible on back country roads (I live in Lake Monticello), but can reflective paint be used on the county road markings to/from the lake?

13 Not really services, I think there should be more handicapped parking spaces around town. Some places have several spaces in different rows of parking, some places only have one or two spots. Some places don't seem to have any at all. I think there should be more downtown on the streets, because I'd rather not have to pay to park in a garage when it's free to park on the street, and also easier to get to and from.

14 The children in Fluvanna need activities that will help them with social and physical activities.

22 There are serious problems with the medicaid services for children through the EDCD waiver. It seems they are ill-equipped to handle the needs of children as opposed to the elderly. They seem to have no understanding of autism and the waiver supposedly provides assistive technology and environmental modification under the waiver but they reject all the claims saying it's not medically necessary. It seems they don't understand the issues involved for children with autism and what is "necessary" for them to progress. The education system doesn't meet the needs of children with autism either. The public schools do not have enough expertise in autism, nor do they address the core challenges that children with autism face (sensory integration and social competence). There also needs to be a way for families of children with special needs to get funding for all of the extra expenses in education/parent training/therapy and educational equipment, supplements... We are just sinking further and further into debt b/c of the lack of financial assistance for all of these extra expenses and we refuse to deprive our son of services/ education/ equipment/supplements that he needs, but eventually our debt will be so high that we will have to cut back on everything we provide for him, without which he never would have progressed to the point he has.

25 Mental training - for stress

37 Dental services for adults on Medicaid

38 Dental services for adults on Medicaid. More adult day support under MR waiver. More group homes with church affiliation, e.g. Spring Hill Baptist.
Goals - Achieve

1. Hope to go to Woodrow Wilson for training, already signed up for evaluation.
2. I want my daughter to have a fulfilling life.
3. Personally I want to achieve my dreams and aspirations as does anyone, although on a greater scale I would like to see greater equality and opportunity for people with disabilities.
5. To walk assistance free!
6. I want to walk better so that I can be more independent and take advantage of the many opportunities my community has to offer.
7. I want to be independent and self-sustaining and happy -- myself and my family.
8. Walk without a cane. Increase my ability to remember. I currently use lists, memory promptors for appointments, frequent naps, etc. I participate in occasional trial procedures/meds with the Neuro Dept of UVA. They have been outstanding and try to predict my future needs. Additional money and services to assist them with their research would be great. Personal services, such as grocery delivery, reasonably priced access to pools (such as ACAC) and other forms of doctor recommended physical therapies should cost a nominal amount for patients.
9. Get a part time job in the non-profit sector that gives me personal satisfaction in doing something beneficial to society.
10. I really want to be able to work out more, and am in the process of joining ACAC, but I don't make a lot of money so I don't know how long I will be able to afford it. I want to get back in shape so I can play wheelchair basketball and try skiing.
11. Independence
12. I want to be more a part of the community.
13. Find a job and finish my education at PVCC.
14. Continue with my current activities which are: a. working out in the pool at ACAC b. water color art.
15. I just don't want to run out of money!
16. I want our son to be socially successful, happy, and independent.
17. to be gainfully employed
18. AAS PC support and networking
19. Employment and better family situation concerning my son.
20. Parent filling out for kids with limited verbal ability (3! with Down syndrome). I wish I knew what they wanted to achieve. We just keep pushing them to improve in all areas, and watch them grow.
21. Full-time employment and independence
22. Just be able to support my family
23. I want to have a good paying job.
24. Continue to live in a home with staff who will help with the things I cannot do, like cooking and staying alone. I live here independent of my family, work 32 hours per week, and attend church on the weekends. I am doing well and want to continue to be able to do well.
25. Want job baking
26. Steady employment
27. To live in a home at least as nice as my mother's home.
28. To live in a church-sponsored group home.
29. Hike the entire Appalachian Trail.
30. I want to finish a Master's Degree in Theology and purchase my own accessible home.
**Goals - Barriers**

1. Have a communication problem, may not get the individual help needed at Woodrow Wilson, since most of the persons there have physical handicaps and have tried once before, but unable to finish, due to lack of help for persons with H/I and communication difficulties. Also, if course is completed, will need job coach or other assistance in obtaining a position.

2. Her inability to access current communication software.

3. Architectural and/or Attitudinal Barriers

4. Medical issues

5. Strengthening equipment

7. Not finding nearby handicap parking spaces is the greatest barrier to my independence. I have multiple sclerosis, which makes it difficult for me to walk (balance, strength, coordination) even though I walk with a cane. In addition, MS causes your muscles to fatigue the more you use them. Therefore, distance is my biggest barrier as well as rough surfaces and lack of railings on steps and inclines.

8. The most obvious barrier is the lack of physical access, as well as enough percentage of reserved accessible parking spaces to keep up with the number of parking placards issued.

11. Money and resources. Being on long term disability, money is always tight. I constantly research available funds/grants to assist people and myself with paying medical bills, resources, and expensive medications.

12. Fatigue

13. The price of being able to join a club and continue to work out year-round.

14. My communication and impulsive issues

15. Availability and hours of transportation

17. None I hope.

18. Transportation. I don't drive. Currently I rely on my wife to take me where I need to go or I use Jaunt.

19. Living longer and the rates going up much more.

22. Money, educational options, lack of appropriate therapies b/c once a child is over 3, most therapists will no longer come to the home to provide therapy and my son cannot benefit from therapy unless he is at home. The educational system has completely failed him b/c they refuse to provide appropriate services at home or provide the training that school personnel need to provide appropriate services.

23. Memory difficulties, physical limitations

24. Time

25. Unemployment and my health.

26. Lack of medical care, lack of resources, health insurance, etc.

27. Health issues

29. Maybe my condition

30. Finances. The place I live is very, very expensive. I pay part of the fee and my elderly stepmother pays another large part, and another large part is forgiven. When my stepmother can no longer work to pay my fee, I will not be able to afford to stay here. My stepsister has looked everywhere for affordable, staffed housing and finds none, especially since I earn too much money to get Medicaid. I do not want to quit working in order to get Medicaid. I have had my job for 14 years.

33. Substance abuse

37. I am unable to advocate for myself.

38. I am unable to advocate for myself. Am totally dependent on family.

39. Time, money, my body

40. Employment that provides the monetary means to purchase a house and finish school. It takes at least 2 jobs now to live comfortably in Alb. County and using a wheelchair seems to limit part-time employment somewhat.
Goals - Needed
1 Someone to help with tutoring and explaining things after class, and perhaps someone available during class to show, give examples, and help with training needed to complete the course.

2 A breakthrough in technology, either medical or computer.
5 better transportation to decrease the distance to walk and amount of time it reach destinations.
6 treadmill or gym access
7 Nearby handicap parking to places I would like to go. Although parking lots might have handicap spaces, they are often not the closes to the door and the number is insufficient. Downtown areas are particularly short of handicap parking places. I recognize that parking downtown is in short supply, a solution might be to provide parking garages and plenty of further away parking spaces for people without mobility problems to allow for many more handicap parking places near businesses in a downtown area such as the Charlottesville downtown mall.
8 I need to have commercial AND residential buildings be physically accesible as well as schools, recreational facilities, and reasonable areas of parks, etc. I also need to have the streets be accessible as well as have parking lots and street-parking include a proportion of reserved accessible spaces that accurately reflects the number of parking placards being issued and also takes into account the needs of people who use mobility equipment and need wider aisles and vehicle access when they park.
11 A crystal ball:) UVA Hospital and the MS Society have been incredibly supportive and visionary.
12 Opportunity to try.
13 Some kind of public gym or facility for people with disabilities would be excellent, where anyone can come and work out on accessible equipment at any time. I have found in my 12+ years of being injured that swimming is the best exercise, and I've gotten the same response from others. If there was a charge for such a facility, maybe like 20-30 dollars a month or something would be a dream come true.
14 training and assistance
15 expanded JAUNT services
17 Just stay motivated.
18 Self determination at the moment.
19 A wealthy benefactor.
22 money so that we can do it ourselves. We run our son's full time home program. We pay for our own training, his therapy equipment...
23 assistive technology ie. PDA(?) notebook to assist me with memory
24 time
25 A job and less family stress.
26 Advocacy for all areas of need, which is why I said case management, #1. If we, as parents, didn't advocate, and push for what our children need, they would not get it. I fill out forms, and call to follow up, and fax second copies of forms, and on and on (you get the picture!). If I wasn't pushy and proactive, our kids wouldn't have the access to resources that are out there. That is the frustrating thing. The resources are there, but accessing them through the levels of bureaucracy is tough.
27 Maintain good health
29 Recommendations
30 A place to live with staff that will not cost more than I can afford, which right now is about $1,000/month.
33 Work
37 More housing opportunities under MR waiver.
38 Need for area churches to work together to create group homes.
39 Time, money
40 A job paying more and some knid of subsidy that will allow me to reduce the down payment needed to purchase my custom built home.
General Comments from Surveys

1 People with H/I disabilities are under served and have little and often no recourse as to jobs, services, and housing. There are other organizations which can supply housing, friendship, transportation services, and funds to furnish a room, plus all kinds of assistance. Where do you turn if you have a B/I except to family to assist you. After several years it would be good to have the funds and services afforded to others with disabilities. My parents are in their 60's, what happens when they can no longer help. We signed up for a waiver, but there is a six-year wait, couldn't there be at least respite care for a week or two each year, without any waiting periods!!!

2 Within family support services, specifically, more respite care services are needed, and support groups for parents of children with physical disabilities. We have a waiver that covers respite care, but it is so hard to find anyone. The area also needs more innovative therapies for children with physical disabilities; we have had to do a lot of traveling to access those.

3 There should be a stronger emphasis on accessibility within our community. I'm not talking "only" physical accessibility (e.g. how many restaurants have steps to enter or bathrooms that wheelchairs can't fit into?), but making sure that opportunities within the community can include those with disabilities to be involved in the community to the greatest capacity possible, without profiling those individuals as people who are "special" and need "special" provisions. I'm not saying these opportunities don't exist, but when logistics are difficult, people will be more inclined to stay home & away from society.

4 I would like to see more people with disabilities get off their duff and make a contribution to the growing needs of the community - most notably - to share in the work required to advance opportunities in affordable housing and employment

5 There is a lack of affordable, decent, accessible housing for people with disabilities.

8 I would use those core service areas if I knew how or if I knew where they were available. Is there education throughout the community on how to access those areas? How do people usually find out about those services?

10 More physical therapy programs; More handicap parking downtown area; More and better access to accessible bathrooms; Differentiate between general handicap parking and van/wheelchair needed parking and enforce same

11 Public awareness/education is always needed yet rarely available. People with disabilities usually struggle with their medical issues, money, and how to inform others of their plight. I'm not sure how or what to do about this. Aside from supporting specific organizations, the community doesn't know what to do and how to do it.

12 Could use more handicap parking spaces, especially on downtown mall

13 I have been driving since I was injured in 96, but from what I've heard, there are major delays sometimes with transportation, and understandably so. Maybe if there were a few more vans that went out it would help.

14 I know we are a small county that as many financial challenges but our special residents need to know they are valued and accepted. Right now just about every need has to be met in C'ville or Richmond if not further away

17 I can only speak about physical. You must search deep within your soul and find the fight within and stay focused and motivated.

18 The Charlottesville area has very good services available, but the need is always there. Educating the public about these services may be your biggest challenge.

19 My needs are being met. I think many people should be informed more about Jaunt - a life-saver for my trips to doctors, meetings, and recreation.

23 ability to become more integrated with the community as per community inclusion

25 I think the system could be better towards helping disabled people.
26 I was a c'ville city schools special education teacher, and I repeatedly had students with moderate to severe special needs who didn't know what resources they could access for their children, and so, their children suffered. It would be wonderful if each person with special needs was given their own case manager who really knows all the great "stuff" Charlottesville has to offer. By "stuff" I mean good therapists, respite funds, therapeutic riding, and other activities, good orthotic makers, kind doctors who really love kids who have needs, etc. We have lived here 8 years with three kids with pretty diverse and moderate to severe need, and it has taken us till now to really feel as if we KNOW what is out there for kids who have special needs. It would be great to have someone help parents navigate the system.

27 Many establishments do not offer disability access such as bathrooms and ramps.

30 I hope there will always be JAUNT. They could use some more vehicles and drivers at certain times of the day.

35 DRS is helping me very much.

37 I think Region 10 does fairly well given the resources they have for MR waiver. My daughter Susan lives in a group home on Shamrock Road that needs lots of maintenance. Burst pipes have flooded her basement room at least four times since she has lived there. Repairs are inadequate. The house needs upgrades and a lawn. It is the least desirable house on the block.

38 I currently pay out of pocket for my daughter's day support at JABA. While she seems happy there, there aren't any suitable MR waiver programs if I no longer can keep her there. ARC = not suitable Region 10 - Meadowcreek- full Worksource - not suitable. If she were to move to a group home, the $ used to pay for JABA would go to pay group home rent. Then what?

39 The Department of Rehabilitative Services and Woodrow Wilson Rehabilitation Center are tremendous services which can help many people feel better about themselves and give them skills to be gainfully employed; they did for me.

40 I believe that Charlottesville/Albemarle County does a good job in the area of transportation but it needs expansion at reasonable rates. Many people live on fixed incomes and can't afford the proposed increases in JAUNT due to recent funding cutbacks. I really hate to mention this because I don't have the answer at present, but transportation and housing for all needs to be raised in priority.
JAUNT ANNUAL EVALUATION OF 
TRANSPORTATION FOR HUMAN SERVICE AGENCIES 
AND NURSING HOMES 
2008

JAUNT’s annual agency survey was mailed out mid November. Survey forms were sent to institutions whose clients or residents use JAUNT services. Thirty surveys were mailed, and sixteen were returned. The return rate was significantly lower than what it was last year, however the return rate is consistent with previous years (15 in 2006). The fact that we used the survey to solicit requests for free tickets helped to improve our response rate last year; if funds were available we may want to continue this effort. Surveys were also made available at each county interagency council meeting in Fluvanna, Nelson, and Louisa.

We continue to maintain a high percentage of 98% of those completing the surveys who say that we meet the needs of their clients. When asked what the agency’s current unmet transportation needs were, just about all agencies specified rural and evening transportation. Transportation in Western Albemarle and non-traditional work hours were mentioned. These responses assist us in knowing which need is not being met in the various localities.

Seventeen of the respondents said they had not had any problems with JAUNT services this year, our highest percentage in six years. This year there were a couple of unsatisfactory answers to questions on the survey, specifically dealing with drivers’ courteousness and scheduling. Ironically, the overall ratings for drivers and scheduling showed improvement. For the first time this year we asked the question about JAUNT implementing credit card processing. The response for credit card usage was not an overwhelming positive, but we should monitor this often to make sure we are meeting the changing needs of agencies. Many of the respondents stated that although there are some shortcomings overall, the agencies are pleased with JAUNT’s services and think that JAUNT is an asset to the community.

One other new response: over half the agency respondents said that the $45/hour fee was not affordable for their agency; this is particularly troubling since the budgeted rate for FY10 is $48/hour. Meanwhile, all but one respondent said the public fares were affordable, which was an improvement over last year. A greater percentage of agencies were aware that agencies could put riders on commuter routes at 1.5 times the public fare, but none of them had used that option in this year’s survey (two had used it last year).

This year the responses were slow to come in although the surveys were made available to all localities via mail and in-person many of the agencies did not send responses as soon as they should have. It is my recommendation that this survey be done in conjunction with JAUNT Friends ticket request and distribution. It may be useful to do the survey in person to ensure all localities are surveyed; this may be a job that can be done in partnership with the board.
I. BACKGROUND INFORMATION

1. Name of Service Agency:
   - FLUVANNA SOCIAL SERVICES
   - COLONNADES HEALTHCARE CENTER
   - WINTERHAVEN
   - CHARLOTTESVILLE PARKS AND RECREATION
   - CHARLOTTESVILLE SOCIAL SERVICES
   - ROSEWOOD VILLAGE
   - MARY WILLIAMS SENIOR CENTER
   - REGION 10 NELSON COUNSELING CENTER
   - REGION 10 CSB
   - THE CEDARS
   - LOUISA SOCIAL SERVICES
   - FLUVANNA FAMILIES LEARNING TOGETHER
   - JABA ADHC (HILLSDALE)
   - MACAA (CHARLOTTESVILLE PARK STREET)
   - ALBEMARLE DSS
   - DAVITA RENAL CARE

2. Primary purpose of your agency (please check one):
   - 4 Program for individuals with disabilities
   - 2 Program for senior citizens
   - 4 Social service program
   - 2 Education program
   - Job training program
   - Therapy/medical
   - 3 Nursing home/adult care home
   - 1 Other. Be specific: **Dialysis**

3. Length of time using JAUNT services:
   - 1 0-2 years
   - 1 2-4 years
   - 1 4-6 years
   - 1 6-8 years
   - 1 8-10 years
   - 1 10 or more years

4. Do you pay for client’s transportation?
   - 9 Yes
   - 7 No

5. Do you have clients who ride JAUNT and pay the public fare?
   - 10 Yes
   - 5 No

   If you pay a portion and clients pay a portion, please explain:
   - **Special request if clients have trouble with cost**
   - **Some of our employees use JAUNT transportation for work**
Some clients pay on their own and Albemarle County grants money is used for other clients.

II. EVALUATION OF JAUNT SERVICES

6. Overall, how responsive has JAUNT been to the needs of your agency’s clients?

Meet client needs 16
Does not meet client needs

Please comment:
- Some clients have expressed they do not use JAUNT because they do not want to wait hours for a ride back home after an appointment. Some clients have expressed they have no way to get to the pick up points
- I hear good things from clients about JAUNT services—nice drivers, reliable service...
- Excellent, frequent use of service for the Health Care Center Residents
- Meets the needs of city clients quite well does not meet the needs of county residents as well particularly the cost
- Sometimes clients report failure of JAUNT to pick them up. Sometimes schedules are not put into the system and clients cannot get the ride they need. This has been confirmed as JAUNT’s mistake.
- Sometimes we run into problems with time
- All drivers go the extra mile to ensure the safety of our members

7. Please comment on the quality of JAUNT’s services:

A. JAUNT dispatch/scheduling staff (e.g. handle problems well, polite)?

Excellent 9
Good 5
Satisfactory 1
Unsatisfactory
Problems 1

Please comment:
- Worked well to solve problems (Logisticare problem)
- Readily available/organized and friendly
- Scheduled rides get cancelled accidently cancelled rides do not get cancelled
• All dispatchers always take the time to handle scheduling problems or to answer questions

B. JAUNT administrative/business department staff (e.g. answer phone politely, find info. you need, handle problems well)?

Excellent 10
Good 6
Satisfactory
Unsatisfactory
Problems

Please comment:
• Not always available when I call rare occasion!
• They’ve always been patient, listened and come to a satisfactory conclusion

C. JAUNT drivers, (e.g. safe, handle passenger well)?

Excellent 7
Good 9
Satisfactory
Unsatisfactory
Problems

Please comment:
• I’ve heard no complaints
• Most drivers are very kind and courteous and at ease with our residents
• Drivers always make sure one of our staff knows when they drop off a member

D. JAUNT’s method of record keeping (e.g. billing, management of your agency information)?

Excellent 5
Good 5
Satisfactory 2
Unsatisfactory
Problems

Please comment:
• Always pay by check
• It would be great if receipts for bulk ticket purchases were dated

1. Do you buy tickets in bulk?
Yes  8
No  6

If so how much do you spend monthly?

- $75.00
- $200.00 +
- $150.00

2. Would you be interested in paying by credit card?
   - Yes  6
   - No  9

3. If you could purchase tickets with a credit card would you purchase more?
   - Yes  4
   - No  7

E. Scheduling?

   Excellent  5
   Good  6
   Satisfactory  1
   Unsatisfactory
   Problems  1

Please comment:
- Making improvements
- Excellent in everyway our residents do wait for ‘on call’ return trips sometimes for quite a long while.
- Some problems on occasion

F. Dispatching procedures (arrival of vehicle at specified time)?

   Excellent  5
   Good  7
   Satisfactory
   Unsatisfactory
   Problems  2

Please comment:
• Pick-up for MJP often before breakfast and times vary widely day to day
• Improved over the last year
• Some problems have been noted

G. Adequacy of vehicles?

Excellent 7
Good 7
Satisfactory

Unsatisfactory

Problems

Please comment:

8. Have your clients offered comments about the quality of JAUNT services?

Yes 7

No 8

Please give examples that are representative of their comments.

Compliments:
• Like drivers
• Preferred drivers
• Want to be on JAUNT
• Like most drivers
• Many appreciate the convenience over having friends or family take them home the wheelchair lift is helpful
• About specific drivers. Some are outstanding, like JJ
• Comments have been positive

Complaints:
• Occasional complaint about the wait time
• Waiting for vans to come for the return trip
• Late pick-ups, early pick ups (more than 20 minutes) charges for “no-shows” when the ride was cancelled
• Problems with JAUNT scheduling. Have to ride JAUNT for a long period to get to destination.
9. JAUNT currently charges agencies $45.00 per hour. Is this an affordable fee for your agency?

   Yes  5
   
   No  6

10. Some of your clients may ride as public riders and pay their own fares. The public fares are set by the local governments and vary from one locality to another. Do you think these fares are affordable?

    Yes  10
    
    No  1

11. Have you encountered any problems with JAUNT’s existing transportation services during the last year?

    Yes  2
    
    No  11

If so, what are some recent problems with the services?

- Occasionally when picking up a group one name may be missing from the list. Monday Basketball at Key Court but the driver always works it out.
- They (drivers and phone receptionist and schedulers) are wonderful
- A number of members received letters with charges for no shows when they or I had cancelled the ride
- Consistent times for pick-ups for 5 day/week riders
- Due to Logisticare’s lack of communication
- Last summer at Annual Therapeutic Picnic at Pen Park where 4 or 5 buses arrived to take people home there was a lot of confusion. Drivers did not seem to know who they were to pick up. Some did not go by their list and took someone who was on another drivers list. It was mass confusion, one person was almost left. Some going to same location where split up on different buses in the beginning. Finally it all worked out. It was not well organized not sure if it was poor dispatching or drivers not following list of who they were to take.
- Keep up the great work
- We are thankful for your services!
• I do not know how the system works. If this is computer error, I would suggest some sort of back-up system for information such as “old fashioned writing it down”
• Schedules being recorded in JAUNT systems have not been done correctly and client missed apt, work, etc.

What would you recommend to improve these aspects of the program?
• You all billed a deceased consumer and still insisted on collecting after he died
• Better communication between dispatch and drivers and drivers following list of who they were taking home and not just anyone.
• Nothing at this time

12. JAUNT currently provides the following options for the provision of transportation. Beside each option are two spaces. Check the space in the first column if you are aware this option is offered by JAUNT but have not used it. Check the space in the second column if your agency has used this option. Leave the item blank to denote that your agency was unaware of the option.

<table>
<thead>
<tr>
<th>Aware of Option</th>
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<tr>
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- JAUNT van and driver - hourly fee for groups
- JAUNT van/agency driver – per-mile fee for groups or individuals
- JAUNT vans for agency use on nights and weekends
- Rides for individuals paid for by agencies
- Agency riders on JAUNT’s commuter routes at 1.5 times the public fare
- Agency riders on Louisa and Nelson intracounty routes
- Night and weekend service for people with disabilities in Charlottesville and Albemarle

III. ADDITIONAL TRANSPORTATION NEEDS

13. At the present time, what are your agency’s current unmet transportation needs (e.g. geographical areas, number of clients, type of vehicle, time, day of week/hour of day)? Be specific.

• Transportation needed for weeknights and weekends for VIEW clients
• Group of residents who use WC’s going to lunch
• Same day service
• UVA or MJH usually between 9-5 pm
• Need more night and weekend service not enough
• Friday evening for agency to pay for transportation
• Stop in Columbia, Scottsville?
• JAUNT meets our needs. Usually 1 days notice is possible but not always
• County resident outside of the urban ring cannot afford the fare. The free bus Wednesday and Thursday is a great idea and if there was the same offered a day or two from other county area we could serve more county folks. Crozet and Southwood for example.
• From home—arrive at class in Palmyra at 8:30 T/W/TH; Departure 11:30 and 1:30 to homes
• Weekend and Night service
• We are looking into opening on Saturdays

14. What are your agency’s anticipated long-range transportation needs?
   • More trips to appointments for residents in WCs
   • More of the same
   • Door-to-door employment routes
   • Continued flow of service
   • We anticipate a larger membership as the baby boomers age.
   • To continue to use JAUNT for our Head Start Services
   • Possible field trip option

15. Are your clients currently using other transportation services, excluding JAUNT (e.g. taxi, CTS)?

   Taxis: Yes 7 No 6

   CTS: Yes 8 No 6

16. To your knowledge, have they encountered any problems with these services?

   Taxis: Yes 1 No 7

   If YES, what are some of the problems they have encountered?
   • Drivers purchasing items for consumer
   • Abusive drivers
   • Lack of seatbelt use

   CTS: Yes 1 No 8
• Long waits

17. Please briefly summarize your thoughts about JAUNT’s services:
• JAUNT provides a great service to the community.
• JAUNT provides a good service for people who are unable to use other public transportation
• Very beneficial and safe for our residents
• Basically a good service
• Good!
• I think JAUNT does a great service. I do not know if any public transportation in Fluvanna could pick up students and get them to class on time and return them home.
• Good service for our area
• I feel that JAUNT provides a wonderful service to MACAA Head Start as well as the community.
• JAUNT personnel are very professional in assisting us with our needs and the delivery of service. They’re all outstanding to work with our program.
## Housing Needs for Young Adults with Disabilities: Focus Group feedback

<table>
<thead>
<tr>
<th>Lifestyle</th>
<th>Parents 3</th>
<th>Parents 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grocery stores in area</strong></td>
<td>Fulfilling work</td>
<td>Middle class, safe environment</td>
</tr>
<tr>
<td><strong>Theater access</strong></td>
<td>Fulfilling play - social life beyond family</td>
<td>Safety</td>
</tr>
<tr>
<td><strong>Ability to walk places</strong></td>
<td>Have things to do every day - productivity / contributing</td>
<td>Takes public transportation</td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td>Be able to get around without depending on parents</td>
<td>Works 30+ hours</td>
</tr>
<tr>
<td><strong>City- lots of cultural amenities</strong></td>
<td>Sense of self-worth</td>
<td>Supportive work environment</td>
</tr>
<tr>
<td><strong>Pets- my cat</strong></td>
<td>Free of fear</td>
<td>Job training services</td>
</tr>
<tr>
<td><strong>Access to public transportation</strong></td>
<td>Positive reinforcement</td>
<td>Good budgeting skills</td>
</tr>
<tr>
<td><strong>Shopping</strong></td>
<td>Companion</td>
<td>Friends</td>
</tr>
<tr>
<td><strong>Yard or walking area</strong></td>
<td>Freedom / support to enable participation</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifestyle</th>
<th>Parents 3</th>
<th>Parents 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Close to a theater, area where there is an opportunity to walk to places</strong></td>
<td>Share with others for mutual support w/ help as needed</td>
<td>Small town walk everywhere (church, store)</td>
</tr>
<tr>
<td><strong>Access to public transportation close to the mall and/or other shops</strong></td>
<td>Safe, clean, bright home w/ supervision</td>
<td>Live with other women (support, friends)</td>
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<tr>
<td><strong>Accessible- ramps, live on first floor, elevator</strong></td>
<td>With people he/she likes</td>
<td>Support services</td>
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<tr>
<td><strong>Apartment with roommate</strong></td>
<td>Private options (non-waiver)</td>
<td>Job security</td>
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<tr>
<td><strong>Group home</strong></td>
<td>Commune setting (farm, cottage industry, urban and rural options</td>
<td>Mentoring situation (helping to make choices)</td>
</tr>
<tr>
<td><strong>Would consider a roommate that is not a friend or already known to them</strong></td>
<td>Local- near Charlottesville</td>
<td>Independent living</td>
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<tr>
<td><strong>Own house- large spaces, very accessible</strong></td>
<td>On busline- or transportation provided</td>
<td>Semi-support</td>
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<tr>
<td><strong>With family</strong></td>
<td>Options more widely known</td>
<td>Apartment, downtown living</td>
</tr>
<tr>
<td><strong>Housing with suitable space</strong></td>
<td></td>
<td>Own apartment (some supervision)</td>
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<tr>
<td><strong>Own home for fiance and child</strong></td>
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<td>Group of apartments</td>
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<table>
<thead>
<tr>
<th>Living Arrangements</th>
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</thead>
<tbody>
<tr>
<td><strong>Associate</strong></td>
<td><strong>Mentor</strong></td>
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<tr>
<td><strong>Facilitator</strong></td>
<td><strong>Supportive work environment</strong></td>
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<td></td>
<td><strong>Self-employment</strong></td>
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<td></td>
<td><strong>Entrepreneurship</strong></td>
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### Housing Needs for Young Adults with Disabilities: Focus Group feedback

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Young Adults</th>
<th>Parents 3</th>
<th>Parents 4</th>
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</thead>
<tbody>
<tr>
<td>Parents concern/barriers:</td>
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<tr>
<td>Access</td>
<td>Support for families for young adults with disabilities (psychological, emotional)</td>
<td>Home ownership vs. rent</td>
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<tr>
<td>Safety</td>
<td>Programs aren't inclusive enough; options for friends, social activity without paid companions</td>
<td>SSI rules</td>
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<tr>
<td>Living skills (cook, clean, etc.)</td>
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<tr>
<td>Affordable transportation</td>
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<tr>
<td>Accessibility</td>
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<tr>
<td>Problem solving skills</td>
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<tr>
<td>Learn how to drive</td>
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<tr>
<td>Learning to budget</td>
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<tr>
<td>Saving</td>
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<tr>
<td>Controlling own income</td>
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<tr>
<td>Obtaining employment</td>
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<td>Asserting independence</td>
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<td>Funding:</td>
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<td>Change over time</td>
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<tr>
<td>When parents are gone...</td>
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<tr>
<td>Building new home to anticipate need for access</td>
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<tr>
<td>How to care for my needs, the house's needs, etc. daughter is helpful</td>
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<td>Change over time</td>
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<tr>
<td>Family / Parents not available</td>
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<td>Role models</td>
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<tr>
<td>Need to function as an adult</td>
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<tr>
<td>Peer group falls away</td>
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<tr>
<td>Employers- understand disability beneficial</td>
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<tr>
<td>More info about transition</td>
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</tbody>
</table>

- **Parents 3**
  - Home ownership vs. rent
  - SSI rules
  - Transportation
  - Car services, bus
  - Need classes on dependent life skills classes
  - Need friendship networks
  - Housing costs
  - Waiver wait-list
  - Resources
  - Preparing ourselves for transition
  - Need facilitator (sic) for "life"
  - Medical / health needs
  - Staff for supervision
<table>
<thead>
<tr>
<th>Help or training</th>
<th>Young Adults</th>
<th>Parents 3</th>
<th>Parents 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased independence</td>
<td>Staff person- certain hours of day, use bus. medications, cooking, grocery shopping, putting groceries away</td>
<td>Better transportation (county)</td>
<td>Better CTS Service (weekend) and 29</td>
</tr>
<tr>
<td>Coping skills</td>
<td>Money management- handling cash, budgeting, balancing check book, training, ongoing assessment</td>
<td>Houses in close proximity</td>
<td>Houses in close proximity</td>
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<tr>
<td>Ability to address medical needs / mental health / physical well being</td>
<td>Skill assessment, intervention</td>
<td>Cost</td>
<td>Cost</td>
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<tr>
<td>Life Line</td>
<td>Social skills- untangle social interactions and someone nearby to rely on</td>
<td>Dependability of transportation</td>
<td>Parent support group</td>
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<tr>
<td>Assistive technology to accomplish daily needs i.e. opening jars, cracking eggs, etc.</td>
<td>Job coach / peer job coach</td>
<td>Networking</td>
<td>Networking</td>
</tr>
<tr>
<td>Classes- independent living skills</td>
<td>Placement officer- orientation for employer individual needs (appropriate placement)</td>
<td>&quot;Model&quot; of independent living situation</td>
<td>Mentoring for parents</td>
</tr>
<tr>
<td>Bill paying (getting to place, writing √ s, etc.</td>
<td>Legislative support</td>
<td>Encouraging school system to provide comprehensive transition services</td>
<td>&quot;Model&quot; of independent living situation</td>
</tr>
<tr>
<td>Payee</td>
<td>Integration- diversity (legal approach, training, benefits to others, attitude shift)</td>
<td>Parents need to step back</td>
<td>Let kids/young adults struggle</td>
</tr>
<tr>
<td>Service pets</td>
<td>Overcome vulnerability</td>
<td>Establish &quot;household of Adults&quot;</td>
<td>Establish &quot;household of Adults&quot;</td>
</tr>
<tr>
<td>Live-in assistance</td>
<td>More info about transition</td>
<td>Reality counseling for kids</td>
<td>Reality counseling for kids</td>
</tr>
<tr>
<td>Keeping appointments / using a calendar - maintaining a schedule</td>
<td>Planning- continue over time as needs and skills change</td>
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<tr>
<td>Med. Management (pill boxes are good)</td>
<td>Training for residential staff</td>
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</tbody>
</table>

<p>| Role models                                                                 |                                                                           |                                                                           |                                                                           |
| Former classmate- who drove, lived independently                               | Communal setting- UNC-CH TEACCH service-autism                              | Church friends                                                             | UVA student                                                                |
| My brother and my best friend (moved out parents home, started a family        |                                                                             |                                                                             |                                                                             |
| My mother, teach independence                                                  |                                                                             |                                                                             |                                                                             |</p>
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Q:\Homesharing\JATC Housing Group\Listening Session 10-27-07\Follow-up survey tabulation.doc
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<td>C</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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8. **Know more**

| Competitive employment | X | X | X | 3 |
| Supported employment   | X | X | X | X | X | X | X | X | 8 |
| Govt da benefits       | X | X | X | X | X | X | X | 7 |
| Consumer dir’d services| X | X | X | 3 |
| Supported living       | X | X | X | X | X | X | X | X | 9 |
| Group homes            | X | X | X | X | X | 6 |
| Govt housing assistance| X | X | X | X | X | X | X | 9 |
| Benefit thresholds     | X | X | X | X | 5 |
| Special needs trusts   | X | X | X | X | X | X | X | 8 |
| Success stories        | X | X | X | X | X | X | X | 9 |
| Other                | X | X | 2 |

**Comments:**

**Question 1:**

4: with best friend and child
6: in a communal setting – both urban & rural – self sufficient income

**Question 7:**

6: Autism support person/ able to function in a small group – physically capable
7: help with impulse control decision making
8: He needs daily cair getting up in the morning, food prep, bathing, but doesn’t need assistance 100% of the day
9: Supervision/transportation
10: meds, cooking, keeping on schedule, locking up at night, responding to emergencies
14: Evening & weekends

**Question 9:**

Other Comments;
4: I would love to get my GED and a part-time job
6: need better structure to place young adults in meaningful settings; job placement; plans for a day that doesn’t end at 2:30 like the elementary school. Need advocacy in a political setting to show how much more cost effective to the local community is a commune vs institution.
### SUBJECT DEMOGRAPHICS

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<tr>
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<td><strong>Gender</strong></td>
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<tr>
<td>Male</td>
<td>161</td>
<td>76.7%</td>
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<tr>
<td>Female</td>
<td>49</td>
<td>23.3%</td>
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<tr>
<td><strong>Age</strong></td>
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<tr>
<td>12 - 14 years</td>
<td>111</td>
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<td>15 - 17 years</td>
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<td>18 - 21 years</td>
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<td>22 - 25 years</td>
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<td>Aspergers</td>
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<tr>
<td>PDD</td>
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<td>7.7%</td>
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<tr>
<td>Other</td>
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<td><strong>Also Diagnosed with Mental Retardation?</strong></td>
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<td>Yes</td>
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<tr>
<td>No</td>
<td>154</td>
<td>73.7%</td>
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<td><strong>Race</strong></td>
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<tr>
<td>Af Am</td>
<td>18</td>
<td>8.6%</td>
</tr>
<tr>
<td>Al, As, Al, Other</td>
<td>11</td>
<td>5.2%</td>
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### SURVEY QUESTIONS

**How independent is your child now?**

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<td>1 - Not very</td>
<td>75</td>
<td>35.7%</td>
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<td>2 - Somewhat</td>
<td>59</td>
<td>28.1%</td>
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<td>3 - Mostly</td>
<td>76</td>
<td>36.2%</td>
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<td>100%</td>
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<tr>
<td>Where does your child live now?</td>
<td>Number of Responses</td>
<td>Valid Percent</td>
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<td>---------------------------------</td>
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<tr>
<td>1 - In my home</td>
<td>200</td>
<td>95.2%</td>
</tr>
<tr>
<td>2 - Not in my home</td>
<td>10</td>
<td>4.8%</td>
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<td>Total Responses to Question</td>
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<td>100%</td>
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<table>
<thead>
<tr>
<th>What services will your child need as an adult?</th>
<th>YES</th>
<th>Of Those w/Aspergers</th>
<th>Of Those w/PDD-NOS</th>
<th>Of Those w/Dx of Other</th>
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<tbody>
<tr>
<td>Program he/she can go to daily to learn life skills and do work</td>
<td>129</td>
<td>66.5%</td>
<td>78.8%</td>
<td>43.9%</td>
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<tr>
<td>Job training to work in the community</td>
<td>161</td>
<td>81.3%</td>
<td>86.7%</td>
<td>73.9%</td>
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<tr>
<td>Job coach with constant supervision at a job in the community</td>
<td>106</td>
<td>56.4%</td>
<td>74.0%</td>
<td>30.8%</td>
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<tr>
<td>A job coach who drops in once a day or less</td>
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<td>55.4%</td>
<td>43.3%</td>
<td>71.2%</td>
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<tr>
<td>Help attending college or trade school</td>
<td>119</td>
<td>61.0%</td>
<td>41.2%</td>
<td>86.6%</td>
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<tr>
<td>Counseling in how to get and keep a job</td>
<td>140</td>
<td>71.8%</td>
<td>55.3%</td>
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<tr>
<td>Help with social skills and friend-making</td>
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<td>88.3%</td>
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<td>Institution with constant supervision and medical care</td>
<td>22</td>
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<tr>
<td>Group home in the community</td>
<td>74</td>
<td>37.6%</td>
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<td>Valid</td>
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<td>Support with daily living, safety and judgment in my child's home</td>
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<td>48.7%</td>
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<tr>
<td>Support with daily living, safety and judgment in my home</td>
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<td>48.2%</td>
<td>57.3%</td>
<td>32.3%</td>
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<th>What services will your family need?</th>
<th>YES</th>
<th>Of Those w/Aspergers</th>
<th>Of Those w/PDD-NOS</th>
<th>Of Those w/Dx of Other</th>
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<td>Support group</td>
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<td>Training</td>
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What are parents most concerned about?  
(Scale: 1 = Not Very Concerned  5 = Very Concerned)  

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<th>Concern</th>
<th>Avg (Mean)</th>
<th>Ranking</th>
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<td>Who will take care of my child when I die</td>
<td>4.2</td>
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<td>Where will my child live as an adult?</td>
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<td>Will my child have a job?</td>
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<td>Will my child have friends?</td>
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<tr>
<td>Will my child date or have a relationship?</td>
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**RESPONDENT DEMOGRAPHICS**

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<td>Under 45</td>
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<td>46-55</td>
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<td>Over 55</td>
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<td><strong>Number of Other Children in the Home</strong></td>
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<td>1 child</td>
<td>95</td>
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<td>2 children or more</td>
<td>56</td>
<td>26.7%</td>
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<tr>
<td><strong>Total Responses to Question</strong></td>
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<td>100%</td>
</tr>
<tr>
<td><strong>Do you have other children with disabilities?</strong></td>
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<tr>
<td>Yes</td>
<td>47</td>
<td>22.5%</td>
</tr>
<tr>
<td>No</td>
<td>162</td>
<td>77.5%</td>
</tr>
<tr>
<td><strong>Total Responses to Question</strong></td>
<td>209</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Highest Education Level in the Home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some high school</td>
<td>27</td>
<td>12.9%</td>
</tr>
<tr>
<td>Some college</td>
<td>58</td>
<td>27.6%</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>58</td>
<td>27.6%</td>
</tr>
<tr>
<td>Master's degree or higher</td>
<td>67</td>
<td>31.9%</td>
</tr>
<tr>
<td><strong>Total Responses to the Question</strong></td>
<td>210</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Annual Household Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $50,000</td>
<td>68</td>
<td>32.7%</td>
</tr>
<tr>
<td>$50,001 - $100,000</td>
<td>83</td>
<td>39.9%</td>
</tr>
<tr>
<td>$100,001+</td>
<td>57</td>
<td>27.4%</td>
</tr>
<tr>
<td><strong>Total Responses to Question</strong></td>
<td>208</td>
<td>100%</td>
</tr>
</tbody>
</table>