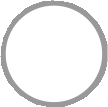
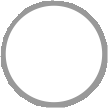
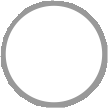
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| C:\Users\bvrcsmb\Desktop\DVR-JOBS-4cLOGO.png |
| **2016 Needs Assessment of Alaskans with Disabilities: Community Rehabilitation Providers** |
| **Thank you for participating in our survey. Every three years, Alaska Division of Vocational Rehabilitation (DVR) must assess the needs of Alaskans with disabilities. The results from this survey will help DVR evaluate and conduct the Comprehensive Statewide Needs Assessment report. Your feedback is valued and important. Thank you!** |

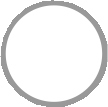
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| C:\Users\bvrcsmb\Desktop\DVR-JOBS-4cLOGO.png |
| **2016 Needs Assessment of Alaskans with Disabilities: Community Rehabilitation Providers** |
| 1. Approximately how many referrals does your organization receive from DVR annually?   1-5 referrals  6-10 referrals  11-25 referrals  26-50 referrals  More than 50 referrals   1. Can your organization serve clients who live beyond a 50 miles radius of any DVR office (i.e. clients living in distant or remote areas)?   Yes  No  Other (please specify)   1. At the time of referral, are you provided adequate information for your organization to effectively initiate the contracted services?   Yes  No. Please indicate the type(s) of information not given. |

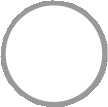
1. How quickly is your organization able to initiate services with DVR consumers after receiving a referral from DVR?

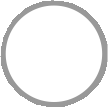
 At referral

 Within a week

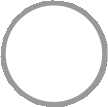
 Between 1 and 2 weeks

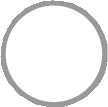
 Between 2 and 4 weeks

 More than 4 weeks

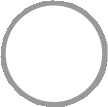
 Other (please specify)

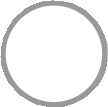
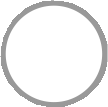
1. Would your organization benefit from DVR providing a form template for documenting referral requests and final outcome reports?

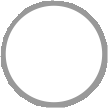
 Yes

 No. Please indicate how your organization communicates the final report with DVR.

1. How quickly do you receive the Authorization for Purchase (AFP) from DVR staff?

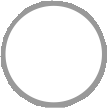
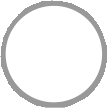
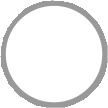
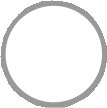
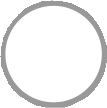
 Within a week of being contacted by DVR

 Between 1 and 2 weeks after being contacted by DVR  More than 2 weeks after being contacted by DVR

 Other (please specify)

1. Please rate the overall quality of the communication from DVR staff.

Poor Fair Neutral Good Excellent

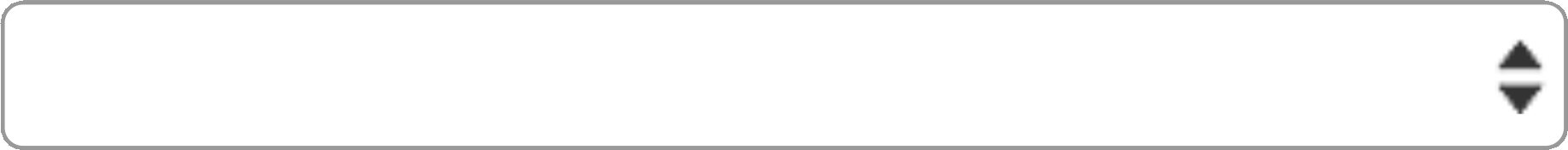


Quality of communication

Other (suggestions for improvement)

1. From the services listed below, indicate which ones your organization considers to be the top 5 barriers to employment.

Barriers to Employment   
(Answer Choices: One of the Top 5 Barriers to Employment, Not one of the  
Top 5 Barriers to Employment)



Independent living skills training

Job search assistance

Career counseling

Occupational Skills Training



On-the-job supports

Job retention services

Youth transition to career and employment opportunities

Transportation

Assistive Technology

Behavioral health services



Adequate housing

Basic literacy education

Adequate job opportunities

Child Care

Culturally relevant services

Long-term funding as

required for supported  employment

Other (please specify)

1. Which of the following issues significantly impacts your organization's ability to provide services to individuals with disabilities? (Check all that apply)

Lack of available qualified and/or trained staff Lack of available training

Rising cost of fixed overhead (fixed) expenses (gas, utilities, rent, etc.) Employee turnover

Slowing economy

Lack of available financial resources (grants, contracts, in-kind payments, etc.) Lack of available resources for Supported Employment long term supports Lack of referrals

Increase in consumers with multiple disabilities

Incomplete information sharing from VR Counselors regarding referrals Delayed receipt of DVR authorizations for services

Lack of timely payment for services Other (please specify)

1. Please provide DVR with suggestions on how to improve the referral process and/or any other areas where we can improve.
2. If you would like to discuss your suggestions for improvement please provide your contact information below.

**Name**

**Company**

**Email Address**

**Phone Number**