Self-Advocates, Families and Communities United **Supports Coordination Organization Report Card** July 1, 2004-April 30, 2005

Your Supports Coordination Organization is:

- () Consortium
- () Partnership for Community Supports
- () PersonLink
- () Quality Progressions

Please check the correct response to questions. Some questions may not apply to your situation.

Please return to Lynn Youngman 714 Pemberton Street Philadelphia, Pa. 19147

Self-Advocates, Families and Communities United created this Report Card to find out how well the new Supports Coordination Organizations are meeting your needs and where there is need for improvement. We ask you to fill out the form honestly since these are totally anonymous. After getting the completed forms, we will tabulate the results and share them with other support groups, the Supports Coordination Organizations, and Philadelphia Mental Retardation Services to address the problems raised and the strengths noted. Should you have any questions, please feel free to contact Lynn Youngman at 215-928-0765. We thank you for your cooperation as we all want this service to be the best possible for our loved ones.

		Yes	No
1.	Did you receive the Supports Coordination Organization you		
	requested?		
2.	Have you been contacted directly by your new Supports		
	Coordinator?		
3.	Was your file complete?		
3a	If not, have the documents been located or replaced?		
4.	Did the Supports Coordinator go over your current PUNS?		
4a	If you did not have a PUNS, was its importance stressed to you and		
	was one immediately completed in your presence, with your		
	signature?		
5.	If you receive FDSS funds, was your current request reviewed?		
5a	If this year's request was missing, was one filled out?		
5b	If you were unfamiliar with FDSS, did the Supports Coordinator		
	inform you about the program and how to fill out the forms to begin		
	the process of applying for funds, if you are determined eligible?		
5c	Have you applied for reimbursement for FDSS activities completed		
5.1	since July 1, 2004?		
5d	Did the new Organization honor your request and promptly send you the requested amount?		
5e	Did the new Organization question or refuse to honor your		
	previously submitted request for funds or seek different receipts		
	from those accepted in past years?		
6.	Was the Supports Coordinator familiar with the guidelines		
	concerning P/FDS Waiver and FDSS?		
7.	If you are in the Consolidated Waiver, have the monthly visits been		
	made to your home, your day program, job, etc.?		
8.	Did the Supports Coordinator ask you if you have any new needs to		
	be addressed or if there is a change in your circumstances requiring		
	a new form be completed?		
9.	Was your new Supports Coordinator respectful?		

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		Yes	No
10.	Did the Supports Coordinator speak directly to you, the person		
	receiving services, in the situation that you live with or others such		
	as family or other care givers?		
11.	Has your Supports Coordinator returned telephone calls promptly?		
12.	Has your new Supports Coordinator listened to you and made notes		
	of your comments and been open to your input?		
13.	Before the Supports Coordinator left or ended the phone		
	conversation, did he or she inquire, "If there is anything else		
	bothering you or which I need to address"?		

Did your Supports Coordinator exhibit knowledge of:

- A. The Mental Retardation system?
- B. The different Waivers?
- C. The availability of community resources?
- D. FDSS guidelines?

Yes	No

If your Supports Coordinator was new to the mental retardation system, did he or she acknowledge this and state her/his willingness to seek information from co-workers, supervisors, other parents, advocates, etc., (including yourself) to better serve your needs and interests? Yes/No

HOW DO YOU FEEL AFTER 9 MONTHS WITH YOUR NEW SUPPORTS COORDINATOR/ORGANIZATION?

DO YOU FEEL YOU NEED HELP TO DEAL WITH THIS NEW SUPPORTS COORDINATOR? IF YOU WOULD LIKE ADVOCACY HELP AND/OR OTHER PARENTS TO SPEAK WITH, PLEASE FILL OUT THE LINES BELOW.

NAME _____

ADDRESS _____

PHONE NUMBER _____

THIS DOCUMENT IS CONFIDENTIAL AND ALL INFORMATION WILL ONLY BE USED TO DOCUMENT THE PROGRESS OF THE FOUR NEW ORGANIZATIONS. WHAT YOU PUT IN HERE, STAYS IN HERE. NUMBERS WILL BE USED IN THE FINAL REPORT TO THE COUNTY, NO NAMES.