

## Family Support Questionnaire

posAbilities is dedicated to providing quality services. We also believe individuals and their families or advocates play an important role in planning and making decisions about the services they receive.

We are seeking your input to help us identify the kinds of information that would be helpful to families/advocates of adults who are served by MAPCL.

What services is your family member currently receiving from us?

residential       day program       life skills       behaviour supports

other, please specify: \_\_\_\_\_

1. Please identify a few topics that are important to you and about which you would like more information (*for example, future planning, residential options, setting up estates/trusts, Representation Agreements, advocacy, social networks, etc.*).

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2. Are you interested in attending workshops or information sessions?       Yes       No

If *Yes*, what can we do to enable you to attend our workshops and information sessions?

Do you need child minding at the workshop/session sites?       Yes       No

Do you prefer       weekend      or       weekdays?  
 daytime      or       evenings?

Anything else? \_\_\_\_\_

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3. Are you interested in meeting other families?       Yes       No

If *Yes*, in what capacity (*through email or a networking site, social situations, etc.*) ?

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If you would like to receive information from us or notices about upcoming workshops or events, please provide relevant contact information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

email Address: \_\_\_\_\_

How would you prefer that we contact you?       mail       phone       fax       email