

# SELECTING A COMMUNITY SERVICE PROVIDER: A Toolkit for Assessing Adult Developmental Services, MaineCare Section 29 Edition

## Feedback Form

Date: \_\_\_\_\_

Name of Individual completing this form: \_\_\_\_\_

Name of Individual receiving Section 29 Services (if different): \_\_\_\_\_

*Please complete all sections of this evaluation. Your responses will help make this an even better tool for other families. To be eligible to receive a gift card you must:*

- *be an individual or a family member of an individual eligible for Section 29 services*
- *complete and submit an application*
- *submit feedback that meets the project's needs on this form by April 30<sup>th</sup>, 2016*

*Feedback that meets the project's needs is specific and detailed in at least four (4) of the following complete sections: Background Information, Transition Planning, Employment, Community Supports, Home Supports, and Evaluation.*

### **1. Background Information**

What was most helpful about the background information provided (Introduction, Covered Services, Introduction to Evaluating Services, The Personal Outcomes Measures, Acronyms, Glossary, Resources and Helpful Links)?

What was least helpful about the background information provided (Introduction, Covered Services, Introduction to Evaluating Services, The Personal Outcomes Measures, Acronyms, Glossary, Resources and Helpful Links)?

What would you change to make the background information provided (Introduction, Covered Services, Introduction to Evaluating Services, The Personal Outcomes Measures, Acronyms, Glossary, Resources and Helpful Links) more helpful?

### **2. Transition Planning**

What was most helpful about the sections "Steps to Take When Planning for Life After High School" and "How Families Can Help Their Son or Daughter Get a Job"?

What was least helpful about the sections “Steps to Take When Planning for Life After High School” and “How Families Can Help Their Son or Daughter Get a Job”?

What would you change about the sections “Steps to Take When Planning for Life After High School” and “How Families Can Help Their Son or Daughter Get a Job” to make them more helpful?

### **3. Employment**

How did you use the sections “How to Choose a Provider of Career Planning Services” and “How to Choose an Employment Specialist”?

What would you change about the sections “How to Choose a Provider of Career Planning Services” and “How to Choose an Employment Specialist” to make them more helpful?

### **4. Community Supports**

How did you use the section “How to Choose a Provider of Community Support Services”?

What would you change about “How to Choose a Provider of Community Support Services” to make it more helpful?

### **5. Home Supports**

How did you use the section “How to Choose a Provider of Home Support Services”?

What would you change about “How to Choose a Provider of Home Support Services” to make it more helpful?

## 6. Evaluation

How did you use the sections “Evaluating Person Centered Planning”, “Evaluating Employment Supports” and/or “Evaluating Community Supports”?

What would you change about the sections “Evaluating Person Centered Planning”, “Evaluating Employment Supports” and/or “Evaluating Community Supports” to make them more helpful?

## 7. Additional Input

Do you have any additional comments about any part of this tool?

Return this completed form no later than **April 30, 2016** to:

[rachel.m.dyer@maine.gov](mailto:rachel.m.dyer@maine.gov)

~or~

Maine Developmental Disabilities Council  
225 Western Avenue, Suite 4  
Augusta, Maine 04330

*Questions?* Contact Rachel Dyer at: [rachel.m.dyer@maine.gov](mailto:rachel.m.dyer@maine.gov) or 207-287-4221