

SNI Disability Services/ SNI Disabilities Committee

Needs Assessment Survey

To better assist our tribal and community members with disabilities, please answer the following questions so that we may gather information to improve or implement appropriate services. Nya:weh!

Section 1: Demographics

Please identify yourself: (The person filling out this survey)

- Person with a disability
- Parent/Guardian of a person with a disability
- Family Member/Spouse/Partner of a person with a disability
- Friend/Personal Assistant of a person with a disability
- Community Advocate/Service Provider
- Other (Please specify) _____

Where do you live?

Allegany Territory Cattaraugus Territory Oil Spring Territory Off-Territory

Name of Community (if applicable) _____

Zip Code: _____

County _____

What is your gender?

- Male
- Female

What is your age? _____

Year of Birth: _____

Enrolled Seneca? Yes No

If no, Tribal Affiliation _____

Have you ever served or are you currently enlisted in the military? Yes No

If yes, which branch? _____

Current Living Arrangement:

- Own
- Rent
- Residential Group Home
- Nursing Home/Assisted Living Facility
- Mental Health Facility
- Homeless

I live with:

- Alone
- Spouse/partner
- Parent(s)
- Relative/Friend
- Unrelated person(s) such as an attendant or housekeeper
- Other (Please explain) _____

Highest Level of Education: Check here if currently enrolled

- No formal schooling
- Pre-school
- Kindergarten – 4th grade
- 5th grade – 8th grade
- 9th grade – 12th grade, no diploma
- High school diploma or equivalent
- Some college
- Associate degree or Vocational certificate
- Bachelor's degree
- Master's degree or higher

Employment Status (check all that apply):

- Part-time Student Retired Looking for a job Never worked
- Full-time Volunteer Unemployed Unable to work Self-Employed

Income Source:

- Wages
- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Veteran's Disability Compensation
- Workman's Compensation
- Railroad Disability Annuity
- Private Insurance Benefit
- Temporary Disability
- Other _____

What is your annual household income?

- Prefer not to answer
- \$0-\$9,999
- \$10,000-\$19,999
- \$20,000-\$29,000
- \$30,000-\$39,000
- \$40,000-\$49,000
- \$50,000-\$59,000
- \$60,000-\$69,000
- \$70,000 or more

What is your disability?

- Cognitive - Intellectual - Learning
- Deaf/ Hearing
- Mental
- Brain Injury
- Blind/Vision Impaired
- Speech
- Physical
- Environmental/Multiple Chemical Sensitivity

Section 2: Services

Please check the services you have ever used, are currently using, or would like to use. **Those you indicated that you would like to use, please number the top five you feel are most important:**

SERVICE	EVER USED	CURRENTLY USING	WOULD LIKE TO USE	1-5
Advocacy/Legal Service				
Assisted Living Facility				
Assistive Technology				
Behavioral Health/Counseling				
Benefits Advisement/Assistance				
Cash Assistance				
Childcare Assistance				
Communication Assistance				
Educational/Training				
Elder Assistance				
Emergency/Safety Preparedness				
Employment				
Family Support Services				
Food				
Health Care				
Health Insurance				
Heating Assistance/Firewood Supplement				
Home Modifications/Repairs				
Housing, including Emergency				
Independent Living Services				
Information and Referral				
Medical Case Management				
Medical & Therapeutic Services				
Mobility Training/Services				
Nursing Home Transition Assistance				
Peer Support Groups				
Personal Care Assistance				
Recreational/Social				
Respite				
Sign Language Services				
Snowplowing				
Social Security Administration Assistance				
Transportation				
Veteran's Assistance				
Other:				

Below is a list of statements dealing with your general feelings about yourself as a person living with a disability within the Seneca Nation. Please check the number that best describes how you feel:

	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly Disagree
In general, I am satisfied with my life.				
In general, my physical health is good.				
I am able to live independently.				
I am able to maintain and stay within my budget.				
I can get the medical attention I need.				
I am happy in my current living situation.				
I receive the social and emotional support that I need.				
I participate in and feel connected to my community.				
I know how to find the services I need.				
I have adequate opportunity to be involved in the community.				
I feel people have a good understanding of disability.				
I feel discriminated against because of my disability.				
I am able to voice my feelings or opinions in decisions having to do with disabilities.				
The locations of programs and services are easily accessible.				
I feel the SNI has programs that meet all needs of our members with disabilities.				
I feel the SNI is disability-friendly.				
Other:				

Comments:

Please share any other thoughts you have about the needs of people with disabilities and available services within the Seneca Nation. You may use the back of this sheet if you need more space. **You may also provide your name and phone number if you'd like to be contacted.**

Name: _____ **Phone #:** _____

Nya:weh for taking the time to complete this survey. With your help, we hope to be able to improve or implement needed services. You may call (716) 532-4900 Extension 5151 to have survey picked up, or return by one of the following methods:

- By mail: 12837 Rt. 438, Irving, NY 14081
- In person: Disability Services Office - Cattaraugus (210 Thomas Indian School Drive Extension)
- By fax: (716) 532-8329
- By email: robin.jones@sni.org or amber.bennett@sni.org