Nebraska Health and Human Services, Waiver Program Survey 2024

The Assistive Technology Partnership (ATP) has completed the services requested by the Nebraska Department of Human Services. To help monitor ATP's service delivery system and make improvements your feedback is needed.

ATP would appreciate your taking time to complete this short survey.

The survey is anonymous. **Please include your name and contact information at the end of the survey if you have experienced any problems and wish to be contacted.**

Thank you. If you have questions call (877) 713-4002.

Date _____

Equipment/modifications I received (check all that apply)

- ☐ Entrance (ramp, lift, threshold, railing)
- ☐ Bathroom (elevated toilet or sink, accessible shower, etc.
- ☐ Vehicle (hand controls, lift, etc.)
- ☐ Aids for daily living (lift, reacher, etc.)
- ☐ Mobility device
- ☐ Other

_____

_____

_____

Check all the ways the equipment/modifications you received are helping you:

- ☐ Safely enter/exit my home
- ☐ Move around in my home
- ☐ Personal care (showering, bathing, accessing sink and toilet)
- ☐ Communication (utilize phone)
- ☐ Utilize my personal vehicle (hand controls, lift, etc.)
- ☐ Depend less on the help of others
- ☐ Live independently in my home
- ☐ Other

_____

_____

_____

Was an appointment made for a convenient time to assess your needs?

- ☐ Yes
- ☐ No

Have the equipment/modifications met your expectations?

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ No opinion

Were you included in the discussions about what equipment/modifications would work for you?

- ☐ Yes
- ☐ No

Was a decision made about how much help you could receive in a timely manner?

- ☐ Yes
- ☐ No

Were your questions/calls to the Assistive Technology Partnership answered in a timely manner?

- ☐ Yes
- ☐ No

Do you know how to use the equipment/modifications you received?

- ☐ Yes
- ☐ No

Are you using the equipment/modifications you received?

- ☐ Yes
- ☐ No

If you are not using the equipment/modifications you received, why not?

_____

_____

_____

_____

How long has your project been completed?

- ☐ Less than 3 months
- ☐ 3-6 months
- ☐ 6-12 months
- ☐ Over a year

Comments/suggestions

Please include your name and contact information if you have experienced any problems and wish to be contacted.

Name _____

Address/City/ZipCode

_____

Phone/Cell Phone_____

Email _____

Thank you for completing the survey!

Print copies should be mailed to:
Assistive Technology Partnership
PO Box 94987
Lincoln, NE 68509-4987