

5) If you have experienced any barriers and/or challenges when contacting the ADRC that have made it difficult to access Aging and/or Disability Services in Dane County, please check all that apply and then provide examples below.

<input type="checkbox"/>	Age	<input type="checkbox"/>	Finances	<input type="checkbox"/>	Language	<input type="checkbox"/>	Physical Ability
<input type="checkbox"/>	Criminal Record	<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>	Race
<input type="checkbox"/>	Educational Level	<input type="checkbox"/>	Gender Orientation	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Religion/Faith
<input type="checkbox"/>	Ethnicity	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Nationality	<input type="checkbox"/>	Sexual Orientation

6) Are you currently enrolled in a Long Term Care program? _____YES_____NO

If so, which of the following agencies do you work with? *Please check one:*

<input type="checkbox"/>	IRIS – Connections	<input type="checkbox"/>	My Choice Wisconsin
<input type="checkbox"/>	IRIS – First Person	<input type="checkbox"/>	Community Care - Family Care
<input type="checkbox"/>	IRIS - Progressive Community Services	<input type="checkbox"/>	i-Care - Partnership
<input type="checkbox"/>	IRIS - TMG	<input type="checkbox"/>	My Choice Wisconsin - Partnership

7) How would you rate your satisfaction with your Long Term Care provider? *Please circle your response* Least Satisfied 1 - 2 - 3 - 4 - 5 Most Satisfied

8) Have you experienced any barriers or challenges with your Long Term Care Provider due to Covid-19? If yes, please share below.

Please use additional page to add comments and/or suggestions.

Please have someone from Dane County Aging and Disability Resource Center contact me:

Name: _____

Phone: _____

E-mail address: _____