Your Name: _____________________  Phone: H-____________
Your Address: ___________________  C-______________
____________________________________  School District: __________
Email Address: _____________________, ____________________________
Family Member with Different Ability: ____________________________
Date of Birth: ________
Do you receive services from OPWDD? _____ Do you have a Tab Number?_____
Name and Ages of Siblings: ______________________________________

Annual Survey for Family Support Services (FSS)
Please rate on a Scale from 1 to 5, using 5 as the best

1  2  3  4  5

DSAHV has been helpful and informative to me, as a parent.

DSAHV’s newsletter, emails, Facebook page and website are informative.

DSAHV provides opportunities for social networking with other families.

I feel having contact with other parents is important.

DSAHV offers useful information by hosting informative workshops.

Do you use DSAHV as your educational advocate/coach?  _____ YES  _____ NO

I prefer to: _____ Go “GREEN” and receive all correspondence by email.
  _____ No thank you, please use the postal service.

At events, DSAHV may take pictures to add to our website, Facebook page, brochures or flyers:
  ____ Yes, I give permission to use my family member’s photos.
  ____ No thank you, we are camera shy.

___ I would like to volunteer and I’d like more information on how I can lend my talents.

Occasionally, DSAHV will hold seminars where we bring in guest speakers to teach us about various topics of interest. From the following list, please prioritize THREE topics you are most interested in:

___ Behavioral Support  ___ Issues for Older Adults  ___ Sibling Support  ___ Employment
___ Inclusive Education  ___ Speech Therapy  ___ Special Education Law and IEP’s
___ After High School  ___ Trusts, SSI, Medicaid  ___ Group Homes and Residential Issues
___ Other: _______________________________________________________________________

What can DSAHV do to help improve our services for you and your family? ____________________________

Membership for the year is $12-. Please make checks payable to DSAHV and they can be mailed to:
  DSAHV, PO Box 161, Hopewell Junction, NY 12533