

NDIS SURVEY

Thank you for taking part in this survey.

Your answers to these questions will help us make decisions that will improve the way we help and support our NDIS participants. Your support is greatly appreciated.

If you would like support in completing this survey, please contact Amaranth Foundation and one of our friendly staff members will assist you.

ABOUT YOU

1. Which of the following describes you? (please circle) NDIS Participant / Family Member / Carer

2. What is your relationship with Amaranth Foundation?

- I currently receive services from Amaranth Foundation
- In the past I received services from Amaranth Foundation
- I am considering receiving services from Amaranth Foundation

3. How would you best describe your disability, or the disability of the person you care for?

Please tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Hearing impairment/Deaf person | <input type="checkbox"/> Blindness/vision impaired |
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Psychosocial disability, including a Mental Health diagnosis |
| <input type="checkbox"/> Other neurological condition | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Spinal cord injury | <input type="checkbox"/> Autism Spectrum Disorder (including Aspersers) |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Other Sensory and Speech Disorder |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Other: please write below |
| <input type="checkbox"/> Other physical condition | |

4. Do you identify as a person from one or more of the following groups? Please tick all that apply.

- Aboriginal and/or Torres Strait Islander
- LGBTQIA+
- Non binary
- Speaks a language other than English at home
- Speaks English at home, but has a migrant or non-English background
- Deaf Community
- Prefer not to say
- None of the above

5. If you are the person with a disability, how old are you?

Or if you are completing this survey on behalf of the person with a disability, how old are they?

- | | | |
|---|--|---|
| <input type="checkbox"/> Up to 6 years of age | <input type="checkbox"/> 7 - 17 years | <input type="checkbox"/> 18 - 29 years |
| <input type="checkbox"/> 29 – 39 years | <input type="checkbox"/> 40 – 49 years | <input type="checkbox"/> 50 – 54 years |
| <input type="checkbox"/> 55 - 59 years | <input type="checkbox"/> 60 – 64 years | <input type="checkbox"/> 65 years and older |

Prefer not to say

SUPPORT COORDINATION

1. I have a Support coordinator. Yes No

2. I understand the role of the Support Coordinator. Yes No

3 I see or speak to my support coordinator.....

Weekly	Fortnightly	Monthly	More than once per week	Only as required
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4. I would like to see or speak with my support coordinator more often. Yes No

5 I feel that my Support Coordinator listens and understands my needs and wants.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Sure
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6 My Support Coordinator acts in a professional manner, treating me with courtesy and respect.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Sure
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7 I feel comfortable speaking with my Support Coordinator about concerns or issues with my service.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Sure
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8 Information about the NDIS and my plan is given to me in a way that I can easily access and understand.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Sure
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Comments:

FINANCIAL ADMINISTRATION

Financial Administration of your NDIS plan relates to how your services are paid.

1 My plan is managed by ...

Self-Managed	Plan Management	NDIS Agency Managed
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2 I understand the role of the Plan Manager.

Yes No

3 I understand what the NDIS will fund.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Sure
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4 I would like to have a greater understanding of what can and cannot be funded in my plan.

Yes No

SUPPORT SERVICES – support workers

1 I am receiving support from

Amaranth Foundation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other Service Providers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Not receiving services	<input type="checkbox"/>	Yes		

2 These services meet my needs.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Sure
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3 I am satisfied with the quality of the support services provided.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Sure
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4 My support workers respect my choices.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Sure
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Further comments:

PROGRAMES AND ACTIVITIES

1 I am participating in daily and/or social activities through Amaranth Foundation. Yes No

2 I am satisfied with the quality of the service programs offered by Amaranth Foundation.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Sure
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3 I am participating in daily and/or social with another service provider. Yes No

4 I am satisfied with the quality of the service programs offered by the other service provider.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Not Sure
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5 Activities I would like to participate in include: (Please list)

General Comment:

COMPLAINTS

You have the right to complain about, comment on and compliment the services you receive. Complaints (and compliments) are important – they help Amaranth understand what is important to you and how we can improve the quality of the services we provide.

I know how to lodge a complaint with Amaranth Foundation.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
The procedure has been explained to me.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I know how to lodge a comment or compliment about the services.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

I feel comfortable speaking with an Amaranth representative about concerns / issues I may have with the services provided by Amaranth.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If I am not satisfied with the response, I know where else to go to lodge a complaint.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I would like someone from Amaranth to contact me regarding my response to this survey.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
IF YES, the best way to contact me is:				