



DISABILITY RIGHTS OHIO:

2024 Goals and Objectives Survey

Disability Rights Ohio is a non-profit organization with the mission to advocate for an equitable Ohio for people with disabilities. We provide free individual advocacy while also working systemically to tackle a variety of issues. Because our resources are limited, we cannot provide legal and other advocacy assistance for every request.

Each year we set goals and objectives that shape our work and guide how we use our resources. Information gathered through this brief survey will be used to refine these goals and objectives, ensuring that our work aligns with the needs of our community.

You can read our current Goals and Objectives at disabilityrightsohio.org/goals.



1. I am...(Please choose all that apply)

- A person with a disability
- A family member of a person with a disability
- A service provider
- A professional
- An advocate
- A veteran or service member
- Other (please explain):

2. What is your race?

DRO collects this information for federal grant purposes only. If you do not feel comfortable answering or if you are not sure, please select "decline to answer"

- Native American/Alaskan
- Asian
- White/Caucasian
- Black/African American
- Native Hawaiian/Pacific Islander
- Two or more races
- Decline to answer

3. What is your ethnicity?

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- Hispanic/Latino
- Non-Hispanic/Latino
- Decline to answer

4. What is the gender you identify with?

Female/Woman

Male/Man

Non-binary/Non-conforming

I describe myself as (short answer):

Prefer not to respond

5. Do you consider yourself part of the LGBTQIA+ community?

Yes

No

Unsure

Questioning

Don't know this term

Other (please explain):

6. What region best describes where you currently live?

Rural/Country area

Urban/City area

Suburban area

Other (please explain):

7. Have you contacted DRO to receive services in the past?

Yes

No

I'm not sure

In the past year, have you...

8.had issues receiving or keeping home and community-based services (HCBS)?

Yes

No

If "yes", please describe:

9. ...had issues in receiving the education services you needed?

Yes

No

If "yes", please describe:

10. ... had difficulty voting or participating the political process?

Yes

No

If "yes", please describe:

11. ...experienced discrimination because of your disability?

Yes

No

If "yes", please specify:

12. ...experienced discrimination because of your race, ethnicity, sexual orientation, or gender identity?

Yes

No

If "yes", please specify:

13. ...been harmed by a care provider?

Yes

No

If "yes", please describe:

14. Unfortunately, DRO cannot provide individual help for every person who reaches out. If we can't help you directly, which of these would be most helpful?

Printed or digital fact sheet

Referral to another organization who might be able to help you

A how-to video

Brief advice by phone

Something else (please explain):

15. Finally, would you like to be added to DRO's email list?

Yes (Please enter your email address below)

No

Email address:

Thank you for taking time to complete this survey. If you want to contact DRO about receiving help, you can call us at 614-466-7264 or 800-282-9181 (opt. 2) or go online at www.disabilityrightsohio.org/intake-form.

Please return the completed survey to communications@disabilityrightsohio.org by **Friday, July 14th, 2023**.