## MDSOAB QUESTIONNAIRE

Da	e Completed Name (optional)	
1.		
	Do you get services provided by Maine DHHS?  Do you provide services that are funded by Maine DHHS?  Are you a friend/family member or guardian of someone who receives services from Maine DHHS?	)
2.	Where do you live?	
3.	Where do you receive services?	_
4.	What has been your experience with getting professional services?	
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5.	What has been your experience with Adult Protective Services?	
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6.	What has been your experience with Crisis Services?	
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7.	What has been your experience with Respite Services?
8.	What has been your experience with Person-Centered Planning?
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9.	What has been your experience with Access to Services and/or Wait Lists?

<b>10.</b> What has been your experience (if any) with State Guardianship?	
11. What has been your experience with Inclusion in the Community?	
12. Is there anything else that you think it would be important for the MDSOAB to know	v?