



# Worksheets

*If you are a developer, financier, advocate, policymaker, family member and/or individual with a neurodiversity, use the following worksheets with the nomenclature to dream, brainstorm, plan and take action!*

A challenge related to housing and services for adults with neurodiversities is finding the right language to describe residential options and communicate individual preferences.

These worksheets are tools for exploring, designing and communicating about residential options. There is a worksheet for each section of the nomenclature: residents, properties and property development.

Each box is a category from the nomenclature. Fill in the blank spaces with terms from the nomenclature to describe yourself (if you are a resident) and/or residents (if you are a housing provider), your current home or property, and/or your dream home or property. For many categories, you may find that more than one term applies.

You may only want to complete one or two of the three worksheets.

*Start wherever you wish—and go as far as you like!*

# Residents Worksheet

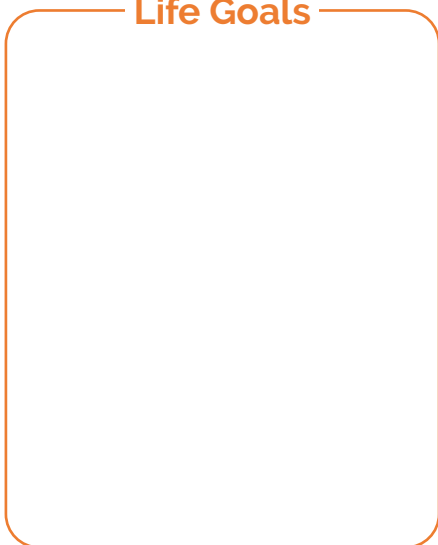
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**Housing developers and financiers:** How would you characterize the people who live (or will live) at your development? Bridge this information with the Properties Worksheet to align property characteristics with the goals, interests and needs of the residents you serve.

**Advocates and policymakers:** Who are the members of your community with housing and service needs? What are their goals and funding options? Bridge this information with the Properties Worksheet to identify met and unmet housing needs.

**Individuals and families:** How would you describe yourself (or your loved one) to a housing provider, case manager or advocate to make sure your housing, services and supports best serve you and your goals, interests and needs? Bridge this information with the Properties Worksheet to help identify your ideal home and/or residential community.

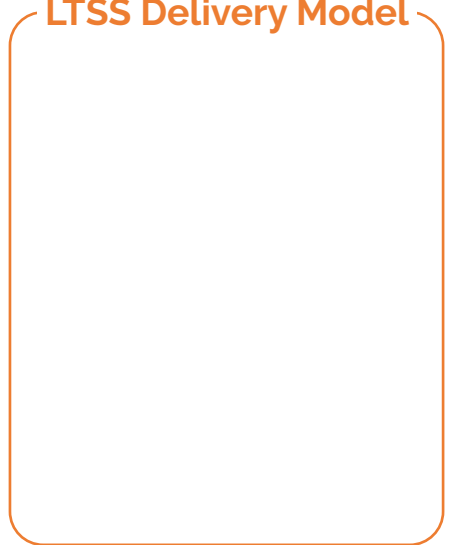
Life Goals



Support Needs



LTSS Delivery Model



Funding Options for LTSS



Funding Options for Housing



# Properties Worksheet

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**Housing developers:** How would you characterize your current housing project? How would you develop housing for adults with neurodiversities and/or I/DD? How are you seeking input from the people—current and future residents—you intend to serve when making decisions about these property characteristics?

**Advocates and policymakers:** How would you describe the residential options available in your community? How would you add to or adapt existing options to meet the goals, preferences, housing needs and service needs of community members with neurodiversities and/or I/DD?

**Individuals and families:** How would you describe your ideal home and/or residential community?

## Residents and Services\*

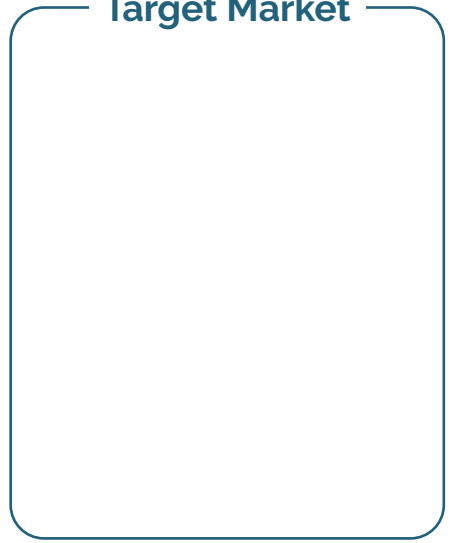
Support Needs



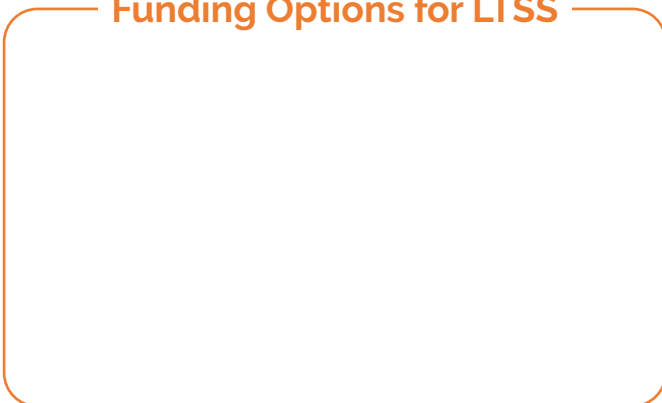
LTSS Delivery Model



Target Market



Funding Options for LTSS



Funding Options for Housing



\*Sections in orange may have already been identified in Resident Worksheet on page 195.

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## Property Characteristics

**Residential  
Unit Type**

**Development Type**

**Lifestyle**

**Physical Amenities**

**Supportive  
Amenities**

**Property's  
Relationship to LTSS**

**Payment Model**

**Private vs. Shared  
Residence**

**Availability**

# Residents Nomenclature

## Life goals

- Learn life skills
- Grow in independence
- Build relationships
- Get and maintain a job
- Participate as a member of the greater community
- Achieve stability
- Be safe at home
- Find a permanent home

## Support needs

- No support needs
- Drop-in support
- Low support
- Moderate support
- 24/7 support
- Daily medical support
- Memory care
- High behavioral support
- One-on-one support

## LTSS delivery model

- Agency-based rotational staffing
- Host home
- Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/ID)
- Natural supports
- Not applicable
- Paid neighbor
- Remote support
- Residential transition program
- Self-directed support
- Shared living

## Funding options for LTSS\*

- Medicaid Home and Community-Based Services (HCBS) waiver
- Medicaid Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/ID)
- Medicare
- Not applicable
- Private pay

## Funding options for housing

- Bequest
- Down payment assistance
- Home loan
- Homeownership Voucher Program
- Housing Choice Voucher (HCV) Program
- Mortgage
- Private pay
- Rental assistance
- Single Family Housing Programs

\*LTSS refers to Long-Term Services and Supports.

# Properties Nomenclature

## Target market

- Adults with autism
- Adults with disabilities
- Adults with intellectual and developmental disabilities (I/DD)
- Adults with high support needs
- Families
- General market
- Intergenerational
- Low-income residents
- Multigenerational
- Neurodiverse adults
- Seniors
- Students

## Property's relationship to LTSS\*

- Consumer-controlled setting
- Provider-controlled setting
- Hybrid setting

## Residential unit type

- Tiny home
- Accessory dwelling unit (ADU)
- Apartment
- Townhouse
- Condominium
- Manufactured home
- Single-family home
- Adaptable home
- Single room occupancy (SRO)
- Dormitory
- Facility-based setting

## Development type

- Scattered site
- Mixed-use development
- Cohousing community
- Group living
- Planned community
- Student housing
- Group home
- Other residential facility for people with I/DD
- Assisted living
- Nursing home

## Lifestyle

- Active-living community
- Agricultural/ranching community
- Faith-based community
- Intentional community
- Live-Work-Play
- Personal preference
- Pet-friendly

## Private vs. shared residence

- Private residence
- Shared with housemate(s)

## Physical amenities

- Accessible design
- Adaptable design
- Biophilic design
- Cognitive accessibility features
- Common area space
- Easy-to-clean features
- Extra-durable features
- Recreational amenities
- Relaxation amenities
- Pedestrian-oriented
- Personal preference
- Security features
- Sensory-friendly design
- Smart-home features
- Transit access
- Universal design

## Supportive amenities

- Benefits counseling
- Community life
- Community navigator
- Health and fitness activities
- Housekeeping service
- Life-skills training
- Meal service
- Personal preference
- Resident assistant
- Workplace and vocational support

## Payment model

- Rental/lease
- Affordable rental/lease
- Tuition-based
- Cooperative ownership
- Subsidized homeownership
- Group ownership
- Individual ownership

## Availability

- Planning stages
- Pre-development
- Pre-sales/leasing
- Available
- Waitlist

# Property Development Nomenclature

## Developer type

- Joint venture
- Nonprofit developer
- Private developer

## Financial stack

- Affordable Multifamily Housing Bonds
- Capital campaign
- Charitable campaign
- Community Development Block Grant (CDBG) Programs
- Community Development Financial Institutions (CDFI) Fund Grants
- Home Investment Partnerships Program (HOME) Program
- Housing Finance Agencies
- Housing Trust Fund (HTF)
- Impact investment
- Low-Income Housing Tax Credit (LIHTC)
- Multi-family housing programs
- New Markets Tax Credit (NMTC) Program
- Philanthropic gifts
- Private capital
- Private sector loan
- Rural Rental Housing Loans (Section 515)
- Section 811 Supportive Housing for Persons with Disabilities Program

## Land source & incentives

- Bequest
- Community Land Trust
- Donation
- Land lease
- Place-based tax incentives
- Publicly owned property
- Purchase

## For sale or rent

- Rental/lease
- Affordable rental/lease
- Homeownership
- Affordable homeownership
- Mixed model

\*LTSS refers to Long-Term Services and Supports.

# Standard Survey Guide

## Who Completes this Survey?

- A person with autism or other Intellectual/Developmental Disability (A/I/DD). Support can be provided. The website also offers plain-language materials and a visual guide as accommodations.
- A person that supports someone with an A/I/DD who cannot complete the survey. The survey should be filled out from the point of view of the person with A/I/DD. If more than one person needs to be represented in this analysis, such as in a case where multiple family members have A/I/DD, do one survey for each person.

Q1: Select the answer for the person who is answering the questions. If you are assisting a self-advocate to fill out the survey, select "Self."

Q2: Indicate the age of the person with A/I/DD.

Q3: Share where the person with A/I/DD lives right now.

Q4: If you/the person with A/I/DD lives with a family member who is the caregiver what is the age of the caregiver.

Q5: Select which county you/the person with A/I/DD currently lives in.

Q6: Identity used to measure if the diversity of the community included in the data.

Q7: Check all diagnosed disabilities and add any that impact the needed support in the "other" section.

Q8: If you/the person with A/I/DD identifies as having autism, please select the level of autism. If unknown explain the supports, you/the person with A/I/DD need in other.

Q9: Please select the decision-making process of yourself/the individual with A/I/DD.

Q10: Only click yes if you/the person with A/I/DD is PAID for work OR volunteers.

Q11: If you/the person with A/I/DD works, please state the number of hours per week that you/the person with A/I/DD works.

Q12: If you/the person with A/I/DD volunteers or completes unpaid work, please state the number of hours per week that you/the person with A/I/DD volunteers or completes unpaid work.

Q13: Specify the range of earnings from work. Do not include SSI or SSDI.

Q14: An example is an ABLE account.

- If you have a trust or a plan drafted by a special needs lawyer, then you have done financial planning.
- If you do not have financial planning but can afford one, select “No.”

Q15: Check all that apply and use “other” to indicate issues with current transportation options.

Q16: Support Needs—Consider what the person with A/I/DD would need if left alone in a hotel.

- What level of support would be needed for them to be happy, healthy, and safe in an unfamiliar setting without you there to help? If there are special considerations (e.g., medical diet, PICA tendencies, self-injurious behaviors), please include them in the “other” section.

Q17: Indicate if receiving services from the Home and Community-Based Services waiver(s) listed.

- If applied and were denied, being determined ineligible, select “denied.”
- If you know you are not eligible because of income, diagnosis, or for other reasons, select ineligible.
- If you are on a waitlist, select waitlist.

Q18: Preferences – Don’t worry about cost, just consider if it sounds like something you’d want to explore:

- Remote Support: Utilizes technology, such as apps, cameras, video calls, door alerts, etc., and can complement other support.
- Agency-based Staff: you select an agency that hires, trains and schedules staff as needed.
- Consumer-Controlled Shared Living: You share your home with a live-in caregiver.
- Host Home: You move into the home of a live-in caregiver.
- Self-Directed Support: You recruit, hire, train and schedule your staff.
- Paid Neighbor: An on-call paid support person lives within walking distance.
- Other: If other housing or supports are not mentioned, add them here.

Q19: Select only the current benefits (not ones that are desired and/or ones that are in process or have been denied).

Q20: Think about the community you/the person with A/I/DD would want to live-in and select how important each factor would be.

Q21:

- Provider-Controlled: Housing and individualized services are connected; you cannot change provider and stay in the same home.
- Consumer-Controlled: You choose where you want to live and choose/change the service provider separately as desired.



Q22: Indicate what you/the person with A/I/DD would prefer.

Q23: Development Types:

- Scattered Site: Unit selected in existing neighborhoods, not developed targeting adults with A/I/DD.
- Planned Community: Developed to be accessible to adults with A/I/DD, may also include neurotypical residents.
- Mixed-Use Community: Developed to be accessible to adults with A/I/DD, with stores/public spaces onsite.
- Cohousing Communities: Resident-developed and managed

Q24: Type of housing unit preferred. Select all that apply.

Q25: Who would you/the person with A/I/DD prefer to live with?

Q26: What kind of community would you/the person with A/I/DD prefer?

- Single sex community: Living in a community that is all the same sex.
- Co-ed community: Living in a community that has multiple sexes.
- Either: You do not have a preference towards one or the other.
- Other: Explain the type of community you would prefer.

Q27: County you/the person with A/I/DD WANTS to live in.

Q28: Would you/the person with A/I/DD prefer to live in a community that is:

- Urban: A region within or around a city
- Suburban: A region that separates residential and commercial areas
- Semi-rural: A region that is close to the city but is a small town or village
- Rural: A region that is outside of a city or urban area, typically having low populations

Q29: If you/the person with A/I/DD gets paid to work, select the option reflecting amount to spend on mortgage or rent, keeping in mind other costs such as food, clothing, medication, recreation, etc..

Q30: Select how much your family or friends can give you consistently every month for rent or mortgage, this includes distributions from trust funds or other mechanism.

Q31: Rank how helpful the physical features would be to you/the person with A/I/DD.

Q32: Supportive Property Amenities: Don't worry about expense or current availability. Select the ones that would be helpful for you/the person with A/I/DD.

Q33: What would you/the person with A/I/DD want within walking distance from their home.

Q34: What meaningful activities do you/the person with A/I/DD participate in RIGHT NOW.

Q35: Although staff can be friends, please do not include them as friends in this question.

Q36: Answer the question in relationship to the amount of time you want to spend..

Q37: What makes it hard to have friends and maintain friendship?

Q38: Social activities may include local events, recreation options, social clubs or events, etc.

Q39: Rate quality of engaging in community social activities.

Q40: Barriers to social activities can be overcome with planning. It is important to know what barriers need to be overcome.

Q41: If you/the person with A/I/DD feel like these apply, select them.

Q42: What would support social engagement in the greater community.

Q43: Please select preference.

Q44: Be honest and use the "other" option for additional concerns about the future.

Q45: Select all options you think would be helpful.

Q46: If an organization or service provider is currently helping you/the person with A/I/DD, please name the organization or service provider.

Q47: If an organization or service provider is currently helping you/the person with A/I/DD, please explain how they are helping you/the person with (A/I/DD).

Q48: How you heard about the presentation.

Q49: How valuable is the housing content (If we aren't hitting that mark, let us know how we can improve).

Q50: This is the last question and the place to include ideas or concerns not captured in other questions.

Thank you for taking the time to share your ideas. Use the last open-ended question to indicate any other topic that needs to be considered. Your input is vital in creating a supportive and inclusive community.