



STATE OF CONNECTICUT

Office of Protection and Advocacy for
Persons with Disabilities

60B Weston Street, Hartford, CT 06120-1551

Phone: 1-800-842-7303 (toll-free-voice/TTY), (860) 297-4380 (TTY); (860)-566-8714 (FACSIMILE)
www.ct.gov/opapd



The Office of Protection and Advocacy for Persons with Disabilities better known as P&A is an independent state agency mandated by law to protect and advocate for the civil and human rights of people with disabilities. We are seeking public comment to help us identify issues affecting persons with disabilities in Connecticut. By completing the questionnaire below you will become a voice in Connecticut's disability rights movement and help guide the future of P&A through priority and goal setting.

Please check the appropriate boxes:

I am a: (check all that apply):	My Primary issues are (check all that apply):	
<input type="checkbox"/> Person with a disability	<input type="checkbox"/> Employment	<input type="checkbox"/> Financial Entitlements
<input type="checkbox"/> Family member	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Transportation
<input type="checkbox"/> Paid Assistant	<input type="checkbox"/> Special Education	<input type="checkbox"/> Housing
<input type="checkbox"/> Professional	<input type="checkbox"/> Voting Rights	<input type="checkbox"/> Abuse / Neglect
<input type="checkbox"/> Friend / Advocate	<input type="checkbox"/> Mental Health	<input type="checkbox"/> ADA Compliance
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Other (Specify) _____

Please answer the following questions and return the questionnaire to the address above. If you need assistance filling out this survey, we encourage you to call OPA at 800-842-7303 ext. 4310 (toll-free-voice/TTY), 860-297-4310 (V), or 860-297-4380 (TTY). If you need additional space please feel free to use the back or attach additional sheets.

1. What are the issues faced by persons with disabilities in Connecticut?

2. Please tell us ways that these issues can be addressed.

(optional)

Name: _____ Address: _____

{ } Please send me information about OPA priorities for the 2009 fiscal year.