

Sahanka Kulanka Qorshaha Adeegga Qofka Xuddunta u ah

Person Centered Service Plan Meeting Survey

Fadlan qaado dhowr daqiiqo oo aad wax noogu sheegto kulanka qorshahaaga adeegga qofka xuddunta u ah ee aad la yeelatay Maareeyaha Kiiskaaga. Sahankan waa mid lacag la'aan ah. Waxaa buuxinaya adiga ama qof kale oo adiga kaa wakiil ah waxaanna loo adeegsadaa in uu nagu caawiyo in aan sameyno shaqo wanaagsan oo aan kuugu adeegayno. Fadlan calaamadee sanduuqa sida wanaagsan u qeexaya jawaabtaada ee su'aal kasta waxaadna dib noogu soo dirtaa sahanka bokhshadda cinwaankaaga ku qoran.

NO.	(1) HAA	(2) MAYA	(3) MA HUBI	SAHANKA KULANKA QORSHAHA ADEEGGA QOFKA XUDDUNTA U AH EE DDA
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Miyaad fursad u heshay in aad doorato qofka imaanaya kulankaaga?
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Miyaad fursad u heshay si aad u doorato waqtiga iyo goobta uu ka dhacayo kulankaaga?
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Miyaad talo ku darsatay hagidda kulanka?
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ma ahaayeen kuwo looga hadlay yoolalkaaga shakhsi sameynta qorshahaaga?
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Miyuu maareeyaha kiiskaaga kaala hadlay kala doorashooyinka adeegga ee aad heli karto?
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ma lagu siiyey doorasho aad ku doorato daryeel bixiyayaashaada?
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ma dooratay halka iyo sida loo bixin doono adeegyada?
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maareeyaha kiiskaaga miyuu dib-u-eegay qorshaha sannadkii hore si uu kuu weyddiiyo taageerada shaqeysa iyo kuwa aan shaqeyn?
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ma jiraan wax walaac ah oo aad sheegtay oo looga hadlay qorshahaaga cusub?
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ma heshay macluumaad ku saabsan kheyraadka iyo adeegyada la heli karo si loo gaaro yoolalkaaga?
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mala sameeyay qorshayaal si looga soo baxa walaac ammaan ama caafimaad kasta ee laga yaabo in aad qabtay?
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maareeyaha kiiskaaga miyuu kaala hadley qorshahaaga xaaladaha degdegga ah?
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ma garanaysaa qofka lala xiriiyayo haddii baahiyadaada ay isbeddelaan ka hor qiimeyntaada xigta?
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maareeyaha kiiskaaga makuu sheegay in aad waci kartid 1-866-END-HARM (1-866-363-4276) waqti kasta si aad u soo sheegto xadgudub ama dayac?
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maareeyaha kiiskaaga miyuu kuu sharxay Ogeysiiska Tallaabada Qorsheysan iyo sida rafcaan looga qaato haddii aadan ku raacin DDA adeegyadaada?
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ma ku faraxsantahay adeegyada aad qaadatid?

17. Fadlan isticmaal booska bannaan ee hoose si aad ugu sheegto macluumaadka ku saabsan waxa sida fiican u dhacay ama si aad noogu sheegto talooyinka aad hayso si loo sii-wanaajiyo kulankaaga.

Fadlan soo celi adiga oo isticmaalaya bokhshada cinwaanka ku qoran, shaabadaysan ee ku lifaaqan, ama boosto ugu dir:

Department of Social and Health Services
 Developmental Disabilities Administration (DDA)
 Attention: Quality Assurance
 PO Box 45310
 Olympia WA 98504-5310

