

DISABILITY RIGHTS OHIO: 2026 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.

Please return via email to <u>communications@disabilityrightsohio.org</u>, via fax at 614-644-1888, or by mail to Disability Rights Ohio, 200 S Civic Center Dr, Suite 300, Columbus, OH 43215.

The deadline for returning this survey is Friday, June 20, 2025.



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

Black/African American

Native Hawaiian/Pacific Islander

White

Two or more races

Decline to answer

Other (short answer):

3. What is your ethnicity?

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Hispanic/Latino

Non-Hispanic/Latino

Decline to answer

4. What county do you live in (short answer)?
5. Have you interacted with Disability Rights Ohio in the past year?
Yes (please describe):
No
Not sure
6. In the past year, have you had issues receiving disability services or supports in your home or the community?
Yes (please describe):
No
7. In the past year, have you had issues in receiving the education services you need?
Yes (please describe):
No
8. In the past year, have you had difficulty voting or participating in the political process?
Yes (please describe):
No

9. In the past year disability?	, have you experienced discrimination because of your	
Yes (ple No	ease describe):	
, ,	r, have you experienced discrimination because of your race, rientation, or gender identity?	
Yes (ple No	ease describe):	
11. In the past year	r, have you experienced abuse, neglect, or exploitation?	
Yes (ple No	ase describe):	
12. What do you think is the most serious issue facing Ohioans with disabilities?		
13. Describe the biggest barriers you face as a result of your disability.		
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?		
Referra A how-t	or digital fact sheet I to another organization that might be able to help you o video vice by phone	

15. Would you like to be added to DRO's email list?

Something else (please explain):

Yes (please provide email):