State Plan for Independent Living - Community Survey 2026

Help Shape the Future of Independent Living in South Dakota
The South Dakota Statewide Independent Living Council (SILC) is developing the next three-year State Plan for Independent Living (SPIL) - and we need your input!

This plan guides independent living services funded by the US Department of Health and Human Services, through the Administration for Community Living. Services are provided by South Dakota's two Centers for Independent Living (CILs), Independent Living Choices (ILC) and Western Resources for Independent Living (WRIL); reaching all 66 counties and the nine Tribal Nations.

Why Your Voice Matters
If you or someone you care for has a disability, please take our short survey. Your feedback will help us:
***Identify barriers people with disabilities face**
***Improve community inclusion and accessibility**
***Guide services to support people's independent living goals**

Need help with the survey? Call us at 605.494.3613 - we're here to assist!

Thank you!

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About Independent Living (IL) Services
Services support people with disabilities in reaching their personal goals and staying active in their communities. Core services include:
***Information and Referral**
***Independent Living Skills Training**
***Peer Counseling**
***Individual and Systems Advocacy**
***Transition Assistance (youth leaving high school or people moving out of nursing homes or staying in their own homes with the right supports).**

All responses will remain anonymous. At the end of the survey, you will have the option to provide your contact information to enter the Walmart Gift Card drawing, this information will be separated from the survey responses.
Thank you for helping to create a more inclusive South Dakota!

* 1. Are you a person with a disability?

- ◯ Yes
- ◯ No

* 2. If you answered yes to Question 1, what is your primary disability?

- [ ] Physical
- [ ] Cognitive
- [ ] Mental/Emotional
- [ ] Hearing
- [ ] Vision
- [ ] Multiple Disabilities
- [ ] Other
- [ ] Does not apply to me

Other (please specify)

3. What is your age?

- ◯ Under 18
- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65+

* 4. What is your race or ethnicity?

- [ ] White or Caucasian
- [ ] Black or African American
- [ ] Hispanic or Latino
- [ ] Asian or Asian American
- [ ] American Indian or Alaska Native
- [ ] Native Hawaiian or other Pacific Islander
- [ ] Prefer not to answer
- [ ] Other
- [ ] Other (please specify)

* 5. Where do you live?

- ◯ Northeast South Dakota
- ◯ Southeast South Dakota
- ◯ Central South Dakota
- ◯ Western South Dakota

* 6. Are you employed?

- ◯ Yes
- ◯ No

* 7. Housing

- ◯ Own
- ◯ Rent
- ◯ Live with Family
- ◯ Temporary
- ◯ Homeless/Transient

* 8. What is your current living situation?

- ◯ Living in home/apartment with no assistance
- ◯ Living in home/apartment with assistance from family or friends
- ◯ Assisted Living Facility or Nursing
- ◯ Other

Other (please specify)

9. Are there issues or barriers that you face related to living in your home independently? (Check all that apply)

- ☐ No worries
- ☐ Rent/affordability
- ☐ Accessibility (ramp, wider doors, grab bars, roll in shower)
- ☐ I need help with daily activities (cooking, showering, cleaning, getting/taking medications, getting dressed, shopping)
- ☐ I need specialized medical equipment or supplies, environmental accessibility, adaptations, emergency alert system, other environmental controls (flashing alarms, doorbells, smoke detectors).
- ☐ Nursing home/assistive living provider or staff
- ☐ Problems with landlord or property management
- ☐ There isn’t a care provider (service agency), family or friends near me
- ☐ Lack of public transportation where l live
- ☐ Other

Other (please specify)

10. What things do you struggle with or need help doing? (Check all that apply)

- [ ] Standing up for or protecting myself
- [ ] Budgeting/money management/paying bills/knowing how much money I have
- [ ] Cooking
- [ ] Cleaning
- [ ] Getting around my home
- [ ] Medication management
- [ ] Wellness and self-care (bathing, hygiene, washing clothes)
- [ ] Obtaining staff, help or support when needed (paid or unpaid)
- [ ] Communication skills (written, verbal, communication devices, interpreters)
- [ ] Going to the doctor, picking up medications
- [ ] Learning how to utilize or schedule rides i.e., public transit taxi, Uber, Lyft,
- [ ] Get a job, go to college, obtain training
- [ ] No worries, does not apply to me

Other (please specify)

11. What things make it difficult to get the support you need? (Check all that apply)

- [ ] I have all the support I need
- [ ] I don't know who or what to ask for
- [ ] I don't have anyone who will help me ask for what I need, or help me talk with Social Security, Medicaid, case manager, case worker, provider, doctor, nurse, etc.
- [ ] I don't have a smart phone, a computer, access to the internet
- [ ] There are no service providers where I live
- [ ] My support providers need better training
- [ ] I live too far from town
- [ ] There is no one to translate my language
- [ ] It is hard for me to read or write
- [ ] It is hard for people who don't know me to understand what I am saying
- [ ] No worries, does not apply to me

Other (please specify)

12. I would like to learn more about the following: (Check all that apply)

- [ ] How to train/manage my own support services staff
- [ ] Where to get help when I feel isolated or alone
- [ ] Americans with Disabilities Act (ADA), housing laws, other disability rights laws
- [ ] How to advocate, "speak up" for myself and others
- [ ] How to talk to or write to elected officials (city, county, state, federal) about things that matter to me
- [ ] Education/Training/Employment/Vocational Rehabilitation Services
- [ ] Center for Independent Living
- [ ] Focus on my well-being (health, nutrition, fitness, wellness)
- [ ] Budgeting or money management
- [ ] Skills training to increase my independence (cooking, cleaning, shopping, etc.)
- [ ] How to prepare for personal or public emergencies or disasters
- [ ] How to use assistive technology/devices (computer, smart phone)
- [ ] Nothing, I am good

Other (please specify)

13. Have you been in contact with a local Center for Independent Living for services?

- ◯ Yes
- ◯ No

14. What additional programs or services would you like to see your local Center for Independent Living provide?

15. What question did we not ask that you think we should have asked?

16. If you are in need of help or advice, please call one of the CILs:

Independent Living Choices - Main Office - Sioux Falls, SD 605.362.3550
Western Resources for Independent Living - Main Office - Rapid City 605.718.1930
Or
If you would like to have someone follow-up with you, provide your name and contact information.

Name	
Email Address	
Phone Number	