# Thank you for your interest in participating in a GCDD Focus Group. The input we receive from these groups will help guide the Council in creating a 5-year plan aimed at improving the lives of Georgians with disabilities and those who support them. In order to adequately address the issues present in our communities, we need to hear from you!

**In order to ensure our groups accurately represent the diversity in our community, we ask that you please complete the demographic questions below. Your information will not be shared with the public.**

**We have a limited number of openings for our focus groups, so there is a possibility that you may not be chosen. However, we have numerous opportunities for you to engage in our public input process, including a survey and town halls.**

**Focus groups will take place in September and will be approximately 60-90 minutes in length. If you are selected, we will contact you with additional information.**

## \* 1. Please enter the following contact information:

**Name**

**Company (if applicable)**

**Address**

**Address 2**

**City/Town**

**State/Province**



-- select state --

**ZIP/Postal Code**

**Email Address**

**Phone Number**

* 2. I am a person with a disability

 Yes No



## Check all that apply.

Down syndrome

Autism Spectrum Disorder Cerebral Palsy

Traumatic Brain Injury (before age 22) Fragile X syndrome

Fetal Alcohol Spectrum Disorder Intellectual Disability

Deaf/Hard of Hearing Visual Impairment

Other (please specify)

## Check the boxes that describe you. (Check ALL that apply)

I am a family member of a peson with a disability

I am a Developmental Disability Network partner (CLD, IHDD, GAO, & GCDD staff only) I am Georgia Department of Behavioral Health and Developmental Disabilities staff

I am Georgia Department of Community Health staff I am Georgia Department of Education staff

I am Georgia Department of Public Health staff

I am Georgia Vocational Rehabilitation Agency staff I am other Georgia State Agency representative

I am national agency staff I am service provider

I am policymaker/lawmaker or staff Other

## 5. With which gender do you identify? (Select all that apply)

Cisgender Female (you were given label "female" at birth and still consider yourself "female")

Cisgender Male (you were given label "male" at birth and still consider yourself "male")

Transgender Female (you were given label "male" at birth and consider yourself "female")

Transgender Male (you were given label "female" at birth and consider yourself "male")

Non-binary

Genderqueer or gender nonconforming Prefer not to answer

An identity not listed, self-identify (please specify)

## \* 6. With which sexual orientation do you identify? (Select all that apply)

Asexual (you do not sexual feelings toward others)

Bisexual (you have sexual feelings toward people of your own gender and opposite gender)

Gay (you have sexual feelings toward people of the same gender)

Heterosexual (you have sexual feelings toward people of your opposite gender)

Lesbian (you are a woman who has sexual feelings toward other women)

Pansexual (you have sexual feelings towards people regardless of their sex or gender labels)

Queer (you might choose this option if you are

not heterosexual but do not identify with other labels) Questioning or unsure

Prefer not to answer

An identity not listed, self-identify (please specify)

## \* 7. With which race/ethnicity do you identify? (Select all that apply)

African American or Black American Indian or Alaska Native Asian American or Asian

Hispanic or Latinx Middle Eastern

Multiracial Pacific Islander

White or Caucasian Prefer not to answer

An identity not listed, self-identify (please specify)

## 8. What is your age group?

17 years and younger 18 to 24 years

25 to 44 years

45 to 64 years

65 years and older

## 9. How would you describe where you live?

Urban (City) Rural (Country) Surburban

## 10. GCDD will have 3 different focus groups: 1 for people with disabilities, 1 for family members of people with disabilities, and 1 for professionals working in the disability field. Please select which focus group you feel is the best fit for you.

 Focus Group for People with Disabilities

 Focus Group for Family Members of People with Disabilities Focus Group for Professionals working in the Disabilty Field



## 11. If you selected the focus group for people with disabilities, please select which dates/times you are available.

Friday, September 4th from 1:00-2:30pm Thursday, September 10th from 6:00-7:30pm

## 12. If you selected the focus group for family members of people with disabilities, please select which dates/times you are available.

Wednesday, September 2nd from 1:00-2:30pm Wednesday, September 9th from 7:00-8:30pm

## 13. If you selected the focus group for professionals working in the disability field, please select which dates/times you are available.

Friday, September 4th from 10:00-11:30am Thursday, September 10th from 3:00-4:30pm

## 14. Please share why you would like to be included in GCDD's focus groups.

**How to send in your Focus Group Application**

* Fill out the word document on your computer and email to [info@gcdd.org](mailto:info@gcdd.org)
* Print and fill out by hand, scan and send it back to us via email to [info@gcdd.org](mailto:info@gcdd.org)
* Call 470-366-5734 or email [info@gcdd.org](mailto:info@gcdd.org) if you have additional questions or need assistance in submitting the application.