

Division of Mental Health and Addiction 402 W. WASHINGTON STREET, ROOM W353 INDIANAPOLIS, IN 46204-2739

Division of Mental Health & Addiction Recovery Residences Paid Work Agreement Experience Survey

This survey will ask questions about your experience with a paid work agreement. If you have not participated in a paid work agreement with this home, you do not need to complete this survey. You will not need to share your name at any point in the survey. Responding to this survey will not impact your ability to stay at your home. Thank you for completing this survey!

How long have you participated in a paid work agreement with the agency?		
Has your paid wo	ork been voluntary'	?
Yes	No	
Has there been a	bad reaction if you	did not work?
Yes	No	
Are residents trea	ated the same if the	y do not have paid work agreements?
Yes	No	
Are all residents	given an equal cha	nce for available work?
Yes	No	
Have paid work a	arrangements made	e it harder to reach your recovery goals?
Yes	No	
Is the paid work t	reated the same as	any other employment situation?
Yes	No	
Are the wages eq	ual to similar jobs	and at least minimum wage?
Yes	No	
Do work relations	ships impact how t	he home feels for you?
Yes	No	
If things did not g	go well with paid v	work, did it end in a way that did not impact recovery?
Yes	No	Not Applicable

Please submit the completed survey to DMHAHousing@fssa.in.gov

