

CalABLE Survey of Potential Participants

Thank you for taking the time to complete this survey. Information from this survey will help us shape California's ABLE program to best fit your needs. Please feel free to also distribute this survey.

Please mail or email completed surveys to the following address:

CalABLE

915 Capitol Mall, Room 101

Sacramento, CA 95814

Calable@treasurer.ca.gov

California Achieving a Better Life Experience (CalABLE) for People with Disabilities



CalABLE Survey of Potential Participants

We need your help.

The California ABLE Act Board is beginning the work to design a tax-advantaged savings plan where people with disabilities or parents of children with disabilities can save up to \$100,000 without their vital federal and state benefits being suspended or negatively impacted.

The CalABLE program in California will open up life-improving opportunities for people with disabilities and their families. Contributions to an ABLE account, currently limited to \$14,000 per year, can be made by family, friends, or the beneficiary themselves. The account's earnings are allowed to accumulate tax-free, and the withdrawals, provided they are applied to qualifying disability expenses, are tax-free. We hope to make ABLE accounts available by summer 2017.

(If you are not already familiar with ABLE accounts, you can learn more by visiting www.ndss.org/able and <http://www.treasurer.ca.gov/able/index.asp>.)

We really want to learn more about potential CalABLE participants, and this survey is our first step in that process. This survey is intended to be completed by potential ABLE beneficiaries (account holders); parents, legal guardians, caregivers or other support personnel are encouraged to help fill it out if needed.

Thank you for partnering with us in the development of this very important program!

1. Please tell us who you are. Check all that apply.

- Potential ABLE beneficiary (account holder)
- Parent of a potential ABLE account holder

- Other family member of a potential ABLE account holder
- Legal guardian of a potential ABLE account holder
- Caregiver of a potential ABLE account holder
- Other support personnel for a potential able account holder

Other (please specify)

2. What is the potential CalABLE account holder's age?

- 0-5 years of age
- 6-18 years of age
- 19 to 26 years of age
- 27 years of age or older

3. Please specify the race/ethnicity of the potential CalABLE account holder.

- White
- Multiracial
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Asian
- Native American

Other (please specify)

4. What is the primary language spoken in the home of the potential CalABLE account holder?

- English
- Spanish
- Chinese
- Tagalog
- Vietnamese
- Korean
- Farsi, Persian
- Armenian
- Russian
- Arabic
- Khmer, Cambodian
- Hmong
- Laotian

Other (please specify)

5. What category best describes the potential account holder's annual household income?

- Less than \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 or more

6. What is the disability or diagnosis of the potential CalABLE account holder? (check all that apply)

- Blindness or Impaired Vision
- Deafness or Hearing Loss

- Spina Bifida
- Spinal Cord Injury
- Muscular Dystrophy
- Cystic Fibrosis
- Brain Injury
- Tourette's Syndrome
- ADD/ADHD
- Autism Spectrum Disorder
- Down Syndrome
- Fetal Alcohol Spectrum Disorder (FASD)
- Fragile X Syndrome
- Speech and Language Disorder
- Congenital Disorder
- Mental Health Disorder
- Other Physical Disability
- Other Cognitive Disability
- Other Intellectual Disability
- Other Learning Disability
- Other Developmental Disability

Other (please specify)

7. Do you know what an ABLE account is? (learn more at www.ndss.org/able)

- yes
- no
- not sure

8. Please check all of the public benefit programs in which the potential CalABLE account holder participates. (NOTE: Participation in any public benefit program will NOT affect a person's ability to open an ABLÉ account.)

- SSI/SSDI
- Medicaid/Medi-Cal
- low-income housing
- CalFresh
- CalWorks
- General Assistance/General Relief (GA/GR Program)
- Earned Income Tax Credit (EITC)
- Workforce Investment Act (WIA)
- WIC (Women, Infants and Children Program)
- California Head Start
- Covered California
- Child Health Disability Prevention (CHDP)
- In Home Supportive Services (IHSS)
- Access for Infants and Mothers Program (AIM)
- California Rent Assistance
- none of the above

Other (please specify)

9. Where do you get your information about programs for people with disabilities that help the potential CalABLE account holder? Please list full organization or agency names where possible. For example: California Developmental

Disabilities Association, disability advocacy group (please name), school system, regional center, non-profit organization (please name), etc.

10. Please describe how you think the potential CalABLE account holder would most likely use a CalABLE account. (Please check all that apply.)

- long-term investment/savings
- transactional account (e.g., like a checking account)
- emergency fund
- educational expenses
- transportation expenses
- employment-related expenses
- training and support expenses
- assistive technology expenses
- healthcare expenses
- financial management/services expenses
- legal expenses

Other (please specify)

11. What concerns, if any, do you have about CalABLE accounts and how they might operate?

12. Do you plan to open a CalABLE account for yourself?

- Yes
- No
- Not sure

13. Do you plan to open a CalABLE account on behalf of your child or someone else? (Note: Parents will be able to open an account for their child under age 18. Another family member may only open an account for another individual if there is a legal guardianship or power of attorney arrangement in place.)

- Yes
- No
- Not sure

14. How much do you expect to contribute to a CalABLE account?

- \$0-\$14,999
- \$15,000-\$44,999
- \$45,000-\$74,999
- \$75,000-\$124,999
- \$125,000+
- I do not plan to open a CalABLE account for myself or anyone else.

15. How would you prefer to contribute to a CalABLE account? (Check all that apply.)

- Electronic transfer from a bank account

- Automatic payroll contribution
- Online crowdfunding/fundraising campaign (e.g., "GoFundMe")
- Paper check sent through the mail
- I do not plan to open a CalABLE account for myself or for anyone else.

Other (please specify)

16. Anyone can contribute to a CalABLE account. How do you expect your family member, employer, or other individual will prefer to contribute to a CalABLE account? (Check all that apply.)

- Electronic transfer from a bank account
- Automatic payroll contribution
- Online crowdfunding/fundraising campaign (e.g., "GoFundMe")
- Paper check sent through the mail
- I do not plan to open a CalABLE account for myself or for anyone else.

Other (please specify)

17. How would the potential CalABLE account holder prefer to access his/her account? (Check all that apply.)

- Telephone
- Online/Website
- Cell Phone/Smart Phone/App
- Text Messages
- I do not plan to open a CalABLE account for myself or for anyone else.

Other (please specify)

18. How would the potential CalABLE account holder prefer to communicate with customer service about his/her account?
(Check all that apply.)

- Telephone
- Online/Website
- Cell Phone/Smart Phone/App
- Text Messages
- Mail
- In-Person
- I do not plan to open a CalABLE account for myself or for anyone else.

Other (please specify)

19. ABLE savings programs are currently available in Ohio, Nebraska and Tennessee (see www.ndss.org/stateable). Do you already own an ABLE account in one of the following states?

- Ohio State Treasurer (STABLE Account)
- Nebraska State Treasurer (EnABLE Account)
- Tennessee Treasury Department (ABLE TN)
- I do not currently own an ABLE account in any state

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