



# Analysis: CalABLE Survey of Potential Participants

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# Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
○ Program Features.....	4
○ Concerns .....	4
<b>METHODOLOGY.....</b>	<b>4</b>
○ Response Breakdown .....	5
<b>FINDINGS .....</b>	<b>5</b>
<b>SURVEY RESULTS.....</b>	<b>8</b>
○ *Respondent’s Relation to Potential Participant .....	8
○ Age .....	8
○ *Race.....	8
○ *Primary Language.....	9
○ Annual Household Income of Potential Participant.....	9
○ *Potential Participant’s Disability .....	10
○ *Potential Participant’s Use of Public Benefits.....	11
○ *Potential Participant’s Use of CalABLE Account.....	12
○ Expected Contribution to CalABLE Account.....	12
○ *Expected Method of Contribution .....	13
○ *Preference for Communicating with Customer Service.....	13
<b>CALABLE SURVEY OF POTENTIAL PARTICIPANTS.....</b>	<b>14</b>
<b>CALABLE ENCUESTA BENEFICIARIO POTENCIAL .....</b>	<b>20</b>

# Executive Summary

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The California Achieving a Better Life Experience (ABLE) Act Board would like to thank everyone who participated in this survey. We would also like to recognize the many disability advocacy and service provider organizations that helped distribute the survey to potential participants and helped raise awareness about the California ABLE Program. Only with your gracious help were we able to reach far and wide. Lastly, we thank everyone at the California State Treasurer's Office and various stakeholders who helped in the design of the survey. Thank you!

We recognize that there is limited research available on people with disabilities. We also recognize that people with disabilities have varying needs and abilities. Using a survey was one way for us to reach out to our constituents and include their feedback in the design of the California ABLE (CalABLE) Program, which will provide this population a significant new financial savings tool.

Respondents were asked to participate in an anonymous survey to help gather demographic data of people with disabilities and share any concerns they had about the CalABLE Program.

A total of 924 people participated in the survey. From the most popular responses received in the survey, we were able to deduce some themes for the average CalABLE potential participant.

The average CalABLE potential participant *may* have the following characteristics:

- 6 to 26 years old
- Identifies as White and primarily speaks English
- Income is less than \$24,999
- Receives SSI/SSDI, Medicaid/Medi-Cal, and low-income housing assistance
- Will use the CalABLE Program for long-term investment and/or savings
- Expects to contribute \$15,000 to the CalABLE Program
- Strongly prefers electronic methods of contribution and/or communication

We recognize that these characteristics will not apply to everyone because each participant has different resources and needs; the way potential participants anticipated using the CalABLE Program in the survey may not hold true for when the CalABLE

Program is available for people to use. These responses provided us with a fair idea of the expectations people have for the CalABLE Program.

## **Program Features**

Respondents have a strong preference for low or no fees and a broad range of investment options. There is also a strong preference for a debit card, which is either directly connected to their CalABLE account or functions as a prepaid card which can be loaded with a limited amount of money every month.

## **Concerns**

Respondents expressed concern about the misuse of funds in CalABLE accounts either by the accountholder or by the individual who has legal authority to manage it. There is a strong preference for CalABLE accounts to have safeguards and protective features to help prevent fraud. Respondents also expressed concern about Medi-Cal/Medicaid recovery upon the accountholder's death. Concerns were also raised about the responsibility of tracking and documenting "qualified disability expenses," in particular because some participants may have cognitive challenges related to their disability that hinder their ability to manage finances adequately.

*Note: All options and concerns shared by respondents will be considered; however, the California ABLE Act Board will only implement features that are within its purview and within its authority.*

*Note: The complete survey questionnaire is included later in this document for reference.*

## **Methodology**

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The survey was developed and administered through SurveyMonkey, an online survey tool. A preliminary draft was sent to managers, executives, and advocacy organizations, who were asked to review the questions and make suggestions for possible changes, additions, or deletions. Items on the survey were worded as direct questions and encouraged open-ended responses from respondents.

The final survey was distributed electronically and in hard-copy through the following channels: CalABLE electronic listserv, social media (e.g., Facebook and Twitter), and through stakeholder mailing lists and/or their social media. Potential participants were asked to return hard copies of the survey to the California ABLE Act Board's mailing

address. Responses from hard copies were manually entered into the electronic version of the survey on SurveyMonkey.com.

The total distribution of the survey was approximately to 60,000 individuals. The survey period was from September 19, 2016 to December 23, 2016. On December 20, 2016, an email was sent through the CalABLE listserv providing notification of the survey's deadline; this notice was also posted on social media (e.g. Facebook and Twitter).

The survey included questions about CalABLE potential participants' demographics, such as age, race, income, and disability. Other questions addressed potential participants' use of public benefits, their anticipated contributions and preferred method of contribution. The survey also asked potential participants to share the different ways in which they expected to use CalABLE accounts, as well as any concerns they had regarding the accounts or Program.

## Response Breakdown

Survey Language	Number of Responses
English	913
Spanish	11
<b>Total</b>	<b>924</b>

*Note: Results reported can only be considered the opinions of the survey respondents and cannot be generalized to represent the entire target population as a whole.*

## Findings

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In a very short timeframe, the survey managed to generate an overwhelming response from potential participants, which has given the California ABLE Act Board further insight into designing a successful program.

*Note: For more details in each demographic category, check the Survey Results section.*

In terms of people who responded to the survey, 70% identified as parents of potential participants; the remaining 30% identified as family members, legal guardians, caregivers, eligible beneficiaries, and other support personnel.

In terms of age, 57% identified as between 6 to 26 years old, 35% as more than 27 years old, and 6% as between 0 to 5 years old.

In terms of race, 60% identified as White, 12% identified as Multiracial, 4% identified as African American/Black, 12% identified as Hispanic/Latino, 0.3% identified as Native Hawaiian or Pacific Islander, 5% as Asian, and 1% as Native American. In comparison, the 2015 U.S. Census Bureau shows that California's population identifies as 72.9% White, 3.8% multiracial, 6.5% Black or African American, 0.5% Native Hawaiian or Pacific Islander, 14.7% Asian, and 1.7% Native American.

In terms of primary language, 93% of potential participants reported speaking English as their primary language. More than 2% of potential participants reported speaking Spanish as their primary language. Though the English and Spanish surveys were distributed through the same mediums, targeted outreach for the Spanish-speaking community officially began in December 2016. This fact may have contributed to the low participation rate for the Spanish survey.

In terms of income, 62% reported having an annual household income of less than \$24,999. More than 20% of potential participants reported having incomes between the ranges of \$25,000 to \$99,999. About 13% of potential participants reported having an income of more than \$100,000.

In terms of public benefits, 70% reported receiving Social Security Income/Social Security Disability Income and Medicaid/Medi-Cal. More than 36% reported receiving In-Home Supportive Services and 12% reported receiving low-income housing assistance. The following benefits were not explicitly listed in the Survey but were reported to be used by potential participants: Section 8 vouchers; programs and services offered by the Department of Rehabilitation, Department of Developmental Disabilities, and Department of Veteran Affairs; Home and Community-Based Services waiver; Below Market Rate Program; and county programs and services such as the Tenant Based Rental Assistance Program and Paratransit.

In terms of use of the CalABLE account, 60% reported using it for long-term investments and savings. Nearly 40% reported a preference for using it as a checking

account. Some of the most popular uses of the CalABLE account will be for housing, emergencies, transportation, and healthcare. For many, the CalABLE account will be used for multiple expenses.

In terms of contribution to a CalABLE account, 45% expect to contribute less than \$14,999. About 15% plan to contribute less than \$45,000. About 5% plan to contribute \$45,000 to \$74,999. About 10% plan to contribute \$75,000 to \$124,999.

In terms of preference for contribution to a CalABLE account, 74% prefer contributions through electronic transfers from a bank account, 53% prefer paper checks, and 24% prefer automatic payroll contributions. Preference is strongest for an electronic means of contribution.

In terms of preference for communicating with customer service regarding CalABLE accounts, 65% prefer online/web interface, 42% prefer in-person, 43% prefer mobile phone applications. About 25% prefer post mail communications.

## Survey Results

### \*Respondent's Relation to Potential Participant

Note: Asterisk indicates that question allowed for multiple responses.

Response	Count (English +Spanish)	Percentage
Potential ABLE Beneficiary	149	16.1%
Parent of potential ABLE account holder	621	67.2%
Other family member of a potential ABLE account holder	68	7.4%
Legal guardian of a potential ABLE account holder	67	7.3%
Caregiver of a potential ABLE account holder	73	7.9%
Other support personnel for a potential ABLE account holder	77	8.3%
Other (please specify)	77	8.3%
No Response	19	2.1%

### Age

Response	Count (English +Spanish)	Percentage
0-5 years of age	59	6.4%
6-18 years of age	278	30.1%
19-26 years of age	251	27.2%
27 years of age or older	322	34.8%
No Response	14	1.5%

### \*Race

Response	Count (English +Spanish)	Percentage
White	557	60.3%
Multiracial	112	12.1%
Black or African American	33	3.6%
Hispanic or Latino	112	12.1%



Native Hawaiian or Pacific Islander	3	0.3%
Asian	51	5.5%
Native American	7	0.8%
Other (please specify)	40	4.3%
No Response	49	5.3%

**\*Primary Language**

Response	Count (English +Spanish)	Percentage
English	858	92.9%
Spanish	22	2.4%
Chinese	1	0.1%
Tagalog	1	0.1%
Vietnamese	1	0.1%
Korean	2	0.2%
Farsi/Persian	1	0.1%
Armenian	1	0.1%
Russian	3	0.3%
Arabic	0	0.0%
Khmer/Cambodian	0	0.0%
Hmong	2	0.2%
Laotian	0	0.0%
Other (please specify)	23	2.5%
No Response	32	3.5%

**Annual Household Income of Potential Participant**

Response	Count (English +Spanish)	Percentage
Less than \$24,999	571	61.8%
\$25,000 to \$49,999	96	10.4%
\$50,000 to \$99,999	96	10.4%
\$100,000 or more	123	13.3%
No Response	38	4.1%

## \*Potential Participant's Disability

Response	Count (English +Spanish)	Percentage
Blindness or Impaired Vision	69	7.5%
Deafness or Hearing Loss	38	4.1%
Spina Bifida	10	1.1%
Spinal Cord Injury	23	2.5%
Muscular Dystrophy	16	1.7%
Cystic Fibrosis	1	0.1%
Brain Injury	67	7.3%
Tourette's Syndrome	10	1.1%
ADD/ADHD	107	11.6%
Autism Spectrum Disorder	383	41.5%
Down Syndrome	143	15.5%
Fetal Alcohol Spectrum Disorder (FASD)	23	2.5%
Fragile X Syndrome	12	1.3%
Speech and Language Disorder	137	14.8%
Congenital Disorder	41	4.4%
Mental Health Disorder	130	14.1%
Other Physical Disability	157	17.0%
Other Cognitive Disability	86	9.3%
Other Intellectual Disability	150	16.2%
Other Learning Disability	107	11.6%
Other Developmental Disability	142	15.4%
Other (please specify)	181	19.6%
No Response	39	4.2%

**\*Potential Participant's Use of Public Benefits**

Response	Count (English +Spanish)	Percentage
Social Security Income/Social Security Disability Income (SSI/SSDI)	564	61.0%
Medicaid/Medi-Cal	647	70.0%
Social Security Income/Disabled Adult Child (SSI/DAC)	27	2.9%
Low-income Housing	112	12.1%
CalFresh	40	4.3%
CalWORKS	12	1.3%
General Assistance/General Relief (GA/GR Program)	12	1.3%
Earned Income Tax Credit (EITC)	55	6.0%
Workforce Investment Act (WIA)	11	1.2%
Women, Infants, and Children Program (WIC)	20	2.2%
California Head Start	12	1.3%
Covered California	35	3.8%
Child Health Disability Prevention (CHDP)	4	0.4%
In-Home Supportive Services (IHSS)	339	36.7%
Access for Infants and Mothers Program (AIM)	1	0.1%
California Rent Assistance	20	2.2%
None of the above	140	15.2%
Other (please specify)	96	10.4%
No Response	30	3.2%

### \*Potential Participant's Use of CalABLE Account

Response	Count (English +Spanish)	Percentage
Long-term Investment/Savings	554	60.0%
Transactional Account (e.g. Checking Account)	349	37.8%
Emergency Fund	559	60.5%
Educational Expenses	396	42.9%
Transportation Expenses	448	48.5%
Employment-related Expenses	210	22.7%
Training and Support Expenses	350	37.9%
Assistive Technology Expenses	322	34.8%
Healthcare Expenses	500	54.1%
Financial Management/Services Expenses	209	22.6%
Legal Expenses	141	15.3%
Other (please specify)	126	13.6%
No Response	37	4.0%

### Expected Contribution to CalABLE Account

Response	Count (English +Spanish)	Percentage
\$0-\$14,999	412	44.6%
\$15,000-\$44,999	130	14.1%
\$45,000-\$74,999	53	5.7%
\$75,000-\$124,999	75	8.1%
\$125,000+	42	4.5%
I do not plan to open a CalABLE account for myself or for anyone else	46	5.0%
Not sure	119	12.9%
No Response	47	5.1%

**\*Expected Method of Contribution**

Response	Count (English +Spanish)	Percentage
Electronic Transfer from Bank	688	74.5%
Automatic Payroll Contribution	292	31.6%
Online Crowdfunding/Fundraising	123	13.3%
Paper Check	256	27.7%
I do not plan to open a CalABLE account for myself or for anyone else	48	5.2%
Other (please specify)	67	7.3%
No Response	63	6.8%

**\*Preference for Communicating with Customer Service**

Response	Count (English +Spanish)	Percentage
Telephone	514	55.6%
Online/Website	607	65.7%
Cell Phone/Smart Phone/App	395	42.7%
Text Messages	264	28.6%
Mail	225	24.4%
In-Person	385	41.7%
I do not plan to open a CalABLE account for myself or for anyone else	37	4.0%
Other (please specify)	56	6.1%
No Response	68	7.4%

# CalABLE Survey of Potential Participants

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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](http://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](http://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 ABLE account.)

- SSI/SSDI
- Medicaid/Medi-Cal
- SSI/DAC
- 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.

Not Sure

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](http://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

20. What do you think is the best way to raise awareness about the CalABLE program? (Check all that apply.)

- Email /Listserves
- Social media (e.g., Facebook, Twitter, etc.)
- Printed material / targeted mailings
- Online / website
- Other (please specify)

21. If you would be willing to help us share information and raise awareness about the CalABLE program, please provide us with your email address below.

22. If you would like to receive periodic updates about CalABLE, please include your email address below.

23. Please use this space to provide any additional comments. Thank you for your feedback!

# CalABLE Encuesta Beneficiario Potencial

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Necesitamos su ayuda.

La Junta de Acta ABLE de California empieza el trabajo para diseñar un plan de ahorros con ventajas fiscales donde las personas con discapacidades o padres de niños con discapacidades pueden ahorrar hasta \$100,000 sin sus beneficios federales y estatales vitales sean suspendido o negativamente impactados.

El programa CalABLE en California abre nuevas posibilidades de una vida mejor para las personas con discapacidades y sus familias. Las contribuciones a una cuenta de ABLE, actualmente limitado a \$14,000 por año, se puede hacer por su familia, amigos, o los propios beneficiarios. Las ganancias de la cuenta se permite que se acumulen libres de impuestos, y los retiros, solo que se aplican a los gastos de discapacidad calificados, son libres de impuestos. Esperamos hacer cuentas de ABLE disponibles para el verano de 2017.

(Si no está familiarizado con las cuentas de ABLE, se puede obtener más información visitando [www.ndss.org/able](http://www.ndss.org/able) y <http://www.treasurer.ca.gov/able/index.asp>.)

Tenemos muchas ganas de aprender más acerca de los participantes posibles de CalABLE, y esta encuesta es nuestro primer paso en ese proceso. Esta encuesta está destinado a ser completado por los beneficiarios potenciales de ABLE (titulares de cuentas); los padres, guardianes legales, cuidadores o otro personal de apoyo son animados a ayudar a llenarla si es necesario.

Gracias por colaborar con nosotros en el desarrollo de este programa tan importante!

1. Por favor díganos quien eres. Marque todo lo que corresponda.

- Beneficiario potencial de ABLE (titular de la cuenta)
- Padres de un titular potencial de la cuenta ABLE
- Otro miembro de la familia de un titular potencial de la cuenta ABLE
- Guardian legal de un titular potencial de la cuenta ABLE
- Cuidador de un titular potencial de la cuenta ABLE
- Otro personal de apoyo para un titular potencial de la cuenta ABLE
- Otros (especificar)

2. ¿Cuál es la edad del titular potencial de la cuenta CalABLE?

- 0-5 años de edad
- 6-18 años de edad
- 19-26 años de edad
- 27 años de edad o más

3. Por favor especifique la raza / origen étnico del titular potencial de la cuenta CalABLE.

- Blanco
- Multiracial
- Negro o Afroamericano
- Hispano o Latino
- Hawaiano o Islas del Pacífico Indio
- Asiático
- Nativo Americano
- Otros (especificar)

4. ¿Cuál es el idioma principal que se habla en el hogar del titular de la cuenta CalABLE potencial?

- Inglés
- Español
- Chino
- Tagalo
- Vietnamita
- Coreano
- Farsi, Persa
- Armenia
- Ruso
- Árabe
- Khmer, Camboya
- Hmong
- Laos
- Otros (especificar)

5. ¿Qué categoría describe mejor el ingreso anual del hogar del titular potencial de la cuenta?

- Menos de \$24,999
- \$25,000 a \$49,999
- \$50,000 a \$99,000
- \$100,000 o más

6. ¿Cuál es la incapacidad o el diagnóstico del titular potencial de la cuenta CalABLE? (Marque todo lo que corresponda.)

- Ceguera o Problemas de Visión
- Sordera o Pérdida de Audición
- Espina Bífida
- Lesión de la Médula Espinal
- Distrofia Muscular
- Fibrosis Quística

- Lesión Cerebral
- Síndrome de Tourette
- ADD/ADHD
- Trastorno del Espectro Autista
- Síndrome de Down
- Síndrome de Alcoholismo Fetal (TEAF)
- Síndrome X Frágil
- Trastorno del Habla y Lenguaje
- Trastorno Congénito
- Trastorno de Salud Mental
- Otra Discapacidad Física
- Otra Discapacidad Cognitiva
- Otro Discapacidad Intelectual
- Otros Problemas de Aprendizaje
- Otra Discapacidad del Desarrollo
- Otros (especificar)

7. ¿Sabe usted lo que es una cuenta ABLE? (Más información en [www.ndss.org/able](http://www.ndss.org/able).)

- Sí
- No
- No estoy seguro

8. Por favor compruebe todas las programas de beneficios públicos en los que el titular potencial de la cuenta de CalABLE participa. (NOTA: La participación en cualquier programa de beneficios públicos no afectará a la capacidad de una persona para abrir una cuenta de ABLE).

- SSI / SSDI
- Medicaid / Medi-Cal
- Vivienda de Bajos Ingresos
- CalFresh
- CalWORKS
- Asistencia General / Ayuda General (GA / GR Programa)
- Crédito por Ingreso del Trabajo (EITC)
- Workforce Investment Act (WIA)
- WIC (Mujeres, Bebés y Niños)
- California Head Start
- California Cubierto
- Prevención de la Discapacidad Salud Infantil (CHDP)
- Servicios de Casa (IHSS)
- Programa de Acceso para Bebés y Madres (AIM)
- Asistencia de California Renta
- Ninguna de las anteriores

Otros (especificar)

9. ¿De dónde obtiene su información acerca de programas para personas con discapacidades que ayudan al potencial titular de la cuenta de CalABLE? Por favor enumerar nombres completos de organización o agencia donde posible. Por ejemplo: California Asociación de Discapacidades del Desarrollo, grupo de defensa de la discapacidad (nombre por favor), sistema escolar, centro regional, organización sin ánimo de lucro (nombre por favor), etc.

10. Por favor describa cómo cree que el titular potencial de la cuenta de CalABLE sería más probable utilizar una cuenta de CalABLE? (Por favor marque todos los que apliquen.)

Inversiones a Largo Plazo / Ahorros

Cuenta de Transacciones (por ejemplo, Cuenta de Cheques)

Fondo de Emergencia

Gastos Educativos

Gastos de Transporte

Gastos Relacionados con el Empleo

Gastos de Formación y Apoyo

Gastos de Tecnología de Asistencia

Gastos de Atención Médica

Gestión Financiera / Servicios Gastos

Gastos Legales

Otros (especificar)

11. ¿Qué preocupaciones tiene cuando piensa acerca de las cuentas de CalABLE y cómo se puede operar?

12. ¿Tiene planes de abrir una cuenta de CalABLE para usted mismo?

Sí

No

No estoy seguro

13. ¿Tiene planes de abrir una cuenta de CalABLE en nombre de su hijo o algún otro? (Nota: Los padres podrán abrir una cuenta para sus hijos menores de 18 años Otro miembro de la familia sólo podrá abrir una cuenta de otro individuo si hay una tutela legal o poder de disposición de abogado en su lugar).

Sí

No

No estoy seguro

14. ¿Cuánto esperas contribuir a una cuenta CalABLE?

\$0 a \$14,999

\$15,000 a \$ 44,999

- \$45,000 a \$74,999
- \$75,000 a \$124,999
- \$125,000 +
- No planeo abrir una cuenta de CalABLE para mí o para cualquier otra persona.

15. ¿Cómo prefiere contribuir a una cuenta de CalABLE? (Marque todo lo que corresponda.)

- Transferencia electrónica de una cuenta bancaria
- Aportación automática de nómina
- Campaña Crowdfunding en línea / Recaudación de fondos (es decir, "GoFundMe")
- Cheque de papel enviado por correo
- No planeo abrir una cuenta de CalABLE para mí o para cualquier otra persona.
- Otros (especificar)

16. Cualquier persona puede contribuir a una cuenta de CalABLE. ¿Cómo espera que su familiar, empleador o otra persona preferirá contribuir a una cuenta de CalABLE? (Marque todo lo que corresponda.)

- Transferencia electrónica de una cuenta bancaria
- Aportación automática de nómina
- Campaña Crowdfunding en línea / Recaudación de fondos (es decir, "GoFundMe")
- Cheque de papel enviado por correo
- No planeo abrir una cuenta de CalABLE para mí o para cualquier otra persona.
- Otros (especificar)

17. ¿Cómo prefiere el titular potencial de la cuenta CalABLE acceder a su cuenta? (Marque todo lo que corresponda.)

- Teléfono
- En Línea / Página Web
- Teléfono Celular
- Mensajes de Texto
- No planeo abrir una cuenta de CalABLE para mí o para cualquier otra persona.
- Otros (especificar)

18. ¿Cómo prefiere el potencial titular de la cuenta CalABLE comunicarse con el servicio al cliente acerca de su cuenta? (Marque todo lo que corresponda.)

- Teléfono
- En Línea / Página Web
- Teléfono Celular / Smartphone / App
- Mensajes de Texto
- Correo
- En persona
- No planeo abrir una cuenta de CalABLE para mí o para cualquier otra persona.



Otros (especificar)

19. Programas de ahorros de ABLE están disponibles actualmente en Ohio, Nebraska y Tennessee (ver [www.ndss.org/stateable](http://www.ndss.org/stateable)). ¿Ya dispone de una cuenta ABLE en uno de los siguientes estados?

Tesorero del Estado de Ohio (Cuenta estable)

Tesorero del Estado de Nebraska (Habilitar cuenta)

Departamento del Tesoro de Tennessee (ABLE.TN)

No posee actualmente una cuenta de ABLE en cualquier estado

20. Si ya participa en un programa ABLE en otro estado, ¿cómo puede California mejorar en este programa?

21. ¿Cuál cree usted que es la mejor manera de crear conciencia sobre el programa CalABLE? (Marque todo lo que corresponda.)

Correo Electronico / Listserves

Medios Sociales (Facebook, Twitter, etc.)

Material Impreso / Mailers

En Línea / Página Web

Otros (especificar)

22. ¿Usted estaría dispuesto a ayudarnos a compartir información y crear conciencia sobre el programa CalABLE?

Sí

No

23. Si está dispuesto a que nos comuniquemos con usted, por favor indíquenos su dirección de correo electrónico:

24. Por favor utilice este espacio para proporcionar cualquier comentario adicional.

¡Gracias por sus comentarios!