



## Maryland Attorney General's COVID-19 Access to Justice Task Force

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### Survey of Service Recipients

**SURVEY RESPONDENT: PLEASE KEEP THIS PAGE**

The following survey is designed for people over age 18 who have sought legal, healthcare, or other services (such as housing, employment help, etc.) OR who live in group homes, shelters, facilities, and other staffed living arrangements in Maryland. The survey will be used by the Office of the Attorney General's COVID-19 Task Force on Access to Justice to learn more about the problems caused by the pandemic and to ensure equitable access to justice in Maryland.

The questions are about problems caused or made worse by the pandemic, and may include sensitive topics such as loss, neglect, and abuse.

Please note that:

- The survey is optional.
- You may answer all, some, or none of the questions at all.
- Skipping questions or choosing not to take the survey will not affect any services you are applying for, eligible for, or receiving.
- The survey is anonymous. No one will know your identity, how to find you, or what you answered.
- There is no payment for completing the survey.

If you have any questions about your rights as a survey participant, please contact Gay Hutchen, IRB Administrator, at (410) 767-8448 or [Gay.Hutchen@maryland.gov](mailto:Gay.Hutchen@maryland.gov).

If you have questions about the survey itself, please contact the service provider from whom you received it.

By answering the questions below you are consenting to their use to inform the Task Force in making recommendations to other branches of government.

Your help is important. Thank you— we know your time is valuable, and we appreciate you!

**Thank you for your response and for contributing to our knowledge about problems caused by COVID-19!** Please note that if you shared information about abuse or victimization, this survey does not constitute a report. If you have been the victim of a crime, we recommend you contact the police or seek help from MD 211 by dialing 2-1-1 or contacting [info@211md.org](mailto:info@211md.org).



# 211

Maryland

## Need Help? Call 2-1-1

2-1-1 Maryland offers guidance and support to help teens, adults, families, seniors, veterans, caregivers, clergy and professionals find the services they need.

### Free, Confidential & Multi-Lingual Information and Referral 24/7 for:



#### BASIC NEEDS

Utility assistance, food, housing and shelter, transportation and employment



#### HEALTH CARE

Health and dental clinics, drug and alcohol programs and mental health



#### FAMILY RESOURCES

Child care, parenting programs, elder care and literacy



#### AND MORE...

In some circumstances, 3 digit dialing does *not* work. If you are unable to connect with us by dialing 2-1-1 on your phone, please contact us at [info@211md.org](mailto:info@211md.org). Normal airtime and other charges apply for cell users.

[211md.org](http://211md.org)



1. Age verification

- I verify that I am 18 years old or older.

**Service Seekers**

2. Since March 2020, have you sought out services such as housing or employment assistance, counseling, benefits, education, childcare, legal help, or immigration?

- Yes  No → *Skip to Question 14*

3. What type of services have you sought since March 2020 (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Housing       | <input type="checkbox"/> Legal Help               |
| <input type="checkbox"/> Employment    | <input type="checkbox"/> Assistance with Benefits |
| <input type="checkbox"/> Counseling    | <input type="checkbox"/> Living Assistance        |
| <input type="checkbox"/> Medical Help  | <input type="checkbox"/> Immigration              |
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> Child Care               |
| <input type="checkbox"/> Food or Meals | <input type="checkbox"/> Education Services       |

4. Since the COVID-19 health crisis began, my **housing status** has changed in the following ways (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> No changes/Not applicable  | <input type="checkbox"/> Took in a roommate or a boarder to reduce rent or for extra income  |
| <input type="checkbox"/> Lost current housing   | <input type="checkbox"/> Took in friends or family members who needed a place to stay  |
| <input type="checkbox"/> Stayed in a shelter  | <input type="checkbox"/> Facing or likely to face eviction   |
| <input type="checkbox"/> Spent time living on the street because of lack of housing                     | <input type="checkbox"/> Couldn't get into a shelter because it was full   |
| <input type="checkbox"/> Had trouble accessing student housing  | <input type="checkbox"/> Couldn't get into a shelter because my physical needs made it impossible to enter   |
| <input type="checkbox"/> Avoided staying in a shelter due to fear of COVID-19                           | <input type="checkbox"/> Couldn't get into a shelter for other reasons, such as my sexual orientation, the size of my family or the people in it, or my use of substances. |
| <input type="checkbox"/> Had to move to a less safe/less stable housing situation                       | <input type="checkbox"/> Other (please specify)  |
| <input type="checkbox"/> Had to live with unsafe or violent partner(s), family member(s), and/or others |  |
| <input type="checkbox"/> Fell behind on rent  |  |
- 

5. Since the COVID-19 health crisis began, my **employment** has changed in the following ways (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> No changes/Not applicable                                 | <input type="checkbox"/> Had to change employment unexpectedly                       |
| <input type="checkbox"/> Lost job  | <input type="checkbox"/> Have to travel further for work/have more expensive commute |
| <input type="checkbox"/> Had hours reduced   | <input type="checkbox"/> Other (please specify)                                      |
| <input type="checkbox"/> Had a drop in income, regardless of source                |  |
| <input type="checkbox"/> Had to take on riskier/more dangerous work                |  |
| <input type="checkbox"/> Lost access to support(s) needed to do my job more safely |  |
-

6. Since the COVID-19 health crisis began, my **substance use**, if relevant, has changed in the following ways (check all that apply):

- No changes/Not applicable
- Substance use has increased
- Relapsed
- Overdosed
- Lost support(s) needed to maintain sobriety
- Lost support(s) needed to use drugs more safely
- Drug use has become riskier (i.e. using alone, sharing needles, etc.)
- Trouble accessing drugs/works in same ways as before
- Trouble affording drugs/works
- Arrested on drug-related and/or other criminal charges
- Other (please specify) \_\_\_\_\_

7. Since the COVID-19 health crisis began, my **immigration/documentation**, if relevant, has changed in the following ways (check all that apply):

- No changes/Not applicable
- Lost access to personal documentation
- Unable to replace lost/stolen personal documentation due to COVID-19 closures/restrictions
- Unable to access legal services to assist with immigration application
- Loss of immigration status due to the impact of COVID-19 (visa expiration, loss of job, etc.)
- Other (please specify) \_\_\_\_\_

8. Since the COVID-19 health crisis began, my **personal health and/or independence** has changed in the following ways (check all that apply):

- No changes/Not applicable
- Contracted COVID-19
- Hospitalized due to complications from COVID-19
- Hospitalized due to health concerns other than COVID-19
- Avoided seeking medical care/hospitalization due to concerns about contracting COVID-19
- Avoided seeking medical care/hospitalization for other reasons, such as fears relating to immigration status
- Provided/providing care to someone infected with COVID-19
- Have pre-existing condition that makes me more vulnerable to COVID-19
- I rely on someone else to provide my daily care
- I rely on someone else to monitor/administer my finances
- Difficulty accessing medical/dental care for myself or my children
- Difficulty accessing services, such as a lawyer, caseworker, Direct Support Professional or home health aide, due to the COVID-19 crisis
- Difficulty accessing the transportation I need to meet my basic needs
- Difficulty accessing enough food to eat
- Difficulty accessing emergency cash assistance
- Difficulty accessing medical benefits
- Lack/lost access to the internet
- Other (please specify) \_\_\_\_\_

9. Since the COVID-19 health crisis began, my **personal safety** has changed in the following ways (check all that apply):

- No changes/Not applicable
- Experienced physical abuse/assault
- Experienced sexual abuse/sexual assault
- Experienced emotional abuse
- Experienced financial exploitation (the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of another)
- Experienced exploitation by someone you worked for, either by failing to pay, paying less than what was agreed to, or by threatening to

- involve a law enforcement agency, including immigration
- Been the victim of a hate crime (based on race, gender, sexual orientation, gender identity, disability, etc.)
- Traded sex and/or sex acts for money, drugs, housing, or other survival needs
- Been the victim of some other crime not listed here: Please describe or write prefer not to say:

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### Court Involvement

10. Do you have any open court cases on any of the following subjects? (If you have more than one open case on these topics, please keep one in mind as you answer this question and the following one. You will have an opportunity to answer again later about another court case if you wish.)

- Housing status
- Employment
- Substance abuse
- Immigration status
- Personal health or independence
- Personal safety
- None of the above or no open court cases →  
*Skip to Question 14.*

11. Are you having any of the following problems with this case? Check all that apply:

- No problems with this case
- Lack of access to a lawyer
- Lack of clear information related to my court date or location
- Lack of access to transportation to get to my court date
- Lack of clear information as to whether the courts are open or closed
- Fear of going to court because of immigration status or an open warrant
- I or a family member is in immigration detention
- Language access needs, such as an interpreter
- Technology issues with participating in remote hearings
- Lack of opportunity to present my witnesses or to fully present my case
- Problems with time restraints on hearings
- Other (please specify) \_\_\_\_\_

12. Do you have another open court case on one of the following topics? (If you have more than one additional open case, please choose one for the purpose of completing this question and the following question.)

- Housing status
- Employment
- Substance abuse
- Immigration status
- Personal health or independence
- Personal safety
- None of the above or no other open court cases → *Skip to Question 14.*

13. Are you having any of the following problems with this case? Check all that apply:

- No problems with this case
- Lack of access to a lawyer
- Lack of clear information related to my court date or location
- Lack of access to transportation to get to my court date
- Lack of clear information as to whether the courts are open or closed
- Fear of going to court because of immigration status or an open warrant
- I or a family member is in immigration detention
- Language access needs, such as an interpreter
- Technology issues with participating in remote hearings
- Lack of opportunity to present my witnesses or to fully present my case
- Problems with time restraints on hearings
- Other (please specify) \_\_\_\_\_

### Residential

14. Do you currently live in a group home; halfway house/transitional housing; other supportive housing; a facility such as a shelter, nursing home, jail, or prison; or do you receive residential supports in a provider-owned home?

- Yes → *Skip to Question 16.*
- No → *Complete Question 15, then skip to Question 41: Demographics)*

15. Which of the following best describes your current living situation? (*Complete this question if you answered No to Question 14, then skip to Question 41: Demographics)*

- Live alone
- Live as sole caregiver for my dependents
- Live with partner(s), spouse, or other adult family who are not my dependents, with or without dependents
- Live with roommate(s)
- Live with my caregiver(s) including family members or others
- Experiencing homelessness or unstably housed
- Prefer not to say
- Other (please specify) \_\_\_\_\_

16. Which of the following best describes the place where you live?

- Halfway house or transitional housing
- Group home
- Provider-owned home where I receive residential supports
- Nursing home
- Assisted living facility
- Alternative living arrangement or facility
- Adult foster care
- Shelter
- Jail
- Prison
- Other group care setting
- Other (please specify) \_\_\_\_\_

17. Are your basic needs (such as food, medicine, safety) being met where you live?

- Yes → *Skip to Question 19.*
- No
- Don't Know

18. Which, if any, of your basic needs are not being met where you live (check all that apply)?

- Food
- Medication
- Safe environment
- Clean water

- Baths/showers
- Clean environment
- Opportunity to sleep

Other (please specify)

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19. Are your physical and mental health needs being met where you live?

- Yes → *Skip to Question 19.*
- No
- Don't Know

20. Which, if any, of your physical and mental health needs are not being met (check all that apply)?

- Mental health services (counseling, therapy, etc.)
- Medical care for COVID-19 symptoms (fever, shortness of breath, cough, sore throat, chills)
- Medical care for other health reasons (injury, chronic condition, etc.)
- Other (please specify)

21. Do staff where you live treat you with dignity, respect, and patience?

- Yes
- Don't Know
- No (Please describe how staff fail to treat you with dignity, respect, and patience.)

22. Have you received information about the symptoms of COVID-19 from staff/leadership where you live?

- Yes
- No
- Don't Know

23. Do you have access to supplies that help stop COVID-19 from spreading?

- Yes → *Skip to Question 25.*
- No
- Don't Know

24. Which supplies, if any, for preventing COVID-19 spread do you need but not have access to (check all that apply)?

- Hand soap
  - Hand sanitizer
  - Face masks
  - Gloves
  - Other (please specify)
- 

25. Do staff where you live follow these COVID-19 safety practices?

	Yes	No	Don't Know
Staff wear face masks when possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff stay 6 feet away from others when possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff wash hands or use hand sanitizer often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. When someone where you live is sick with COVID-19 symptoms (fever, shortness of breath, cough, sore throat, or chills) are they:

- |   | Yes                   | No                    | Don't Know            |
|---|-----------------------|-----------------------|-----------------------|
| Seen by a doctor/medical professional right away? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Told to stay in their personal sleeping area?     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Moved to another location in the building?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. Are you able to practice social distancing (stay 6 feet away from others in most situations)?

- Yes  No  Don't Know

28. Have you been tested for COVID-19/Coronavirus?

- Yes  No  Don't Know

29. Have you or someone who lives in your building been told they have COVID-19/Coronavirus?

- Yes  No  Don't Know

30. What changes have you noticed where you live since the COVID-19 pandemic began in March 2020?

- |  | Less                  | About the same        | More                  | Don't Know            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| The number of staff in my area:                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My sleeping area is cleaned:                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Common areas are cleaned:                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My access to programs (groups, activities) is: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My access to mail and packages is:             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My phone contact with family and friends is:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

31. Do you feel the staff and leadership where you live are doing enough to protect you from COVID-19?

- Yes  
 Don't Know  
 No (Please explain why you feel the staff and leadership where you live are not doing enough to protect you from COVID-19.)

32. How many hours a day are you allowed out of the room where you sleep?

- Less than 1 hour  
 1-3 hours  
 4-6 hours  
 More than 6 hours

33. How often are you allowed to go outside for fresh air?

- Less than 2 days/week  
 2-4 days/week  
 4-6 days/week  
 Every day



34. How many hours a week are you able to contact your family and friends?

- Less than 1 hour
- 1-2 hours
- 3-4 hours
- More than 4 hours

35. How are you able to contact your family and friends? (check all that apply)

- Phone
- Email
- Video chat (Zoom, FaceTime, etc.)
- Other (please specify) \_\_\_\_\_

36. Do you have access to recreational activities (games, books, exercise, etc.)?

- Yes
- No
- Don't Know

37. Are you having problems getting into a less restrictive community setting or facility?

- Yes
- No
- Don't Know

38. Do you have access to the accommodations, services, and/or equipment you need (language interpreter, mobility aids, etc.)?

- Yes
- Don't Know or None Needed
- No (Please explain what accommodations, services, and/or equipment you need that you do not have.)

39. Since the beginning on the COVID-19 crisis, have you been abused, neglected, or felt unsafe in the facility or community setting where you live?

- No
- Don't Know
- Yes (Please explain below about any abuse, neglect, or feeling unsafe at the facility or community setting where you live.)

40. Please use this space to tell us any concerns about your safety, rights, or conditions:

**Demographics**

41. Age:

- 18-20
- 21-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70+

42. County: \_\_\_\_\_

43. Which best describes your gender?

- Female
  - Male
  - Transgender
  - Non-binary
  - Prefer not to say
  - Prefer to self-identify
- \_\_\_\_\_

44. Race/Ethnicity (Check all that apply):

- Asian
- Bi- or Multi-racial
- Black or African American
- Hispanic, Latin(a/o), or Latinx
- Native American or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say
- Prefer to self-identify

45. Primary Language:

- English
- Spanish
- Chinese
- French
- Arabic
- West African
- Korean
- Russian
- Japanese
- Vietnamese
- Tagalog
- Other (please specify)

46. Are you bilingual/multilingual?

- Yes
- No

47. Do you have a history of military service?

- Yes
- No