



Governor's Council on Disability 2026 Legislative Priorities Poll

The Poll has various sections: Demographics, topic areas, Legislative Update sign up and contact information. The open answer questions are optional for all individuals. We will share the results with all state legislators at the beginning of the 2027 legislative session to inform them of issues important to the disability community. **Deadline: November 2, 2026**

Demographics

Please indicate what county you live in: _____

Please indicate your zip code: _____

Please indicate which describes where you live

- ☐ Urban
- ☐ Suburban
- ☐ Rural

Please indicate whether you are a: (select all that apply)

- ☐ Person with a disability
- ☐ Family member
- ☐ Friend
- ☐ Government agency
- ☐ Service provider
- ☐ Educator
- ☐ Employer
- ☐ Personal Care Attendant/aide/Direct Support Professional
- ☐ Other

If you have a disability, please indicate which type(s) (Optional)

- ☐ Blind/Low vision
- ☐ Cognitive
- ☐ Chronic health condition
- ☐ Deaf Blind
- ☐ Deaf/Hard of Hearing
- ☐ Developmental
- ☐ Intellectual
- ☐ Learning
- ☐ Mobility
- ☐ Multiple chemical sensitivity
- ☐ Other
- ☐ Psychological

Accessibility

The State of Missouri should update websites to include more language that is direct and easy to understand for those with reading or writing difficulties.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

Do you, or someone in your care, have access to a certified sign language interpreter in school, juvenile services meetings, or medical appointments?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Do you, or someone in your care, have access to a support service professional to assist individuals who are Deaf Blind in accessing the community?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Have you, or someone in your care, requested accommodations for hearing/communication in school, juvenile services, or medical appointments that are not provided?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Have you or others had difficulty accessing services from a state department

☐ Yes

☐ No

Which department(s) have you had difficulty accessing services from? (Answer if marked Yes above)

☐

Department of Elementary and Secondary Education

☐

Department of Health and Senior Services

☐

Department of Mental Health

☐

Department of Revenue

☐

Department of Social Services

☐

Other (Please provide department name in next blank.)

Please provide the department name: _____

What is the most important issue with accessibility in Missouri for people with disabilities and what changes could state legislators make to improve it?

Education

If you are a parent of a school-age child with a disability, have you experienced any difficulties in making sure your child has an appropriate education?

☐ Yes

☐ No

What challenges do you experience making sure your child receives an appropriate education? (Answer if marked Yes above)

What is the most important issue with education in Missouri for people with disabilities and what changes could state legislators make to improve it?

Assistance Services and Health Care

The personal care attendant/aide workforce provides critical services to people with disabilities.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

Do you use Personal Care Attendant/Aide/Direct Support Professional services?

- ☐ Yes
- ☐ No

Please indicate which, if any, health care services you have difficulty with.

- ☐ Finding/hiring/retaining a Personal Care Attendant/aide/Direct Support Professional
- ☐ Appropriate number of personal care hours to meet needs
- ☐ Dental care
- ☐ Mental health services
- ☐ Appropriate accommodations to meet health care needs
- ☐ Transportation to/from health care appointments
- ☐ Providers who accept your insurance
- ☐ Ancillary services (Examples: imaging, rehabilitation, massage/chiropractic)
- ☐ None of the above

What is the most important issue with personal assistance services or health care in Missouri for people with disabilities and what changes could state legislators make to improve it?

Housing

There should be a freeze (stay the same) on property taxes for people with disabilities.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

Is accessible housing available in your community?

☐ Yes

☐ No

Do you have difficulty finding available rental properties that are affordable and meet your needs?

☐ Yes

☐ No

☐ Not Applicable

Have you or someone you know experienced discrimination in renting because of a disability?

☐ Yes

☐ No

Have you or someone you know experienced rental application rejections because of a disability?

☐ Yes

☐ No

What is the most important issue with housing in Missouri for people with disabilities and what changes could state legislators make to improve it?

Employment

If you have a disability, do you currently have a job or are you looking for a job?

☐ Yes, currently have a job

☐ Yes, looking for a job

☐ No

What motivates you to get a job? (Answer only if you have a disability and are looking for a job)

- ☐ Income
- ☐ Skill development
- ☐ Full-time hours
- ☐ Socialization
- ☐ Benefits
- ☐ Other

Describe any barriers people with disabilities may experience when attempting to obtain employment.

What is the most important issue with employment in Missouri for people with disabilities and what changes could state legislators make to improve it?

Transportation

What types of transportation do people with disabilities use in your community?

- ☐ Drive a vehicle
- ☐ Uber, Lyft, taxi
- ☐ Rely on family/friends/aide
- ☐ Walk/bike
- ☐ Public transportation

What barriers does a lack of transportation provide for people with disabilities?

What is the most important issue with transportation in Missouri for people with disabilities and what changes could state legislators make to improve it?

Legislative Update and Contact Information

The Governor's Council on Disability sends out a Legislative Update each week of the legislative session which tracks disability-related bills. If you do NOT receive the GCD Legislative Update and would like to be added to the listserv, please provide your name and email address here. **If you already receive it, please do NOT provide it again.**

Please provide your contact information (Optional)

☐ Name _____

☐ Address _____

☐ Address 2 _____

☐ City _____

☐ State _____

☐ Zip code _____

☐ Email address _____

☐ Company _____