

Ch	eck one:	l am a	□ Perso	n with a Disability	☐ Family N	Лember	$\square$ Service Provider
1.	Can you remember a time when you were feeling really good about how things were going in your (your family member's, the person you support's) life? What was happening? Why were you feeling good? What was working well? (use extra paper if needed)						
2.		_		· ·	•	·	ember/the people you s much detail as possible.
3.	Is there anything else you would like to share with us?						
	ease retu nail:		o <mark>rm to:</mark> abilitiesmar	nitoba.org	Mail:	Leanne Fer	nez – Abilities Manitoba
						Unit 5, 114	6 Waverley

To complete survey online instead: <a href="https://www.surveymonkey.com/r/LFTXRXR">https://www.surveymonkey.com/r/LFTXRXR</a>

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