

Warren-Hamilton Counties Office for the Aging

1340 State Route 9, Lake George, NY 12845

PH. 518-761-6347/FAX 761-6344

NEEDS ASSESSMENT SURVEY

As a valuable member of our community, Warren-Hamilton Counties Office for the Aging is interested in hearing what you have to say. Our mission is to help make our counties a great place for older adults. Specifically, we're interested in what is important to you in order to live safely and happily. We would also like your help in determining the services that are important to enabling you to live independently in your community. Our hope is that you will assist us by taking a moment to complete the brief survey below. You may mail it back to us at the address listed above, or return it to our office or your local meal site, no later than May 31, 2015. All responses will remain strictly confidential. Thank you in advance for completing this survey.

Statement	Important and IS a concern for me	Important, but is NOT a concern for me	Not Important, and NOT a concern for me
Housing			
Obtaining affordable housing			
Being able to pay the rent/mortgage and property taxes			
Being able to pay for heat and other utilities			
Able to perform household chores (cleaning, etc.)			
Maintaining the outside of your home (lawn care, snow removal)			
Finding reliable help to perform home maintenance/repairs			
Feeling safe in your community			
Transportation			
Having a way to get to your medical appointments			
Having a way to get to out of county medical appointments			
Having a way to get to the grocery store and other errands			
Having a way to get to social or recreational activities			
Driving my own car			
Nutrition			
Having enough money for nutritious food			
Being able to shop and cook for myself			
Maintaining a healthy weight			
Able to follow a special diet recommended by my doctor			
Insurance/Health			
Understanding Medicare and various options			
Understanding low-income health insurance subsidies			
Understanding long term care services and support options			
Understanding Long Term Care insurance options			
Recurring falls, in and out of the home			
Managing a chronic health conditions			
Accessing services for individuals with Alzheimer's or dementia and their caregivers			

Statement	Important and IS a concern for me	Important, but is NOT a concern for me	Not Important, and NOT a concern for me
Services and Supports			
Respite services for caregivers, such as adult day programs, for people with dementia or other functional impairments			
Access to senior centers			
Transportation options for those unable to drive			
In-home personal care services			
Ability to participate in Congregate Meal Sites or receive Home Delivered Meals			
Ability to obtain help in applying for government programs			
Caregiving (complete only if you are a caregiver)			
Getting services for the person you care for			
Getting information about where to go for assistance			
Finding someone to talk to about the challenges of caregiving			
Taking time for yourself			
Ensuring the person you care for is as safe as possible			
Handling money matters for the person you care for			
Feeling overwhelmed by taking care of a loved one or friend			
Meeting the needs of someone with Alzheimer's or dementia			

Caregivers- If you are caring for another individual, please answer the following questions.

For whom do you provide care? (circle) Spouse Parent Child (21+) Child (20 and younger)
 Does the individual for whom you care live in your home? (circle) Yes No
 Does the individual have memory problems and/or dementia? (circle) Yes No
 Do you feel overwhelmed and/or stressed in providing care? (circle) Yes No

Where I Turn for Help:

If you, or someone you know, has been in the hospital in the past year, did you/they have the information and supports needed to return home? (circle one) Yes No Not applicable Don't Know

Have you heard of "NY Connects", the local program that helps consumers with information, assistance and connections to needed long term services and supports? Yes No Not applicable

Demographic- (This information will be kept in strict confidentiality, used only for statistical purposes)

Zip Code: _____

Age: _____ Sex (circle): Male Female

Persons living in your home including yourself (circle): 1 2 3 4+

Living Arrangements (circle): Homeowner Renter Other

Income (per year) (circle):

1 person household: Less than \$11,491 \$11,491 - \$22,980 More than \$22,980
 2 person household: Less than \$15,510 \$15,510 - \$31,020 More than \$31,020