

Help Us To Help You!

The Somerset County Office on Aging and Disability Services needs your help in planning necessary programs and services for people aged 60 +, caregivers and persons living with a disability. By participating in needs assessment survey you will help guide us in making decisions about the most needed community-based senior services in Somerset County. **Please answer the following questions so that we can gain a better understanding of the seniors living in Somerset County.**

Mark the municipality to whom you pay your taxes or where you live:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Bedminster | <input type="checkbox"/> Bound Brook | <input type="checkbox"/> Manville | <input type="checkbox"/> Rocky Hill |
| <input type="checkbox"/> Bernards | <input type="checkbox"/> Far Hills | <input type="checkbox"/> Millstone | <input type="checkbox"/> Somerville |
| <input type="checkbox"/> Bernardsville | <input type="checkbox"/> Franklin | <input type="checkbox"/> Montgomery | <input type="checkbox"/> So. Bound Brook |
| <input type="checkbox"/> Branchburg | <input type="checkbox"/> Green Brook | <input type="checkbox"/> No. Plainfield | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Bridgewater | <input type="checkbox"/> Hillsborough | <input type="checkbox"/> Peapack/Gladstone | <input type="checkbox"/> Watchung |
| <input type="checkbox"/> Raritan | | | |

Mark your gender: Male Female

Mark your age bracket: 60 -64 65- 69 70-79 80-84 85+

Are you enrolled in Medicare-D YES NO

If "NO", why not?

- My current coverage is as good as or better than the Medicare-D Plan
 I need assistance in selecting a plan.

If you are a caregiver please indicate which of the following applies to you:

- I am a caregiver **under age 60** providing care for an older adult (60+)
 I am a caregiver **over age 60** providing care for:
 an older adult (60+) a disabled child my grandchild (**full responsibility**)

Mark your ethnic background:

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> White/Non-Hispanic | <input type="checkbox"/> White/Hispanic | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African - American | <input type="checkbox"/> 2or more races |
| | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hawaiian/Pacific Islander | | <input type="checkbox"/> Other |

Mark your annual income:

- | | |
|---|---|
| <input type="checkbox"/> less than \$15,000 | <input type="checkbox"/> \$50,000 to \$54,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$55,000 to \$59,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$60,000 to \$64,999 |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$65,000 and up |

Mark your living arrangement:

- | | |
|---|--|
| <input type="checkbox"/> own my home | <input type="checkbox"/> rent |
| <input type="checkbox"/> live with family | <input type="checkbox"/> share housing with a friend |

1. If you had a question about program/services for senior citizens who would you call first?

2. Do you belong to a church/synagogue/temple/mosque? YES NO

3. Would you go to your place of worship if you were in need? YES NO

4. Do you have trouble getting information or services because you do not speak English?

YES NO

(over)

5. Please indicate ALL the services you feel your **tax dollar should support**:

- Adult Day Care
- Adult Protective Services
- Information about services for older adults and referrals to services
- Support group for those who are caregivers for the elderly
- Services to give caregivers a break from day-to-day responsibilities
- Meals on Wheels (Home Delivered Meals)
- Senior Centers (places that offer activities, programs, services and lunch)
- Household Chore Services
- Handyman Services (volunteers who make small home repairs)
- Home Health Aide Services
- Senior Employment training program (on the job training for older adults)
- Visiting Nurse Services
- Grocery shopping service (for those who are too frail to shop)
- Mental Health Services (assessment and counseling)
- Counseling on how to handle Medical Insurance questions and problems
- Quarterly Newsletter: about programs/services for older adults/caregivers
- Legal Services: **public** entitlements housing issues fraud protection consultations
- Health promotion opportunities: education exercise screenings
- Transportation:

Please mark all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Appointment | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Mall Shopping | <input type="checkbox"/> YMCA/YWCA | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Volunteer Job | <input type="checkbox"/> Library | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Other: _____ | | |

6. Have you or a family member (age 60 or older) ever needed services to help you remain living in your home? YES NO

7. Have you fallen in the past six months? YES NO

8. Do you presently use services in your home? YES NO

9. If yes, what services do you use? _____

10. What services do you need that are **NOT** available? _____

11. Why are these services unavailable to you? Not Affordable Services do not exist

12. Mark ALL the places you use to find out about services/opportunities for senior citizens:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> Municipal Office |
| <input type="checkbox"/> Neighbor/Friend | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Library |
| <input type="checkbox"/> Office on Aging | <input type="checkbox"/> Phone Book | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Hospital | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Church/Synagogue/Temple | <input type="checkbox"/> Senior Club | <input type="checkbox"/> Other |

13. Are you a **Veteran** YES NO or **spouse** of a Veteran YES NO?

14. Do you live alone YES NO or with a **spouse** YES NO or family member? YES NO

15. When you eat a meal you typically eat alone eat with a friend or family member.

16. Do you exercise on a regular basis 3 or more times/week 2 times/week I do not exercise.

Thank you for taking the time to complete your survey. We value your feedback.
Should you have questions or need assistance with services please call (908) 704-6346.

Please mail the survey to:
Somerset County Office on Aging & Disability Services
P.O. Box 3000 Somerville, NJ 08876
Attn: Joanne Fetzko, Executive Director