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:

- Bedminster
- Bound Brook
- Manville
- Rocky Hill
- Bernards
- Far Hills
- Millstone
- Somerville
- Bernardsville
- Franklin
- Montgomery
- So. Bound Brook
- Branchburg
- Green Brook
- No Plainfield
- Warren
- Bridgewater
- Hillsborough
- Peapack/Gladstone
- Watchung
- Raritan
- Branchburg
- Green Brook
- No Plainfield
- Warren
- Bridgewater
- Hillsborough
- Peapack/Gladstone
- Watchung
- 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:
☐ White/Non-Hispanic
☐ American Indian/Alaskan Native
☐ White/Hispanic
☐ Hawaiian/Pacific Islander
☐ Asian
☐ Black/African-American
☐ 2 or more races
☐ Other

Mark ☑ your annual income:
☐ less than $15,000
☐ $15,000 to $24,999
☐ $25,000 to $34,999
☐ $35,000 to $49,999
☐ $50,000 to $54,999
☐ $55,000 to $59,999
☐ $60,000 to $64,999
☐ $65,000 and up

Mark ☑ your living arrangement:
☐ own my home
☐ rent
☐ live with family
☐ 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:
☐ Medical Appointment ☐ Grocery Shopping ☐ Recreation
☐ Mall Shopping ☐ YMCA/YWCA ☐ Senior Center
☐ Volunteer Job ☐ Library ☐ Employment
☐ 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:

☐ Television ☐ Radio ☐ Municipal Office
☐ Neighbor/Friend ☐ Newspaper ☐ Library
☐ Office on Aging ☐ Phone Book ☐ Internet
☐ Family Member ☐ Hospital ☐ Newsletter
☐ Church/Synagogue/Temple ☐ Senior Club ☐ 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