

**SCHUYLER COUNTY OFFICE FOR THE AGING
2019 COMMUNITY NEEDS ASSESSMENT**

Thank you for taking the time to answer the following questions. Your responses will help staff at Office for the Aging to plan for the current and future needs of older adults (age 60 and older) in Schuyler County as well as their caregivers.

AGE	TOWN			VILLAGE
<input type="checkbox"/> Under 60				
<input type="checkbox"/> 60-74	<input type="checkbox"/> Catharine	<input type="checkbox"/> Hector	<input type="checkbox"/> Reading	<input type="checkbox"/> Village of Montour Falls
<input type="checkbox"/> 75+	<input type="checkbox"/> Cayuta	<input type="checkbox"/> Montour	<input type="checkbox"/> Tyrone	<input type="checkbox"/> Village of Watkins Glen
<input type="checkbox"/> 85+	<input type="checkbox"/> Dix	<input type="checkbox"/> Orange		<input type="checkbox"/> Village of Odessa
				<input type="checkbox"/> Village of Burdett
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
How many people live in your household, including yourself?				
How many people age 60 and older, including yourself, live in your household?				
How many people under the age of 19 live in your household?				
What type of housing do you live in?				
<input type="checkbox"/> Single Family House	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Supportive Apartment	
<input type="checkbox"/> Senior Housing	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Nursing Home		
<input type="checkbox"/> Group Home	<input type="checkbox"/> Other _____			

	Always	Usually	Sometimes	Rarely
1. Transportation:				
a. I have my own vehicle and still drive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I rely on others for transportation. OFA ___ Friends ___ Family ___ Walk ___ Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I utilize the public transit system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I need assistance in and out of a vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____ _____				
2. Personal Needs: Need help with:				
a. Managing personal care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Managing housekeeping tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Managing/organizing medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Preparing meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Paying bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Legal Issues: Do you need:				
a. Access to affordable legal assistance?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
b. Assistance with estate planning?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

c. Assistance with other legal problems? Yes No

Please note specific topics:

4. **Health Insurance;** Need help:

a. Obtaining or maintaining adequate health insurance? Yes No

b. Understanding options available? Yes No

c. Understanding current policy? Yes No

d. Understanding billing/payment procedures? Yes No

5. **Housing:** Do you need help:

a. Making major home repairs or modifications? Yes No

b. Obtaining safe/affordable housing? Yes No

c. To pay for heat or other utilities? Yes No

d. To pay for property taxes? Yes No

e. Performing household chores- i.e. mowing, shoveling, small repairs

f. Finding reliable help to perform household maintenance chores? Yes No

g. Cleaning/tidying your home? Yes No

6. **Mental Health Issues:** Do you need help to:

a. Access mental health services? Yes No

b. Access support group(s)? Yes No

c. Afford related medications? Yes No

7. **Disaster Preparedness:** Do you:

a. Have an evacuation plan in place if needing to leave home for extended period of time? Yes No

b. Have an evacuation kit prepared? Yes No

c. Have a fire escape route planned? Yes No

d. Have notification out to others of your oxygen or ventilator use? Yes No

e. Smoke detectors in place and working? Yes No

f. Have a supply kit ready in case of an extended power outage? Yes No

g. Have a current list of medications, medical diagnoses and doctors? Yes No

h. Have a designated contact person in the event of an emergency? Yes No

i. Have a way to contact someone if the telephone is not accessible? Yes No

j. Have a plan in place to care for pet(s) during an emergency/evacuation? Yes No

8. **Wellness Topics**

a. Do you participate in regular physical activity? Yes No

b. What types of activity do you engage in? Walking Jogging Bone Builders

Swimming Golf Gardening

Tai Chi Dancing Tennis

Pilates Weight Training Other

c. Would you participate in an exercise program offered through Office for the Aging? Yes No

d. If yes, what kind of physical activity?

e. Would you attend health related seminars? Yes No

f. Do you need transportation? Yes No

g. Suggestions for programming/program topics:

9. **Income:** Can you

a. Afford basic necessities: shelter, food, clothing? Yes No

b. Afford heat and other utilities? Yes No

c. Afford health care? Yes No

d. Afford transportation? Yes No

e. Afford entertainment? Yes No

Comments:

What are your concerns for yourself as you grow older?

TOPIC	✓	TOPIC	✓
Adequate income		Becoming burden on family	
Affordable housing		Social Security issues	
Availability of quality health care		Need for home care services	
Cost of health care		Paying for long term care	
Maintaining independence		Transportation	
Meal preparation		Illness (heart disease, arthritis, etc)	
Falling- injuries		Needing to move	
Having enough to eat		Declining quality of life	
Other: _____		Other: _____	

Thank you!

**If you would like to be contacted regarding services and supports you may be eligible for, please PRINT your name and contact information below and return this entire page to:
Schuyler County Office for the Aging/NY Connects 323 Owego Street, Unit 7 Montour Falls, NY 14865**

NAME: _____ TELEPHONE NUMBER: _____

EMAIL: _____

MAILING ADDRESS: _____
