

**SCHUYLER COUNTY OFFICE FOR THE AGING/NY CONNECTS  
2019 COMMUNITY NEEDS ASSESSMENT**

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

**I am responding as (check all that apply):**  
 Agency Representative     Advisory Council Member     Community Leader  
 Business Representative     Medical Community     Other \_\_\_\_\_

<b>What are your concerns for the age 60 and older population in Schuyler County?</b>			
<b>TOPIC</b>	<b>✓</b>	<b>TOPIC</b>	<b>✓</b>
Adequate income/Economic security		Becoming a burden on family	
Affordable housing		Maintaining independence	
Adequate housing options		Social Security issues	
Availability of quality health care		Understanding health insurance	
Access to mental health services		Access to maintenance medical care	
Cost of health care		Illness (heart disease, arthritis, etc)	
Ability to pay for medications/medical supplies		Ability to pay for long term care at home or in an institutional setting	
Meal preparation		Isolation	
Falling- injuries		Needing to move to another residence	
Having enough to eat		Declining quality of life	
Help with personal care routine		Managing household tasks	
Managing medications		Maintaining property- exterior & interior	
Paying bills- ability to write checks, pay online, etc.		Having someone to contact/assist in the event of an emergency	
Having a power of attorney in place		Emergency or Disaster preparedness	
Having a Health Care Proxy		Employment	
Having a Living Will or written wishes		Preparing meals	
Estate planning		Ability to maintain pets	
Civic Engagement/Volunteering		Caregiver support	
Livable communities		Aging in place	
Care transitions (from hospital or facility to home)		Finding an appropriate level of care close to home	
Elder Abuse		Adaptation to technology	
Healthy aging- availability and access to physical activity options		Willingness to pursue physical activity options	
Awareness of information, referral and assistance availability		Access to transportation/assistance as needed to access transit services	
Adequate heat		Ability to pay utilities	
Other: _____ _____		Other: _____ _____	

Please read back side



If you would like to receive an informational brochure from Office for the Aging about available services to help you refer patients/clients/consumers, please provide your contact information:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

**Please feel free to attach additional comments or add comments below. Feedback will be collected through October 25, 2019.**

**Return survey to: Office for the Aging/NY Connects  
323 Owego Street, Unit 7  
Montour Falls, NY 14865**

*Thank you!*