CATTARAUGUS

COUNTY

**Smile. We have answers.**

DEPARTMENT OF THE AGING

Cattaraugus County

Department of the Aging/NY Connects

1 Leo Moss Drive, Olean, NY 14760

**COMMUNITY SERVICE NEEDS ASSESSMENT**

The Cattaraugus County Department of the Aging/NY Connects is currently developing a 4-year plan and is seeking information regarding the needs, concerns and problems facing the citizens of our county. **WE NEED YOUR HELP!** Please complete the following 4-page survey and **return as soon as possible**. If mailing it back, please use the above return address. If you would like more information or assistance, please contact us at **716-373-8032** or **1-800-462-2901**.

 **Important Important NOT important**

and **is a** but is **NOT** and is **NOT**

 **concern a concern a concern**

 for me for me for me

**Housing**

 Able to perform household chores (cleaning, etc.) [ ] [ ] [ ]

 Finding reliable help to perform home

 maintenance/repairs [ ] [ ] [ ]

 Ability to pay rent or taxes [ ] [ ] [ ]

 Able to pay for home heating [ ] [ ] [ ]

**Transportation**

 To medical appointments [ ] [ ] [ ]

 To out of county medical appointments [ ] [ ] [ ]

 To the grocery store or other errands [ ] [ ] [ ]

 Driving my own car [ ] [ ] [ ]

**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 [ ] [ ] [ ]

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 Managing a chronic health condition [ ] [ ] [ ]

 Accessing services for individuals with Alzheimer’s

 or dementia and their caregivers [ ] [ ] [ ]

**Nutrition/Food**

 Having enough money for nutritious food [ ] [ ] [ ]

 Being able to shop and cook for myself [ ] [ ] [ ]

 Able to follow a special diet recommended

 by my doctor [ ] [ ] [ ]

**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 (Meals on Wheels)\* [ ] [ ] [ ]

 Ability to obtain help in applying for government

 programs [ ] [ ] [ ]

**Other**

 Able to feel prepared, secure, and have adequate

 supports in case of an emergency or disaster [ ] [ ] [ ]

 Ability to manage or find supports for mental and

 emotional health needs, including loneliness and

 isolation [ ] [ ] [ ]

 Ability to manage or find supports for drug, alcohol,

 or gambling issues for yourself or a loved one [ ] [ ] [ ]

 Ability to address and protect yourself against scams [ ] [ ] [ ]

 Ability to address and protect yourself against

 financial, emotional, physical, or mental abuse [ ] [ ] [ ]

**Caregivers**

If you are caring for another individual, please answer the following questions:

For whom do you provide care? [ ] Spouse [ ] Parent [ ] Adult Child (21+)

[ ] Minor Aged Child (20 and younger) [ ] Other

Does the individual for whom you care live in your home? [ ] Yes [ ] No

Does the individual have memory problems and/or dementia? [ ] Yes [ ] No

Do you feel overwhelmed and/or stressed in providing care? [ ] Yes [ ] No

Do you have a dependent child with developmental disabilities living in your home? [ ] Yes

 [ ] No

**Where I Turn for Help:**

If you, or someone you know, have been in the hospital in the past year, did you/they have the information and supports needed to return home? [ ] 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 support? [ ] Yes [ ] No

 [ ] Not applicable

**Demographic**

Demographics (This information will be kept strictly confidential; used only for statistical purposes)

Age: \_\_\_\_\_\_ Sex: [ ] Male [ ] Female

Persons living in your home including yourself: [ ] 1 [ ] 2 [ ] 3 [ ] 4+

Living Arrangements: [ ] Homeowner [ ] Renter [ ] None of the above

Village/Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income (per year):

[ ] Less than $25,000 [ ] $25,001 - $49,999 [ ] $50,000 to $74,999

[ ] $75,000 to $99,999 [ ] $100,000 - $149,000 [ ] More than $150,000

**Comments/Suggestions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(OPTIONAL):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please provide a phone number if you would like help

 or information with any of the issues discussed on this

 needs assessment.)

**\* If you receive Meals on Wheels, you may return this completed form with your driver.**