

Ontario County Office for the Aging Community Survey 2019

Please check the most appropriate box next to each issue	It is a need or concern for me	It is a need for the community but not me	NOT a need
Transportation			
1. Transportation to medical appointments			
2. Transportation to “out of county” medical appointments			
3. Transportation on weekends and/or evenings			
4. Transportation for social outings or events			
5. Transportation to the grocery store and/or other errands			
6. Ability to pay for transportation services			
Housing and Home Maintenance			
7. Availability of safe, affordable housing			
8. Ability to do household chores (cleaning, etc.)			
9. Home maintenance or repairs (handyman services)			
10. Ability to pay rent, mortgage and/or property taxes			
11. Ability to pay for home heating			
Health Insurance			
12. Understanding Medicare and various insurance options			
13. Understanding Medicare Savings Programs for low income individuals			
14. Understanding Medicaid eligibility and other low income subsidies			
15. Understanding prescription drug coverage options			
16. Understanding long term care insurance options			
17. Ability to pay premiums and co-pays			
Health and Social			
18. Understanding home care and other long term care options			
19. Managing or preventing reoccurring falls			
20. Availability of home care services			
21. Managing a chronic health condition, such as Parkinson’s, arthritis, heart disease, etc.			

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22. Alzheimer's disease or dementia			
23. Managing depression or other mental health conditions			
24. Loneliness or social isolation			
Nutrition and Food			
25. Having enough money to buy nutritious food			
26. Ability to cook for myself			
27. Availability of grocery store			
28. Ability to follow a special diet			
Services and Supports			
	Important and Satisfied	Important but <u>NOT</u> Satisfied	<u>NOT</u> Important
29. Respite Care for caregivers			
30. Adult Day Care programs			
31. Access to Senior Centers			
32. Assistance with household cleaning and chores			
33. Assistance with shopping			
34. A registry for private pay home care workers			
35. In-home personal care services			
36. Mental Health Services			
37. Substance Abuse Services			
38. Transportation options for those not able to drive or afford services			
39. Senior Meal Programs (Congregate Meal Sites)			
40. Home delivered meals (Meals on Wheels)			
41. Assistance applying for government benefits and programs			
42. Legal services			
43. Bill paying services			
44. Exercise, Fitness or Recreation Programs			
45. Volunteer opportunities			

Caregiving			
46. Are you caring for another individual?	Yes	No	
47. If you are caring for another individual, for whom are you caring for? <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Adult Child (over age 21) <input type="checkbox"/> Minor Child (age 20 or younger) <input type="checkbox"/> Other (specify) _____			
48. Does the individual live in your home?	Yes	No	
49. Does the individual have memory problems and/or dementia?	Yes	No	
50. Are you raising your grandchild?	Yes	No	
51. Do you feel overwhelmed and/or stressed providing care?	Yes	No	
Finding Help			
52. If you or someone you know was in the hospital this past year, did you/they have the information and supports needed to return home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Not Applicable			
53. Have you heard of "NY Connects" the local program that helps consumers with information, assistance and referrals to long term care services and supports? <input type="checkbox"/> Yes <input type="checkbox"/> No			
54. Have you ever called the Office for the Aging for help? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Demographics (this information is confidential and used only for statistical purposes)			
55. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
56. Age: <input type="checkbox"/> Under age 55 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-65 <input type="checkbox"/> 66-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85+			
57. Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Refuse to Answer <input type="checkbox"/> Other (please specify) _____			
58. Living Arrangements: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter Other (specify) _____			
59. Household: <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives with others			
60. If you are one person household (live alone) what is your estimated annual income (Check One) <input type="checkbox"/> Less than \$12,140 <input type="checkbox"/> \$12,141 - \$22,458 <input type="checkbox"/> More than \$22,459			

61. If two people live in your household what is your estimated annual income (check one)

- Less than 16,460/yr. \$ 16,461 - \$30,450 More than \$ 30,451

62. What is your zip code? _____

63. What Ontario County city or town do you live in:

- | | | | | |
|--|-------------------------------------|--|--|--|
| <input type="checkbox"/> Bristol | <input type="checkbox"/> Canadice | <input type="checkbox"/> City of Canandaigua | <input type="checkbox"/> Town of Canandaigua | |
| <input type="checkbox"/> East Bloomfield | <input type="checkbox"/> Farmington | <input type="checkbox"/> City of Geneva | <input type="checkbox"/> Town of Geneva | |
| <input type="checkbox"/> Gorham | <input type="checkbox"/> Hopewell | <input type="checkbox"/> Manchester | <input type="checkbox"/> Naples | <input type="checkbox"/> Phelps |
| <input type="checkbox"/> Richmond | <input type="checkbox"/> Seneca | <input type="checkbox"/> South Bristol | <input type="checkbox"/> Victor | <input type="checkbox"/> West Bloomfield |
| <input type="checkbox"/> In another county | | | | |

64. Who is answering the survey?

- I am an older adult age 60 or older
 I am a caregiver of a person who is age 60 or older
 I am a professional in a not-for-profit agency
 I am a concerned member of the community
 Other (specify) _____

65. Is there anything else you would like to tell the Ontario County Office for the Aging?

Thank you for taking the time to complete this survey. In the event you receive duplicate copies of this survey, please complete only one. Return the survey to Ontario County Office for the Aging, 3019 County Complex Drive, Canandaigua, NY 14424. You can also complete this survey at: <https://www.surveymonkey.com/r/ocofa>