

2019 Annual Survey

The Fulton Co. Office for Aging is reaching out to you so that we might determine the service needs in Fulton County, as well as, to identify any gaps in service that we might remedy. Please take a few minutes to complete the survey below and **return it to us by July 30, 2019.**

Your participation will help us to design (or re-design) and offer programs that **best** meet **YOUR NEEDS!**

Please read the following and let us know if **YOU have a problem** with or have difficulty completing the task(s) or if **YOU DO NOT** have a problem with the task by putting a check on the line .

	<u>Problem</u>	<u>Not a Problem</u>
Understanding health insurance/Medicare	_____	_____
Keeping up with medical costs	_____	_____
Insufficient money for food, shelter, clothes	_____	_____
Managing household bills	_____	_____
Household chores/maintenance	_____	_____
Feeling afraid or unsafe at home because you may fall or get injured?	_____	_____
Feeling afraid or unsafe at home because of crime and/or vandalism?	_____	_____
Legal Affairs (Will, POA, Health Care Proxy)	_____	_____
Feelings of Loneliness, isolation or depression	_____	_____
Disability or impaired mobility	_____	_____
Transportation (includes medical, shopping Recreation, to/from Social Adult Day program)	_____	_____
Knowing where to get information about Services and benefits	_____	_____
Taking Care of another adult	_____	_____
Taking Care of a grandchild or other kin	_____	_____
Taking Care of your personal needs: Bathing, dressing, preparing meals	_____	_____
Conflicts with others such as family, neighbors or creditors?	_____	_____
Getting to Church or Faith Community.	_____	_____
Getting my taxes prepared, getting my STAR Application in on-time, filling out IT-214	_____	_____
Finding information about Alzheimer's or other Dementias then getting assistance	_____	_____
Accessing and paying for long term services/supports at home or in an adult-care facility	_____	_____
Hearing the doorbell or phone ring	_____	_____

(FILL OUT BACK PAGE TOO!)

FOR ME	Important and <u>IS</u> a concern	Important, but <u>is NOT</u> a concern	NOT Important and IS NOT a concern
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Housing

Finding reliable help to do home maintenance/repairs	_____	_____	_____
Ability to pay rent or taxes	_____	_____	_____
Knowing what financial assistance is available for home repairs	_____	_____	_____
Ability to pay for home heating	_____	_____	_____
Knowing where to call for help In getting home repairs done	_____	_____	_____
Finding affordable housing	_____	_____	_____
Finding "accessible" housing	_____	_____	_____
Having shopping, doctor, social Events close by my residence	_____	_____	_____
Living close to a safe, walkable Downtown area	_____	_____	_____

NUTRITION

Having enough food for 3 meals	_____	_____	_____
Knowing where to call to get help With food/meals/dining	_____	_____	_____
Getting a ride to the store	_____	_____	_____
Being able to cook meals	_____	_____	_____
Following diabetic diet	_____	_____	_____
Do you have lunch at any OFA Lunch site?		___yes	___no
Why? _____.			
Why not? _____.			

TRANSPORTATION

Have you given up driving? ___yes ___no

Do you use Fulton Co. Office for Aging Senior Transportation? ___yes ___no

What other types of transportation do you use?

 ___taxi ___friends/family ___Uber/Lyft ___Gloversville Transit ___other option

 ___Para-transit ___ACCESS ___Adirondack Stretcher ___Medicaid ___S & G Medical

What is your zip code? _____. **I live in the city, town or village of:**

___ City of Gloversville	___ village of Broadalbin	___ town of Broadalbin
___ village of Northville	___ City of Johnstown	___ town of Caroga
___ town of Northampton	___ town of Perth	___ Town of Johnstown
___ town of Oppenheim	___ town of Ephratah	___ town of Stratford
___ town of Bleecker	___ village of Mayfield	___ town of Mayfield

What is your age: ___ 18-59 ___ 60-74 ___ 75-89 ___ 90 or over

Please check your ethnic group: ___White ___African American/Black/Non-Hispanic

 ___Hispanic ___Asian/Pacific Islander ___American Indian ___Alaskan Native

If you would like someone to contact you about your needs, please enter your telephone number here: _____.

**By July 30th, 2019 ~ return this survey to:
the Fulton Co. Office for Aging, 19 N. William St., Johnstown, NY 12095**