

**Sussex County Department of Human Services,
Division of Senior Services
One Spring Street, 2nd Floor, Newton, NJ 07860
973-579-0555 Fax: 973-579-0550
Email: seniorservices@sussex.nj.us**

NEEDS ASSESSMENT SURVEY

As the Area Agency on Aging, the Sussex County Division of Senior Services is always trying to assess the need for supportive services among people **60 years of age and over**.

Please take a few moments to fill out both sides of this survey form. You need not give your name, but if you would like information, please include your name and address so that we can contact you. When you finish completing the survey, return it **no later than June 10, 2015**. Thank you for your input!

Gender: Male Female **Age:**_____ **Town/City**_____

Marital Status: Single Married Widowed Separated/Divorced

Residence: Own Home Rent Apartment/House Subsidized Housing _____

Living Situation: Alone With Spouse/Life Partner With Adult Child Other _____

Income: Less than \$15,000 \$15,000 - \$24,999 \$25,000 - \$39,999 \$40,000 - \$59,999
 \$60,000 - \$75,000 Over \$75,000

Ethnicity: African American Asian Caucasian Hispanic Other _____

For the following questions, indicate whether a given situation is or is not a problem for YOU, personally:

| | Not a Problem | Sometimes a Problem | Frequently a Problem | Not Applicable |
|--|---------------|---------------------|----------------------|----------------|
| 1. Health | | | | |
| a. Taking care of yourself (bathing, dressing, etc.) | | | | |
| b. Obtaining home health services | | | | |
| c. Discussing health related issues with your doctor | | | | |
| d. Being a caregiver for another person | | | | |
| 2. Health Insurance | | | | |
| a. Having adequate health insurance/dental coverage | | | | |
| b. Having prescription coverage | | | | |
| c. Understanding health insurance/prescription coverage | | | | |
| d. Keeping up with medical costs | | | | |
| 3. Income | | | | |
| a. Having enough money for food, shelter or clothing | | | | |
| b. Ability to pay for heat and other utilities | | | | |
| c. Knowing who to contact for help with household budgeting/finances | | | | |

→**OVER PLEASE**→

| | Not a Problem | Sometimes a Problem | Frequently a Problem | Not Applicable |
|---|---------------|---------------------|----------------------|----------------|
| 4. Housing | | | | |
| a. Cleaning/tidying your home | | | | |
| b. Maintaining your home (shoveling, mowing, small repairs, etc.) | | | | |
| c. Being able to pay for home repairs | | | | |
| d. Obtaining affordable housing | | | | |
| 5. Safety/healthcare | | | | |
| a. Avoiding accidents/hazards in the home (ex: falling) | | | | |
| b. Access to in county non-emergency medical care. | | | | |
| c. Ability to fill & maintain prescribed medication | | | | |
| d. If you have been discharged from a hospital, were you able to access ordered discharge services. | | | | |
| 6. Transportation | | | | |
| a. Transportation for doctor visit, shopping, etc. | | | | |
| b. Using public transportation (bus/rail) | | | | |
| c. Driving my own vehicle wherever I need to go. | | | | |
| 7. Family Support/Caregiver | | | | |
| a. Over the age of 60 and receiving care/assistance from an adult family member/friend | | | | |
| b. Over the age of 60 and providing care to: An older adult (age 60+) | | | | |
| c. A disabled child | | | | |
| d. Grandchild (full responsibility) | | | | |
| 8. General Information | | | | |
| a. Knowing where to turn for information on benefits/services/programs for seniors | | | | |
| 9. Substance Abuse | | | | |
| a. Does substances/alcohol affect your daily life? | | | | |
| 10. Mental Health | | | | |
| a. Do mental health symptoms affect your daily life? | | | | |

If you would like someone to contact you for information regarding service/benefits to seniors, please include your name and telephone number below:

Name: _____

Telephone: _____

Email Address: _____