

**HUNTERDON COUNTY
DIVISION OF SENIOR, DISABILITIES AND VETERANS SERVICES
2018 NEEDS SURVEY**

The Hunterdon County Division of Senior, Disabilities and Veterans Services is committed to assisting county seniors, 60 years of age and older, in meeting their current and future needs. In order to maintain current services and plan for the future, we need your help. Please complete this survey and return by mail to: Need's Assessment, Hunterdon County Division of Senior, Disabilities and Veterans Services, PO Box 2900, Flemington, NJ 08822-2900. **Please return by April 1, 2018.**

1. Please select the municipality to whom you pay your taxes or where you live:

Alexandria Twp.	Califon Boro.	Delaware Twp.	Franklin Twp.	Hampton Twp.	Kingwood Twp.	Lebanon Twp.	Readington Twp.	Union Twp.
Bethlehem Twp.	Clinton Town	East Amwell Twp	Frenchtown Boro.	High Bridge Twp.	Lambertville City	Milford Boro.	Stockton Boro.	West Amwell Twp.
Bloomsbury Boro.	Clinton Twp.	Flemington Boro.	Glen Gardner	Holland Twp.	Lebanon Boro	Raritan Twp.	Tewksbury Twp.	

2. Please select your age bracket:

50-59 60-64 65-69 70-79 80-89 90-99 100+

3. Marital Status

Married Widowed Never Married Separated/Divorced

4. Gender

Female Male

5. Please indicate your ethnic background.

White/non-Hispanic Asian Other (Please Specify) _____
 Black/African American Hispanic

6. Are you a Veteran or the spouse of a Veteran?

No Yes - Veteran Yes – Spouse of Veteran

7. Residence:

Own Home

Subsidized Housing

Rent Apartment/House

Other (Please Specify) _____

8. Living Situation:

Alone

With Spouse/Life Partner

With Adult Child

Other (Please Specify) _____

9. Please indicate the bracket that best represents your annual income:

Less than \$15,000	\$25,000-\$34,999	\$50,000-\$59,999	\$70,000-\$79,999	\$90,000-\$99,000
\$15,000-\$24,999	\$35,000-\$49,999	\$60,000-\$69,999	\$80,000-\$89,999	\$100,000 and over

10. Have you or a family member (age 60 or older) ever needed services to help you remain living in your home?

Yes

No

11. Please indicate ALL of the resources you use to find out about services/opportunities for older adults.

Division of Senior, Disabilities and Veterans Services	Radio	Municipal Office	Newspaper	Library
Senior Center	Television	Neighbor/Friend	Newsletter	Internet

12. For the following questions, indicate the degree to which the topics described below are problematic for YOU (those 60 and over)

Question	Not a problem	Sometimes a problem	Always a problem	Not applicable
Addressing my own needs (bathing, dressing, etc)				
Contacting and obtaining home health services, if needed				
Discussing health related issues with my doctor				
Providing care as a caregiver for another person				
Contacting and obtaining adequate health coverage				
Obtaining prescription coverage				
Understanding health insurance/prescription coverage				
Paying bills regarding my medical costs				
Paying bills regarding food, shelter, clothing				
Paying bills regarding heating and other utilities				
Identifying and contacting resources for help with household budgeting and finances				
Cleaning my living environment				
Maintaining my living environment (small repairs, etc)				
Identifying and obtaining affordable housing, if needed				
Falling (loss of balance)				
Obtaining transportation				
Driving a vehicle				

13. Please indicate five (5) service priorities you feel that your tax dollars should support with 1 being the most important.

Adult Day Care	Information and Assistances for older adults and referrals for services
Adult Protective Services	Home Health Aides
Friendly Visitor (volunteers who provide weekly visits to older adults who are unable to leave their home)	Grocery shopper services (for those who are physically unable to shop for themselves)
Support groups	Mental Health Services
Respite care (Service to provide a break from day-to-day caregiving)	Counseling on how to handle medical insurance questions and issues.
Meals on Wheels	Quarterly Newsletter
Senior Centers	Legal Services
Household Chore Services	Health Education
Handyman Services (volunteers who complete small home repairs)	Exercise Programs
Transportation	

14. Optional:

Name:

Address:

Telephone Number: