Cattaraugus County
Department of the Aging/NY Connects
1 Leo Moss Drive, Olean, NY 14760

NEW YORK STATE OF OPPORTUNITY. | NY Connects Your Link to Long Term Services and Supports

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 and **is a concern** for me	**Important** but is **NOT a concern** for me	**NOT important** and is **NOT a concern** 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	[ ]	[ ]	[ ]

	Important and **is a concern** for me	**Important** but is **NOT a concern** for me	**NOT important** and is **NOT a concern** for me
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: _____

_____

_____

_____

_____

_____

_____

_____

(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.**