**COMMUNITY AGENCY NEEDS ASSESSMENT SURVEY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Daytime Phone Number:** |  |
| **Address** |  |

|  |  |
| --- | --- |
| **We are obtaining information that will be used to determine the needs of elderly persons (60+) in our community. We are seeking your input as a public/private provider on the needs that your agency encounters. Your answers will be compiled and kept confidential.**  | **Please mail or fax this survey to:****Caldwell Parish Council on Aging****P.O. Box 1498****Columbia, LA 71418****Phone: 318-649-2584****Fax: 318-649-7600** |

**1.** **What services does your agency provide to persons over 60 years of age or older?**

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**2.** **On average, how many older persons does your agency serve per year?** \_\_\_\_\_\_\_\_

**3. Of that number, approximately what percentage is:**

 \_\_\_\_\_\_\_\_\_% low-income \_\_\_\_\_\_\_\_\_\_% minority \_\_\_\_\_\_\_\_\_\_% rural-residing

**4.** **Are you able to serve all older persons who request assistance from you?**

[ ]  **Yes [ ]  No**

**5.** **List any services that you provide that are needed in greater supply.**

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**6. Are there any areas of the parish and/or region that you cannot reach with your services?**

**[ ]  Yes [ ]  No** **If yes, please give details**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**7. Are you aware of the services provided by Caldwell Parish** **Council on Aging?**

**[ ]  Yes [ ]  No**

**8. List any services you would find valuable that the AAA does not currently offer.**

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**9. Optional:** Would you like the Council on Aging to contact you about services available for senior adults and their caregivers? [ ]  Yes [ ]  No

**Please continue below-next page!**

**As you answer, mark a [x]  in the box that corresponds to your response.**

|  |  |
| --- | --- |
| **10. Please tell us how essential each of the following services are for helping older persons and those with disabilities in your region.** | **Very****Quite a bit****A little** **Not At All** |
| a. Personal Care (help bathing, dressing, eating meals, taking medicine, etc.) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| b. Companion/Sitter | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| c. Adult Day Service (all day supervision and help in a community setting) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| d. Homemaker/Housework Services | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| e. Respite Care (personal care provided to individuals to give caregiver a break) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| f. Emergency Call System (LifeLine) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| g. Telephone Reassurance (contacting frail persons by telephone regularly) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| h. Home-Delivered Meals | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| i. Home health/ nurses and nurses aide | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| j. Help with purchasing medications  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| k. Dental Care/Dentures | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| l. Minor home renovations/repairs | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| m. Yard work  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| n. Energy Assistance  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| o. Public Senior Housing  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| p. Rental Subsidy  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| q. Assistance with completing Medicare and insurance forms  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| r Assistance with applying for benefits and programs  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| s. Transportation (grocery store, doctor’s office, pharmacy, or other errands)  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| t. Transportation to the Senior Center  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| u. Learning computer basics | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| v. Learning to read/write | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| w. Recreation (exercise, dancing, crafts, etc.) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| x. Day trips to museums, historical sites, etc.  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| y. Legal Assistance and representation (wills, power of attorney, etc.) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| z. Crime issues, scams, fraud, personal safety, and safety education | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| aa. Information and assistance and outreach visits to the homes of seniors  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| bb. Congregate meals at a community center | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| cc. Health screenings (blood pressure checks, diabetes monitoring, etc.) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| dd. Support groups for issues such as grief, loss, or caregiving  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| ee. Information on health issues and new medications  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| ff. Counseling (depression, coping with loss, etc.) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

Caldwell Parish Council on Aging wishes to **thank you** for filling this survey out. Please mail to the following address:

Caldwell Parish Council on Aging, Inc.

Post Office Box 1498

Columbia, LA 71418

Or, you can fax to 318-649-7600!