**LOUISIANA SENIOR NEEDS ASSESSMENT**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return the survey by \_\_\_\_\_\_\_\_\_\_ in the postage-paid envelope provided. Thank you.

**1. Please mark all that apply:**

[ ]  I am answering for myself [ ]  I am answering for someone I care for

[ ]  I am helping someone I care for answer [ ]  I am over 55 years old

[ ]  I am disabled [ ] I am a caregiver

**2. Do you receive services from the Council on Aging (COA) or Aging and Disability Resource**

 **Center (ADRC) in your area?** [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| 1. **How important are the following to help keep you where you are right now?**
 | **Very****Quite a bit****A little** **Not At All** |
| **a.** Knowing what services are available and how to get them | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **b.** Information or help applying for health insurance or prescription coverage | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **c.** Transportation to the Senior Center, store, doctor’s office, pharmacy, or other errands.  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **d.** Learning to read/write, computer basics, or other classes | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **e.** Having a meal with my friends or others like me | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **f.** Taking part in fun activities (such as crafts, music, games) with others like me | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **g.** Getting the exercise that is good for me | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **h.** Exercising, dancing, walking classes or groups with others like me | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **i.** Having someone to talk to when I feel lonely. (Telephone Reassurance) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **j.** Information on how to eat healthy | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **k.** Having someone bring a meal to my home every day (Home delivered Meals) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **l.** Help keeping my home clean. (Homemaker/Housework Services) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **m.** Respite Care (personal care provided to individuals to give caregiver a break) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **n.** Help with personal care (bathing, dressing, eating meals, taking medicine, etc.) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **o.** Information on health issues and new medications | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **p.** Having someone help me with my prescription medicine | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **q.** Keeping warm or cool as the weather changes | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **r.** Preventing falls and other accidents | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **s.** Help making choices about future medical care and end of life decisions | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **t.** Someone to protect my rights, safety, property or dignity | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **u.** Someone to call when I feel threatened or taken advantage of | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **v.** Modifications to my home so that I can get around safely | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **w.** A senior center that is close to my home | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **x.**  Help with health problems and alcohol/drugs/smoking cessation | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **y.** Home health/nurses and nurses aid | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **z.** Dental Care (Dentures), Eye Care (eyeglasses), Hearing Aid | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **aa.** Rental Assistance and/or Energy Assistance | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **bb.** Low interest loans or grants to renovate or purchase a home | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **cc.** Assistance with public senior housing and/or assisted living facilities | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **dd.** Assistance with writing checks, bill payments, and budgeting | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **ee.** Assistance with completing Medicare & Insurance forms | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **ff.**  Assistance with applying for benefits and programs  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **4. Do you have a medical (physical, mental, or emotional) condition that** (mark all that apply) |
| [ ]  | Limits your ability to dress, bathe, or get around inside your home | [ ]  | Makes it difficult to see or hear |
| [ ]  | Makes it difficult to walk, climb stairs, reach, lift or carry things | [ ]  | Makes it hard to go outside alone |
| [ ]  | that has made it difficult for you to work at a job or business | [ ]  | None of these |

|  |  |
| --- | --- |
| **5.** **How much do you need help paying for the following:** | **Very****Quite a bit****A little** **Not At All** |
| **a.** Utilities or an unexpected bill | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **b.** Dental Care and/or Dentures | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **c.** Hearing Exam and/or Hearing Aids | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **d.** Paying for an Eye Exam and/or eyeglasses | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **e.** Health insurance | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **f.** Help paying for healthy food | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **g.** Medical Care | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **h.** Prescriptions or prescription drug coverage | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

|  |
| --- |
| 1. **Please tell us about yourself (If you are a caregiver, answer about the person you care for).**
 |
| Gender What parish do you live in?­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Female Education [ ]  Male [ ]  Less than high school  [ ]  High school diploma/GEDRace [ ]  Some College or Associates degree  [ ]  Black or African American [ ]  Bachelor’s Degree [ ]  White or Caucasian [ ]  Advanced/Graduate degree [ ]  Native American  [ ]  Hispanic [ ]  Asian or Pacific Islander What is your monthly household income?  [ ]  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Less than $695 [ ]  $696-$937Marital Status [ ]  $938-$1,178 [ ]  Single [ ]  $1,179-$1,420 [ ]  Married [ ]  More than $1,421 [ ]  Divorced  [ ]  Widowed  [ ]  Domestic Partner How many people are supported by this income?  One Two Three Four or MoreWhat year were you born? 19\_\_ \_\_ [ ]  [ ]  [ ]  [ ]   |
| **7. CAREGIVER: Please answer if you are responsible for the care of one or more persons who are over 60, have a disability, or a minor (under 18).** | **Strongly Agree** **Agree** **Disagree****Strongly Disagree** |
| 1. I need help paying for services the person I care for needs.
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. I need help locating services for the person I care for
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. I would like training on caring for someone at home
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. I need somewhere for the person I care for to be during the day
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. I sometimes need temporary relief from my caregiver duties (respite)
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. Of the persons you care for, how many are: None One Two 3 or More
 |
|  Over 60 years old Has a disability Both elderly and disabled Child under 18 years old | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

**Optional:** Would you like the Area Agency to contact you about services available for senior adults and their caregivers? [ ]  Yes [ ]  No