**LOUISIANA SENIOR NEEDS ASSESSMENT**

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

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

**As you answer, mark a**  **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/GED  Race  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-$937  Marital 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 More  What 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