

Rensselaer County Office for the Aging  
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## 2019 NEEDS ASSESSMENT SURVEY

Every four years, the Rensselaer County Office for the Aging completes a comprehensive Community Needs Assessment to help us identify Long Term Care Services and Supports needed in our community. We are asking you to assist us by completing the questionnaire below. Your input is valuable in determining what services are needed and available to seniors in our community.

Thank you for your time and assistance.

**Please return the completed form by September 1, 2019**

Please check one box per line that best describes your needs and topic level of importance in general

Statement	Important and IS a concern for me	Important but is NOT a concern for me	Not Important, and Not a concern for me
<b>Housing</b>			
Obtaining affordable housing			
Ability to pay the rent/mortgage and property taxes			
Being able to pay for heat and other utilities			
Able to perform household chores (cleaning, etc.)			
Maintaining the outside of your home (lawn care, snow removal)			
Finding reliable help to perform home maintenance/repairs			
Feeling safe in your community			
<b>Transportation</b>			
Having a way to get to medical appointments			
Having a way to get to out of county medical appointments			
Having a way to get to the grocery store and other errands			
Having a way to get to social or recreational activities			
Driving my own car			
<b>Nutrition</b>			
Having enough money for nutritious food			
Being able to shop and cook for myself			
Maintaining a healthy weight			
Able to follow a special diet recommended by my doctor			

Statement	Important and IS a concern for me	Important but is NOT a concern for me	Not Important, and Not a concern for me
<b>Insurance / Health</b>			
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			
Managing a chronic health condition			
<b>Services and Supports</b>			
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			
Ability to obtain help in applying for government programs			
<b>Caregiving</b>			
Getting services for the person you care for			
Getting information about where to go for assistance			
Finding someone to talk to about the challenges of caregiving			
Taking time for yourself			
Ensuring the person you care for is as safe as possible			
Handling money matters for the person you care for			
Feeling overwhelmed by taking care of a love one or friend			
Meeting the needs of someone with Alzheimer's or dementia			

**Where I Turn for Help:**

If you, or someone you know, has been in the hospital in the past year, did you/they have the information and supports needed to return home? (circle one)      **YES   NO   Not Applicable**

Have you heard of “NY Connects” which is a local program that helps consumers with information, assistance and connections to long term services and supports? (circle one)      **YES   NO   Not Applicable**

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**DEMOGRAPHIC---(This information will be kept in strict confidentiality, used only for statistical purposes)**  
**(Please CHECK appropriate box)**

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**Age Bracket:**     60-74     75-84     85-90     90+

**Gender:**     Male     Female     Transgender

**Marital Status:**     Married     Single     Widowed     Separated /Divorced  
  
 Domestic Partner     Significant Other

**Sexual Orientation:**     Heterosexual/Straight     Homosexual/Gay     Lesbian  
  
 Bisexual     Not Sure     Other     No Answer

**Living Arrangement:**     Alone     With Spouse     With Spouse and Others  
  
 Domestic Partner Only     Domestic Partner and others  
  
 W/Relatives (excludes spouse)     W/Non-Relative(s)     Other

**Race/Ethnicity:**

**Race:**     White-Not Hispanic     Black     American Indian/Native Alaskan  
  
 White-Hispanic     Asian     Native Hawaiian/Other Pacific Islander  
  
 Other Race     2 or more Races

**Income (per Year):**

**1 Person Household:**

Less than \$12,498     \$12,490—\$23,107     More than \$23,107

**2 Person Household:**

Less than \$16,910     \$16,910—\$31,284     More than \$31,284

**Please circle what City/Town/Village you reside in:**

**Berlin**

**Brunswick**

**Castleton-On-Hudson**

**East Greenbush**

**East Nassau**

**Grafton**

**Hoosick Falls (Town)**

**Hoosick Falls (Village)**

**Nassau (Town)**

**Nassau (Village)**

**North Greenbush**

**Petersburgh**

**Pittstown**

**Poestenkill**

**Rensselaer**

**Sand Lake**

**Schaghticoke (Town)**

**Schaghticoke (Village)**

**Schodack**

**Stephentown**

**Troy**

**Valley Falls**