

Wayne County Department of Aging and Youth  
2019 Community Needs Assessment Survey

Age	Gender	ZipCode	# people in Household	Are you a homeowner?	Annual Income	Are you a caregiver?

Please check the issues that you struggle with or worry about. This is an anonymous survey, but if you wish to be contacted, please leave your name and number.

\_\_\_\_\_

1. Transportation

- |  |  |
|--|--|
| <input type="checkbox"/> To local medical appointments | <input type="checkbox"/> To out of county appointments |
| <input type="checkbox"/> To store/pharmacy             | <input type="checkbox"/> Driving my OWN car            |

2. Housing

- |  |  |
|--|--|
| <input type="checkbox"/> Affording rent/mortgage/taxes | <input type="checkbox"/> Maintenance/Repairs |
| <input type="checkbox"/> Affording utilities           | <input type="checkbox"/> Completing chores   |

3. Insurance/Health

- |  |   |
|--|---|
| <input type="checkbox"/> Understanding insurance options   | <input type="checkbox"/> Frequent falls                 |
| <input type="checkbox"/> Understanding assistance programs | <input type="checkbox"/> Managing a chronic condition   |
| <input type="checkbox"/> Understanding Long Term Care      | <input type="checkbox"/> Accessing needed services/care |
| <input type="checkbox"/> Options for those with dementia   | <input type="checkbox"/> Understanding my doctor(s)     |

4. Nutrition/Food

- |   |  |
|---|--|
| <input type="checkbox"/> Affording nutritious food            | <input type="checkbox"/> Being able to shop for myself |
| <input type="checkbox"/> Able to follow doctor's ordered diet | <input type="checkbox"/> Being able to cook for myself |

5. Other Services and Supports

- |  |   |
|--|---|
| <input type="checkbox"/> Respite services for caregivers | <input type="checkbox"/> Access to Senior Centers |
| <input type="checkbox"/> In-home personal care           | <input type="checkbox"/> Home delivered meals     |
| <input type="checkbox"/> Help to apply for benefits      |   |

6. Financial

- |   |   |
|---|---|
| <input type="checkbox"/> Ability to manage finances | <input type="checkbox"/> Making ends meet       |
| <input type="checkbox"/> Affording medications      | <input type="checkbox"/> Affording medical care |

Other (use back of sheet if needed) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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