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Division of Senior, Disabilities
& Veterans Services
P.O. Box 2900
Flemington, NJ 08822



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2024 Community Needs Assessment

The Division of Senior, Disabilities & Veterans Services

Office Use Only
Batch Number: _____

1. This survey is being filled out by: *(Select all that apply)*

- An older adult (60+) A caregiver Person with a disability, any age
- Family member/friend of a senior or a person with a disability Professional agency or caregiver
- Other _____

Demographics

(The following questions pertain to the older adult and/or person with a disability)

- 2. Age _____
- 3. Gender M F Other _____
- 4. Primary Language (if other than English) _____
- 5. Education Level _____
- 6. What is your race/ethnicity? *(Select all that apply)*
- Asian or Pacific Islander Black/African American Hispanic/Latino
- Native America or Alaskan Native White non-Hispanic Other _____
- 7. Marital Status *(Check only one)*
- Single Married Unmarried, but living with partner Divorced/Separated Widowed
- 8. Are you or your spouse a Veteran? Yes No Spouse/Widow of a Veteran

Programs and Services

9. Select the programs and services you have used in the past 12 months *(Check all that apply)*

- Care Management Caregiver Support Groups Transportation (The Link) Mr. Fix-It
- Congregate Meals Home Delivered Meals Information & Assistance SAFE Housing
- Health Educational Lectures Friendly Visiting Volunteer Shopper Adult Day Care
- Legal Assistance Telephone Reassurance Social Activities (Art class, trips)
- Home Care (Certified or non-Cert aides) Physical Activities (Healthy Bones, Tai Chi, Matter of Balance)

10. Select the programs and services you have needed in the past 12 months that were not available

(Check all that apply)

- Assisted Technology Housing Navigator Money Management
- Language Translation Services Dental Services Visiting Nurse
- Other _____

11. What difficulties have you encountered obtaining services? *(Check all that apply)*

- Lack of knowledge about services Lack of availability of services Unable to leave home safely
- Language barriers Transportation issues Eligibility
- Lack of accessibility Inadequate/no insurance
- Other _____

12. What is your preferred source of information? *(Check all that apply)*

- Hunterdon Helpline Word of Mouth Internet Doctors Office
- Social Service Agency Library Newspaper Senior Center
- Seasoned Years Other _____

Transportation Needs

13. Have you ever used the County's transportation system, the Link? Yes No

14. If applicable, what are the main issues with your ability to use the Link?

- Have to rely on others for transportation Can't afford Not accessible due to my disability
- I don't know how to use it Not available Does not go to the places I need to go
- Schedule is inconvenient Other _____

Housing Needs

15. Which best describes your current housing status? Own your home Rent without subsidy
 Live in subsidized housing Live free of charge with family/friends No stable home
16. Which best describes your residence type? Private home/apartment Senior Housing
 Group Home Boarding Home Shelter Assisted Living
 Nursing Home Unhoused
17. Does your current housing meet your needs? (Check all that apply)
 Yes No, I cant afford my bills No, I need modifications
 No, I don't feel safe in my home/neighborhood Other _____
18. Including yourself, how many people live in your household? _____
-

Food Security

19. In the last 12 months, did you eat less than you felt you should because there wasn't enough money for food?
 Yes No I don't remember
20. In situations were you are unable to shop, cook, or feed yourself, do you have someone who can help you?
 Yes Sometimes Never Not Sure
21. Do you keep emergency food supplies at hand? Yes No Not Sure
-

Safety

22. Have you been a victim of a crime in the past 12 months? Yes No Maybe
23. If so, what type of crime did you fall victim to?
 Financial exploitation Physical abuse Emotional/psychological abuse
 Sexual abuse Identity theft Theft/burglary
 Other _____
24. After the crime was committed, who did you notify about the crime?
 Police Adult Protective Services I did not report
 Other _____



If you, a friend, or loved one is currently experiencing abuse, neglect, and/or exploitation, please call Adult Protective Services (APS), at (908) 788-1300

Caregiver Information

(Only respond to this section if you are a caregiver of a person age 60+ and/or with a disability)

26. Which best describes your stress level concerning your role as a caregiver?
 Extremely Stressful Situationally stressful Moderately Stressful
 Not Really Stressful Not Stressful
27. Is there specific information or services that you think could help you in your role as a caregiver?
 Financial support Having someone to talk to Connecting with agencies for help
 Taking a break for myself Other _____
-

Additional Information

If you would like additional information on any of the program listed previously, please do so by indicating in the selection below. We will send program information to the return address you list on this form, be sure the information you supply is correct.

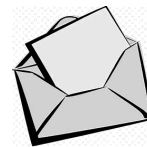
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Thank you for your continued support and for taking the time to complete this questionnaire. Results from this survey are used to develop the County's Area Plan on Aging and allocating State and Federal monies associated with the Older Americans Act.

Please, return completed questionnaires to our office by May 30th



By Mail:
P.O Box 2900
Flemington, NJ 08822



Drop-off:
4 Gauntt Place
Flemington, NJ 08822