



# 2023 Community Needs Assessment

The Division of Senior, Disabilities & Veterans Services

Office Use Only  
Batch Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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. Municipality \_\_\_\_\_
5. If applicable, what is the nature of your disability \_\_\_\_\_
6. Primary Language (if other than English) \_\_\_\_\_ 7. Education Level \_\_\_\_\_
8. 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 \_\_\_\_\_
9. Marital Status *(Check only one)*  
 Single  Married  Unmarried, but living with partner  Divorced/Separated  Widowed
10. Total Annual Income: If married, include both yours and your spouses income \_\_\_\_\_
11. Do you currently work or volunteer?  Yes  No  No, but I would like to
12. Are you or your spouse a Veteran?  Yes, I am a Veteran  No  Spouse/Widow of a Veteran

## Programs and Services

13. What do you already know about the Division of Senior, Disabilities and Veterans Services?  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Have you received services through the Division of Senior, Disabilities and Veterans Services?  
 Yes  No  Not Sure
15. Select the programs and services you have used in the past 12 months *(Check all that apply)*  
 Adult Day Care  Care Management  Medicare Counseling  Caregiver Support Groups  
 Congregate Meals  Home Delivered Meals  Health Educational Lectures  Information & Assistance  
 Home Modifications  Mr. Fix-It  Home Care (Certified or non-Cert. aides)  
 Legal Assistance  Transportation (The Link)  Friendly Visiting  Telephone Reassurance  
 Physical Activities (Healthy Bones, Tai Chi for Health, Matter of Balance)  Social Activities (Art classes, trips)
16. What program or services have you needed and did not receive? *(Please supply detailed information)*  
 \_\_\_\_\_  
 \_\_\_\_\_
17. 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 \_\_\_\_\_
18. How did you learn about the services available in the County? *(Check all that apply)*  
 County staff  Hunterdon Helpline or 211  Word of Mouth  Internet  Doctors Office  
 Social Service Agency  Library  Newspaper  Senior Center  Police  
 Other \_\_\_\_\_
19. Have you found Hunterdon County government buildings to be accessible?  
 Yes  No; which building is not accessible? \_\_\_\_\_  I've never been

## Transportation Needs

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

22. 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
23. Which best describes your residence type?  Private home/apartment  Senior Housing  Group Home
- Boarding Home  Shelter  Assisted Living  Nursing Home  Homeless
24. Does your current housing meet your needs? (Check all that apply)  Yes  No, I can't afford my bills
- No, I need modifications  No, I don't feel safe in my home/neighborhood  Other
25. Including yourself, how many people live in your household? \_\_\_\_\_

## Food Security

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

## Safety

29. Have you been a victim of a crime in the past 12 months?  Yes  No  Maybe
30. 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 \_\_\_\_\_
31. 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

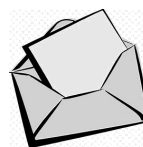
*(Only respond to this section if you are a caregiver of a person age 60+ and/or with a disability)*

32. Are you a caregiver for a senior or a person with a disability?  Yes  No
33. Which best describes your stress level concerning your role as a caregiver?
- Extremely Stressful  Situationally stressful  Moderately Stressful  Not Really Stressful  Not Stressful
34. 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 \_\_\_\_\_

Please, return completed questionnaires to our office by May 30<sup>th</sup>



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



**Drop-off:**  
4 Gauntt Place  
Flemington, NJ 08822

*Thank you for your continued support and for taking the time to complete this questionnaire.*

If you have any questions or would like to inquire about any of the programs discussed in this questionnaire, please contact our office, (908) 788-1361.