



The Western Piedmont Area Agency on Aging is seeking your input as we develop our 2016-2020 Area Plan. We are specifically interested in information about the needs of older adults, caregivers, or persons with disabilities within your county.

## **Instructions**

The following survey will ask you to identify the three greatest needs or issues in your county that you think should be addressed in our 2016-2020 area plan.

Each page of the survey, with the same questions repeated three times, will ask you to categorize a specific issue or need, tell us briefly more about your selection, and about any potential solutions to address this issue or need.

At the end, there are a few questions to help us better understand who is answering this survey. You do not have to give us your name unless you want to, and identifying information collected, if any, will remain confidential. You can expect to spend between 5 and 10 minutes completing the survey.

Please call us at (828) 485-4212 if you have any questions about this survey, or want more information about the Area Agency on Aging.

Thank you for your time and input! Completed surveys may be returned to:

Western Piedmont Area Agency on Aging

PO Box 9026

Hickory, NC 28603

## Western Piedmont Area Agency on Aging's Survey of County Issues

### Issue or Need # 1

1. Please choose **one** of the following that best describes a top priority issue or need in your county:

- Housing (affordable, rental, owner-occupied, home-repairs, co-housing, etc.)
- Transportation
- Safety or Security
- Nutrition
- Health and Wellness
- Medical Care or Treatment
- Caregiving
- Community-based Services (adult day care, home-delivered meals, in-home aide, etc.)
- Long Term Care (nursing homes, adult care homes, family care homes)
- Finances or Income
- Social Interaction, Volunteering, Leisure or Life-Long Learning
- Other (please specify) \_\_\_\_\_

2. Please tell us more about this issue or need or why you selected it. (optional)

3. What potential solutions or opportunities can you suggest? (optional)

Issue or Need #2

4. Please choose another **one** of the following that best describes a top priority issue or need in your county:

- Housing (affordable, rental, owner-occupied, home-repairs, co-housing, etc.)
- Transportation
- Safety or Security
- Nutrition
- Health and Wellness
- Medical Care or Treatment
- Caregiving
- Community-based Services (adult day care, home-delivered meals, in-home aide, etc.)
- Long Term Care (nursing homes, adult care homes, family care homes)
- Finances or Income
- Social Interaction, Volunteering, Leisure or Life-Long Learning
- Other (please specify) \_\_\_\_\_

5. Please tell us more about this issue or need or why you selected it. (optional)

6. What potential solutions or opportunities can you suggest? (optional)

Issue or Need #3

7. Please choose **one** more of the following that best describes a top priority issue or need in your county:

- Housing (affordable, rental, owner-occupied, home-repairs, co-housing, etc.)
- Transportation
- Safety or Security
- Nutrition
- Health and Wellness
- Medical Care or Treatment
- Caregiving
- Community-based Services (adult day care, home-delivered meals, in-home aide, etc.)
- Long Term Care (nursing homes, adult care homes, family care homes)
- Finances or Income
- Social Interaction, Volunteering, Leisure or Life-Long Learning
- Other (please specify) \_\_\_\_\_

8. Please tell us more about this issue or need or why you selected it. (optional)

9. What potential solutions or opportunities can you suggest? (optional)

About You:

10. Please select your county from the list below:

- Alexander
- Burke
- Caldwell
- Catawba
- I am answering for more than one county. (Please specify additional counties below)

\_\_\_\_\_

11. Are you...? (check all that apply)

- An older adult (age 60 or older)
- An adult younger than age 60
- A family caregiver
- An aging or human services professional
- An elected officeholder or other public official
- A member of the regional advisory committee for the Area Agency on Aging
- A member of the community advisory committee for the Ombudsman program

12. Optional Contact Information (in case we have a question about your answers)

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_