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**COUNTY OF NASSAU
DEPARTMENT OF HUMAN SERVICES**

Office for the Aging

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Please complete the following questionnaire to help the Nassau County Office for the Aging identify the needs for Community-Based Services. This information will help plan future services and programs. Please return the completed survey as soon as possible. All demographic information will be kept confidential and is only used for statistical purposes.

Transportation

Check appropriate box:

Yes

No

Do you have difficulty getting to your medical appointments?		
Do you have difficulty getting to the grocery store and other errands?		
Do you currently drive?		
Do you currently use public transportation?		
Do you use Able Ride?		
Do you currently use Senior Center transportation?		
Do you currently use private taxis?		
Do you currently use a transportation application such as Uber, Lyft, etc.?		

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Nutrition

Check appropriate box:

Yes

No

Can you always afford to buy nutritious foods?		
Do you find it difficult to shop and cook for yourself?		
Do you find it difficult to maintain a healthy weight?		
Do you attend a congregate meal program at a Nassau County Senior Center?		
Do you utilize Nassau County's Home Delivered Meals Program?		

Housing

Check appropriate box:

Yes

No

Do you have difficulty paying for heat and other utilities?		
Do you find it difficult to perform household chores (cleaning, etc.)?		
Do you find it difficult being able to pay the rent/mortgage and property taxes?		
Do you have difficulty maintaining the outside of your home (lawn care, snow removal)?		
Do you find it difficult locating reliable help to perform home maintenance/repairs?		
Do you feel safe in your community?		

Continue to next page

Insurance/ Health

Check appropriate box:

Yes

No

Do you understand Medicare and various options?		
Do you know about low-income health insurance subsidies?		
Are you aware of long-term care services and support options?		
Do you find it difficult preventing falls, in and out of the home?		
Do you have a chronic health condition that is difficult to manage?		

Services and Supports

Check appropriate box:

Yes

No

Do you participate in fitness classes, art classes, or other activities offered by Nassau County Senior Centers?		
Do you have difficulty accessing senior centers?		
Do you require in-home personal care services?		
Do you require assistance in applying for government programs?		
Have you heard of the NY Connects Aging Helpline?		

Caregiver Information

Check appropriate box:

Yes

No

Are you a caregiver?		
Do you know about respite services for caregivers, such as adult day programs, for people with dementia or other functional impairments?		

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Demographic Information

My current age is: _____		
I live: <i>(please select all that apply)</i>		
<input type="checkbox"/> Alone	<input type="checkbox"/> With Spouse	<input type="checkbox"/> With Child <input type="checkbox"/> Other
Town or city you live in:		
<input type="checkbox"/> Hempstead <input type="checkbox"/> North Hempstead <input type="checkbox"/> Oyster Bay <input type="checkbox"/> Long Beach <input type="checkbox"/> Glen Cove		
What is your zip code? _____		
How many people currently live in your household <i>(including yourself)</i> ? _____		
What is your current housing status?		
<input type="checkbox"/> Rent <input type="checkbox"/> Homeowner <input type="checkbox"/> Live with a family member <input type="checkbox"/> Other		
Do you Use Social Media? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Please select <u>one or more</u> of the following that best describe your social media use)</i>		
<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> Snapchat		
How do you identify? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say		
Race/Ethnicity: <i>(Please select <u>one or more</u> of the following that best describes your race and ethnicity)</i>		
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian-American <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White Caucasian <input type="checkbox"/> Other <i>(Please specify)</i> _____		
My monthly income is \$1,041 or less?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My monthly income is \$1,561 or less?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Thank you for participating in the Nassau County Department of Human Services, Office for the Aging *Needs and Concerns of Older Adults* survey. Your involvement is greatly appreciated. If you have any questions, please contact our NY Connects helpline at (516) 227-8900.