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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? \_\_\_\_\_
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## 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
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## 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*

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## 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 \_\_\_\_\_
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## 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.*

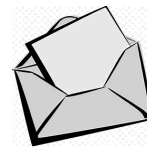
- Care Management  Caregiver Support Groups  Transportation (The Link)  Mr. Fix-It  
 Congregate Meals  Home Delivered Meals  Information & Assistance  SAFE Housing  
 Health Educational Lectures  Friendly Visiting  Volunteer Shopper  Adult Day Care  
 Legal Assistance  Telephone Reassurance  Social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

*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 30<sup>th</sup>



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



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