



**Department of Human Services**  
**Office for the Aging**

Monroe County, New York

**Cheryl Dinolfo**  
*County Executive*

**Corinda Crossdale**  
*Commissioner*

**Julie Allen Aldrich**  
*Director*

**2020-2024 Community Based Long Term Care Services & Supports Needs Assessment**

**Target Audience for Survey:** All community residents, especially persons age 60+, individuals with disabilities & informal family caregivers.

**Important  
and is a  
Concern for me**

**Important, but  
is NOT a  
Concern for me**

**NOT Important  
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**Housing:**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Finding safe, affordable, & accessible housing in my neighborhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Finding reliable help to perform home maintenance & repairs       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ability to pay rent or taxes                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ability to pay for home heating & other utilities                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Transportation:**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Accessing transportation options for those unable to drive: |                          |                          |                          |
| a. To medical appointments                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To out of county medical appointments                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To the grocery store, pharmacy & other errands              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. To visit friends or family                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. To work or volunteer  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Needing a wheelchair accessible vehicle                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Community Support & Health Services:**

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- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Understanding Insurance Options:   |                          |                          |                          |
| a. Community Medicaid & Managed Long Term Care plans for individuals of any age                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Chronic Care Medicaid for individuals in need of skilled nursing level of care                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare for individuals age 65+ & individuals with disabilities   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Low-income health insurance subsidies  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Long Term Care insurance options   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Having recurring falls, in & out of the home   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Managing chronic health conditions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Accessing affordable services for individuals with Alzheimer’s Disease or other related memory disorders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Accessing respite services to support caregivers   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Accessing affordable in-home personal care services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Accessing affordable Home Delivered Meals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Having enough money to buy nutritious food   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Having the ability to shop for myself  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Having the ability to cook for myself   |                          |                          |                          |
| 11. Having the ability to follow a special diet is  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Accessing healthy and nutritious food (store location, delivery)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Obtaining help in applying for government programs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Accessing a primary care provider   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**Social Participation:**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Accessing Senior Centers for recreation & socialization       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Having the ability to participate in Congregate Meal Programs |                          |                          |                          |
| 3. Having the ability to go to places with my friends and family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Respect & Social Inclusion:**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Providers who understand my interests & what matters to me          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Providers who respect me as LGTB                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Providers who speak/ provide interpreting in my primary language    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Providers who understand my culture (ethnic, religion, race, other) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Providers who accommodate my challenges/barriers                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Outdoor Spaces & Buildings:**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Improving wayfinding signage in public spaces    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Improving lighting in public parks & walkways    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Providing benches & places to rest               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Providing accessible walkways & entrances        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Providing opportunities for physical activity    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Providing accessible rest rooms in public spaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Civic Participation & Employment:**

1. What types of work or volunteer opportunities interest you? \_\_\_\_\_
2. What types of training would you need for those opportunities? \_\_\_\_\_
3. What kind of flexibility/benefits would you need? \_\_\_\_\_

**Communication:**

How do you like to learn about new opportunities, programs & services?    \_\_\_Brochures    \_\_\_Website    \_\_\_Email  
\_\_\_Mail    \_\_\_Social Media (Facebook & Twitter)    \_\_\_TV    \_\_\_Newspaper    Other: \_\_\_\_\_

**Caregivers:**

If you provide care for another individual, please answer the following questions:

1. What is your relationship to the person for whom you provide care? \_\_\_\_\_
  - a. Does the individual for whom you provide care live in your home?      \_\_\_Yes      \_\_\_No
  - b. Does the individual for whom you provide care live in Monroe County?      \_\_\_Yes      \_\_\_No
  - c. Does the individual have memory problems, Alzheimer’s and/or dementia?      \_\_\_Yes      \_\_\_No
  - d. Does the individual have mental health/behavioral issues?      \_\_\_Yes      \_\_\_No
2. Do you feel overwhelmed and/or stressed in providing care?      \_\_\_Yes      \_\_\_No      \_\_\_Sometimes      \_\_\_Never
3. Where do you turn for help? \_\_\_\_\_
4. What type of caregiving supports (respite) would be helpful to you?      \_\_\_ Support Groups      \_\_\_In-Home Respite  
    \_\_\_Evening/Weekend Support      \_\_\_Social Adult Day Services      Other: \_\_\_\_\_

**Where I Turn for Information, Assistance & Referral:**

1. If you, or someone you know, was in the hospital in the past year, was information & support provided by the hospital adequate to return safely home?      \_\_\_YES      \_\_\_NO      \_\_\_Not Applicable      \_\_\_Don’t Know
2. Have you heard of “NY Connects”?      \_\_\_YES      \_\_\_NO
  - If you answered “No” this program is the local Aging and Disability Resource Center.
  - If you, or someone you care for, needs information, assistance or referral to Long Term Care Services & Supports, please call NY Connects at (585) 325-2800. They are available Monday – Friday from 9am – 4pm.

**Demographics:** Information collected is confidential and only used for statistical purposes. This section is only for individuals responding who are in need of Long Term Care Services & Supports, or caregivers of such persons. Please answer for the individual in need of care.

**Preferred Language:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_Male \_\_\_Female Other (this can be how individual identifies): \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_Hispanic/Latino \_\_\_Not Hispanic/Not Latino

**Number of Persons living in the home of the individual in need of care (including yourself):** \_\_\_\_\_

Living Arrangements:  Homeowner  Renter  Assisted Living  Independent Living Other: \_\_\_\_\_

Approximate annual pre-tax Income for the household of the individual in need of care (this includes earned income from working, pension, social security and other income received): \_\_\_\_\_

Type of Health Insurance:  Medicare  Medicaid  Private Insurance  Uninsured

Do you, or anyone in your household, currently use community based Long Term Care Services & Supports (such as Social Adult Day Services, Personal Care, Congregate or Home Delivered Meals, Transportation)?  YES  NO

Would you like to participate in group forums and/or discussions to help inform our work?  YES  NO

If yes, please provide contact information & any accommodations you would need to participate in comments section below.

**Additional Comments:** Please provide any additional comments that will help inform our work. Please include information about services & programming that you think we should or should not provide. The goal is to allow the opportunity for our community's residents to continue to live independently in the community. Please include what is most important to maintaining independence. Include any difficulties in obtaining needed services & supports, or services that are not currently available. Please provide contact information if you would like to be contacted by our office.


**Please send your responses by October 30, 2019 to:**

Monroe County Office for the Aging - 435 E. Henrietta Road, 3<sup>rd</sup> Floor West - Faith, Rochester, NY 14620  
Via email: [MCOFA@monroecounty.gov](mailto:MCOFA@monroecounty.gov) or via fax: (585) 753-6281