

The  
Fulton  
County **OFFICE**  
**FOR AGING**

*Vital information  
for vital generations.*

**Your Opinion is Important to Us!**

The Fulton Co. Office for Aging is conducting a study to determine the needs and concerns of our older residents. **Please take a few minutes to complete the survey below and return it to the Fulton Co. Office for Aging, 19 N. William St., Johnstown, NY 12095.** Your participation will help us to design and offer programs to meet YOUR NEEDS!

Please check the appropriate answer:

	<b>Problem</b>	<b>Not a Problem</b>
Understanding health insurance/Medicare	_____	_____
Keeping up with medical costs	_____	_____
Insufficient money for food, shelter, clothes	_____	_____
Affording energy and utilities	_____	_____
Managing household bills	_____	_____
Household chores/maintenance	_____	_____
Feeling afraid or unsafe at home because you may fall or get injured?	_____	_____
Feeling afraid or unsafe at home because of crime and/or vandalism?	_____	_____
Legal Affairs	_____	_____
Loneliness, isolation or depression	_____	_____
Disability or impaired mobility	_____	_____
Transportation (includes medical, shopping Recreation, to/from Social Adult Day program)	_____	_____
Knowing where to get information about Services and benefits	_____	_____
Taking Care of another adult	_____	_____
Taking Care of a grandchild or other kin	_____	_____
Taking Care of your personal needs: Bathing, dressing, preparing meals	_____	_____
Conflicts with others such as family, Neighbors or creditors?	_____	_____

Are there any issues that are important to you that are not on this list? Please explain \_\_\_\_\_

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How would you rate your overall health?     good                       fair                       poor

What is your zip code? \_\_\_\_\_

Is your age     60-74     75-89     90 or over

What is your interest in volunteering at the Office for Aging?  good     fair     poor

Are you interested in any of the following?

Telephone Caregiver Support	<input type="checkbox"/> yes	<input type="checkbox"/> no
Safety Programs for Seniors	<input type="checkbox"/> yes	<input type="checkbox"/> no
Information about the OFA Budget	<input type="checkbox"/> yes	<input type="checkbox"/> no
Nutrition Counseling	<input type="checkbox"/> yes	<input type="checkbox"/> no
Chronic Disease Management	<input type="checkbox"/> yes	<input type="checkbox"/> no
Farmer's Market Coupons	<input type="checkbox"/> yes	<input type="checkbox"/> no

If you currently receive services from the Office for Aging, please rate the service(s):  
 excellent                       good                       fair                       poor

Please check your ethnic group:

White     African American/Black     Hispanic  
 Asian/Pacific Islander     American Indian     Alaskan Native

Is your household low income\*?     no     yes

\*Low Income is defined as:

1 person household    - no more than \$16,245 a year  
2 person household    - no more than \$ 21,855 a year  
3 person household    - no more than \$ 27,465 a year  
4 person household    - no more than \$ 33,075 a year  
5 person household    - no more than \$ 38,685 a year

What else would you like the Fulton Co. Office for Aging to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

If you would like someone to contact you about your needs please enter your telephone number here: \_\_\_\_\_.

***If you have questions about this survey,  
please contact the Office for Aging at 518-736-5650.***

*THANK YOU FOR YOUR INPUT!*

**Please return this survey to  
the Fulton Co. Office for Aging  
19 N. William St.  
Johnstown, NY 12095**