

2018 OC Senior Living Needs

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1. Current Home Zip Code _____ 2. What City do you live in? _____
3. See list of services below. How important are these types of services to YOU as you age?

<i>Please check one box per service.</i>	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
In-Home Care					
Home-Delivered Meals (Meals on Wheels)					
Case Management A person to help me access resources and services					
Housing Assistance with referrals to housing (i.e. apartments, residential care facilities)					
Legal Advice and Counseling					
Congregate Meals Group meals provided in a senior/community center					
Personal/Home Safety For example, law enforcement, fall prevention and medical alert services, fraud protection, etc.					
Home Repairs/Modifications					
Family Caregiver Support Assistance Support services for unpaid family caregivers					
Adult Day Care Services Daytime programs at a local center for social activities and some medical care					
Socialization Services Ongoing telephone calls and/or in-person visits from staff/volunteers					
Respite Care Short-term care service for loved ones in order to give caregivers a break					
Mental Health Counseling					
Personal Affairs Assistance Help with completing forms and electronic documents					
Language Translation Services					
Financial Assistance Help meeting your personal/financial needs (i.e. household/nutrition expenses, medical costs)					
Peer Counseling Services Connect with fellow seniors who are trained to provide assistance and support					

Please turn over to next page

4. How often are your social activities and medical needs limited by lack of transportation?
- Never
 - Rarely
 - Sometimes
 - Often
5. If you do not drive your own car, what other types of transportation do you use?
(Select all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Medical Transportation |
| <input type="checkbox"/> OCTA Bus | <input type="checkbox"/> Ride Share App such as Uber/Lyft |
| <input type="checkbox"/> OCTA ACCESS | <input type="checkbox"/> Other, please specify:
_____ |
| <input type="checkbox"/> Taxi Cab | |
| <input type="checkbox"/> Community Center/Senior Center Van | <input type="checkbox"/> None of the above, I am still driving |
6. In regards to Financial Assistance, which of the following are you most concerned about?
(Please select one)
- Monthly household expenses (utilities, rent or mortgage, bills, home repairs, food)
 - Monthly medical costs (insurance, prescriptions, co-pays)
 - Not concerned
7. Does your physical health limit any of the following activities?(Select all that apply)
- Social Activities
 - Doing House Work
 - Personal Care
 - Running Errands
 - Going to Appointments
 - None of the above
8. How often do you find yourself canceling plans or appointments because you are “too tired” or “not feeling well”?
- Never
 - Rarely
 - Sometimes
 - Often

You're not done yet! Turn to the next page, please!

9. Of the following ways to connect with others, which one is most appealing to you?

(Please select one)

- Someone to regularly talk with in person or over the phone
- More companionship or contact with other people in your home/community
- Interaction with others via email and/or social media, such as Facebook

10. In regard to your Personal/Home Safety, which of the following are you most concerned about? (Please select one)

- Physical safety (i.e. falls, bodily injuries)
- Home Safety (i.e. burglaries, home disasters)
- Financial Safety (i.e. fraud, identity theft)
- Not Concerned

11. Do you have a disaster preparedness kit/plan that is easily accessible?

- Yes
- No
- Not Sure

12. If yes, how often do you check your disaster preparedness kit/plan to be sure that it includes enough food, water and medication to last at least 3 days?

- Never
- Rarely
- Sometimes
- Often

The following questions are required by the California Department of Aging. Your entries are strictly confidential. Your personal information will not be shared.

13. Age:

- 18-30
- 31-44
- 45-59
- 60-74
- 75-84
- 85+

14. Race (Select One)

- White
- Black/African American
- Pacific Islander
- Asian
- American Indian/Alaska Native
- Other: _____
- Declined to State

Almost there! One more page to go!

15. Ethnicity (check one)

Hispanic or Latino

Yes

No

Declined to State

16. Educational Background

Less than High School

High School Graduate

Bachelor's Degree or Higher

17. Income Level (yearly)

Less than \$15,000

\$15,000-\$34,999

\$35,000-\$74,999

\$75,000-\$99,999

\$100,000 or more

18. What was your sex at birth?

Male

Female

Decline to answer

19. Gender

Male

Female

Trans Male

Trans Female

Gender-Queer/Gender Non-binary

Not Listed. Please Specify:

20. How do you describe your sexual orientation or sexual identity?

Straight/Heterosexual

Bisexual

Gay/Lesbian/Same-Gender Loving

Questioning/Unsure

Not Listed. Please Specify:

Decline to answer

OPTIONAL:

To receive a follow-up call and referrals for any urgent needs, please provide your personal contact information below and a representative from the Orange County Office on Aging will contact you. Your personal information will not be shared.

Name: _____

Phone: _____

Topic(s) of Concern: _____

Congratulations, you have finished! Thank you for your participation!