

NORTHEAST GEORGIA REGIONAL COMMISSION AREA AGENCY ON AGING NEEDS ASSESSMENT SURVEY AND QUESTIONNAIRE SFY 2025

Please insert your county name here: _____

Please review all services listed below and check the five (5) services that you, your family or your community needs. REMEMBER TO ONLY CHECK FIVE (5) SERVICES or your survey will be disqualified. It is not necessary to sign your name to the survey; only write in the county name. THESE SURVEYS WILL BE INSTRUMENTAL IN DETERMINING THE SERVICES YOU FEEL ARE NEEDED IN YOUR COUNTY. Please return the completed survey to Peggy Jenkins, 305 Research Drive, Athens, GA 30605-2795. Thanks for your participation.

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| <input type="checkbox"/> Transportation (someone to drive you) | <input type="checkbox"/> Respite Care (aide to sit with your family member while the caregiver rests) |
| <input type="checkbox"/> Congregate Meals (meals served at Senior Center) | <input type="checkbox"/> Housing Assistance (help locating housing resources) |
| <input type="checkbox"/> Senior Employment (training and placement for senior jobs) | <input type="checkbox"/> Home Delivered Meals (meals delivered to your home) |
| <input type="checkbox"/> Home Repair/Modifications (devices to assist you with daily living such as ramps, etc.) | <input type="checkbox"/> Energy Assistance (help paying for heating and cooling bills) |
| <input type="checkbox"/> Homemaker (someone to clean your home) | <input type="checkbox"/> Elder Abuse Counseling (education on preventing abuse of the elderly) |
| <input type="checkbox"/> Personal Care (someone to help with bathing, etc.) | <input type="checkbox"/> Caregiver Programs (support groups, education and training for those who are caring for someone) |
| <input type="checkbox"/> GeorgiaCares (someone to help you understand Medicaid/Medicare and get help with medications) | <input type="checkbox"/> Information & Assistance (information on services that are available to you) |
| <input type="checkbox"/> Telephone Reassurance (someone to check on you by phone) | <input type="checkbox"/> Adult Day Care (a day care center for adults) |
| <input type="checkbox"/> Legal Assistance (help with legal issues, wills, benefits, etc.) | <input type="checkbox"/> Wellness Program (education on becoming healthier) |
| <input type="checkbox"/> Money Follows the Person / Nursing Home Transition (Transitioning persons that reside in nursing homes back into the community) | <input type="checkbox"/> Kinship Care (information on help in raising grandchildren) |
| <input type="checkbox"/> Mental Health Services (Help / information / access related to mental illness, developmental disabilities) | <input type="checkbox"/> Assistive Technology (devices that enable seniors and individuals with disabilities to accomplish daily living tasks, achieve greater independence and enhance quality of life) |
| <input type="checkbox"/> Long Term Care Ombudsman (someone to visit nursing homes/personal care homes to be an advocate for the residents) | |

Are there other services needed that we have not mentioned?

What are the most pressing problems for people in your community who are older or disabled?

Where or who would you call if you needed help obtaining services?

Have you or a member of your household had a problem for which you were unable to find appropriate services? If so, please describe the issues briefly and tell us what type of service might have helped to solve the problem.

FOR CURRENT CLIENTS ONLY

What do you like about the services you're receiving?

How can the Area Agency on Aging improve the services you are receiving?