



## The KIPDA Area Agency on Aging Regional Plan Survey

The Kentuckiana Regional Planning and Development Agency is conducting a survey to determine what services are important to older persons, persons with disabilities, and caregivers. Your response will help us devise priorities. Please answer the following questions so that we can gain a better understanding of the seniors living in the KIPDA Region.

Return the completed survey to KIPDA Area Agency on Aging, 11520 Commonwealth Drive, Louisville, KY 40299 or complete the same form online by going to [www.KIPDA.org](http://www.KIPDA.org).

### 1. Mark the county where you live:

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bullitt   | <input type="checkbox"/> Shelby      |
| <input type="checkbox"/> Henry     | <input type="checkbox"/> Spencer     |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Trimble     |
| <input type="checkbox"/> Oldham    | <input type="checkbox"/> Other _____ |

Write your ZIP code: \_\_\_\_\_

### 2. Mark your age bracket:

- Under 60    60 - 64    65 - 69    70 - 79    80-84    85+

### 3. Medicare Part D

- I have enrolled in Medicare Part D:  Yes  
 No  
 N/A

### 4. If "NO," why not?

- My current coverage is as good as or better than the Medicare Part D Plan
- I need assistance in selecting a plan.
- I would like a personalized report showing the best three plans for me.  
(For a personalized report, please contact the KIPDA State Health Insurance Assistance Program by calling 502-266-6084 or toll-free 1-888-737-3363.)

**5. If you are a caregiver, please indicate which of the following applies to you:**

(If not a caregiver, skip to item #6)

- I am a caregiver under age 60 providing care for an older adult (60+)
- I am a caregiver over age 60 providing care for:
- an older adult (60+)
  - a disabled child
  - my grandchild (full responsibility)

**6. Mark your ethnic background:**

- White     African-American     Asian     Hispanic     Other

**7. Mark your annual household income:**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$15,000   | <input type="checkbox"/> \$50,000 to \$54,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$55,000 to \$59,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$60,000 to \$64,999 |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$65,000 or more     |

**8. Mark your living arrangement (as many as apply):**

- Own my home                       Rent
- Live with family                       Share housing with a friend

**I may be interested in senior housing. I could afford a monthly cost of :**

- Less than \$600     \$600     \$800     \$1,100     More than \$1,100

**9. If you had a question about services/programs for senior citizens, who would you call first?****10. Do you belong to a church/synagogue/temple?**

- Yes     No

**11. Do you think your church/synagogue/temple would help you if you were in need?**

- Yes     No

**12. Do you have trouble getting information or service because you do not speak English?**

- Yes     No

**13. Please indicate ALL services that you feel your tax dollar should continue to support:**

- Adult Day Care
- Adult Protective Services
- Information about services for older adults and referrals to services
- Support group for those who are caregivers for the elderly
- Services to give caregivers a break from day-to-day responsibilities
- Meals on Wheels (Home Delivered Meals)
- Senior Centers (places that offer activities, programs, services and lunch)
- Household Chore Services
- Handyman Services (volunteers who make small home repairs)
- Friendly Visitor (volunteers who visit with homebound persons weekly)
- Senior Employment training program (on the job training for older adults)
- Visiting Nurse Services
- Grocery shopping service (for those who are too frail to shop)
- Mental Health Services (assessment and counseling)
- Counseling on how to handle Medical Insurance questions and problems
- Quarterly Newsletter (about programs/services for older adults/caregivers)
- Legal Services:
  - Advance directives       Wills
  - Living wills                       Consultations
- Health promotion opportunities:
  - Education                       Screenings
  - Exercise
- Transportation—Please mark all that apply below:
  - Medical Appts.                       Senior Centers
  - Grocery Shopping                       Volunteer Job
  - Recreation                       Library
  - Mall Shopping                       Employment
  - YMCA/YWCA
- Other (Please list): \_\_\_\_\_

**14. Have you or a family member (age 60 or older) ever needed services to help you remain living in your home?**     Yes     No

15. Do you presently use services in your home?  Yes  No  
(If you answered "no" to item # 15, go to question #19)

16. What services do you use? \_\_\_\_\_  
\_\_\_\_\_

17. What services do you need that are NOT available? \_\_\_\_\_  
\_\_\_\_\_

18. Why are these services unavailable to you?  
 Not affordable  Services do not exist  Not eligible

19. Mark ALL the places you use to find out about services/ opportunities for mature adults or persons with disabilities:

- |   |  |
|---|--|
| <input type="checkbox"/> Television       | <input type="checkbox"/> Internet                |
| <input type="checkbox"/> Radio            | <input type="checkbox"/> Family Member           |
| <input type="checkbox"/> Municipal Office | <input type="checkbox"/> Hospital                |
| <input type="checkbox"/> Neighbor/Friend  | <input type="checkbox"/> Newsletter              |
| <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Church/Synagogue/Temple |
| <input type="checkbox"/> Library          | <input type="checkbox"/> Senior Club             |
| <input type="checkbox"/> Office on Aging  | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Phone Book       |  |

20. Is there an Office on Aging for the KIPDA Region?  
 Yes  No  Unsure

21. If dental care were offered at a reduced rate I would take advantage of it:  
 Yes  No

*If submitting by postal mail, please send this survey to:*  
**KIPDA Area Agency on Aging  
Needs Assessment  
Attn: Susan Travis  
11520 Commonwealth Drive  
Louisville, KY 40299**  
  
For more information call:  
502-266-6084, 502-266-5571, or 1-888-737-3363  
[www.kipda.org](http://www.kipda.org)