



2022-2024 AGING PLAN SURVEY

1. What do you need to successfully age in your community?

2. What is the greatest challenge facing you and/or your family in the next five to ten years?

3. What is the LCO Aging & Disability Services/Nutrition Program doing well and should continue to do? Please check all that apply
 - ◇ Transportation services
 - ◇ Nutrition program
 - ◇ Lending closet
 - ◇ Information and assistance on available programs
 - ◇ Elder Health & Wellness education
 - ◇ Medicare/Medicaid assistance
 - ◇ Social Security Benefits assistance
 - ◇ Veteran Benefits & Resource assistance
 - ◇ Dementia Care – Alzheimer support and services
 - ◇ Caregiver Support Home Care
 - ◇ Other _____

4. What kind of activities would you like to see the Elder Program provide?
 - ◇ Chore services: yard work, sidewalk clean up...
 - ◇ Homemaker services: light cleaning, laundry, shopping, ...
 - ◇ In home cooking services: preparing meals
 - ◇ Grocery services (offering one meal by groceries/ unprepared)
 - ◇ Social events: Movie or dances
 - ◇ Group Trips
 - ◇ Learning experiences: crafts, stories, ...
 - ◇ Cultural events
 - ◇ Traditional cooking recipes and demonstrations
 - ◇ Elder Rummage sales
 - ◇ Other _____



5. Additional comments:

Demographic information:

I am:

- ◇ Under 49 years of age
- ◇ 50 years – 54 years of age
- ◇ 55 years – 59 years of age
- ◇ Over 60 years of age

I live in:

- | | |
|--------------|------------------------|
| ◇ Round Lake | ◇ Stone Lake |
| ◇ New Post | ◇ Schoolhouse |
| ◇ Boulevard | ◇ Skunawong/Gurno Lake |
| ◇ Signor | ◇ Other: |
-

I have used the aging/disabled services before:

- ◇ Yes
- ◇ No
- ◇ If No, why?
 - Too far away
 - Lack of knowledge on what is offered
 - Did not meet requirements
 - Other _____

Please return survey by **August 10, 2021** and complete the following if you would like to be entered into a drawing for prizes.

Name: _____ Date: _____

Phone: _____