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Division of Senior, Disabilities & Veterans Services P.O. Box 2900 Flemington, NJ 08822

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2024 Community Needs Assessment

The Division of Senior, Disabilities & Veterans Services

Batch Number:	Office Use Only

1.	This survey is being filled out by: (Select all that apply) An older adult (60+) □ A caregiver □ Person with a disability, any age Family member/friend of a senior or a person with a disability □ Professional agency or caregiver Other			
L	demographics and the second se			
(Tr	ne following questions pertain to the older adult and/or person with a disability)			
2.	Age			
4.	Primary Language (if other than English) 5. Education Level			
6.	What is your race/ethnicity? (Select all that apply) Asian or Pacific Islander □ Black/African American □ Hispanic/Latino Native America or Alaskan Native □ White non-Hispanic □ Other			
7. □	Marital Status (Check only one) Single □ Married □ Unmarried, but living with partner □ Divorced/Separated □ Widowed			
8.	Are you or your spouse a Veteran? □ Yes □ No□ Spouse/Widow of a Veteran			
90	rograms and Services			
9. 	Select the programs and services you have used in the past 12 months (Check all that apply) Care Management □ Caregiver Support Groups□ Transportation (The Link) □ Mr. Fix-It Congregate Meals □ Home Delivered Meals □ Information & Assistance □ SAFE Housing Health Educational Lectures □ Friendly Visiting □ Volunteer Shopper □ Adult Day Care Legal Assistance □ Telephone Reassurance □ Social Activities (Art class, trips) Home Care (Certified or non-Cert aides) □ Physical Activities (Healthy Bones, Tai Chi, Matter of Balance)			
(Ct	Select the programs and services you have needed in the past 12 months that were not available neck all that apply) Assisted Technology			
	What difficulties have you encountered obtaining services? (Check all that apply) Lack of knowledge about services □ Lack of availability of services □ Unable to leave home safely Language barriers □ Transportation issues □ Eligibility Lack of accessibility □ Inadequate/no insurance Other □			
12.	What is your preferred source of information? (Check all that apply) Hunterdon Helpline □ Word of Mouth □ Internet □ Doctors Office Social Service Agency □ Library □ Newspaper □ Senior Center Seasoned Years □ Other			
Transportation Needs				
13.	Have you ever used the County's transportation system, the Link? ☐ Yes ☐ No			
14.	If applicable, what are the main issues with your ability to use the Link? Have to rely on others for transportation □ Can't afford □ Not accessible due to my disability I don't know how to use it □ Not available □ Does not go to the places I need to go Schedule is inconvenient □ Other □ Other			

Housing Needs				
15. Which best describes your current housing status? \square Own your home \square Rent without subsidy \square Live in subsidized housing \square Live free of charge with family/friends \square No stable home				
16. Which best describes your residence type? □ Private home/apartment □ Senior Housing □ Group Home □ Boarding Home □ Shelter □ Assisted Living □ Unhoused				
17. Does your current housing meet your needs? (Check all that apply) ☐ Yes ☐ No, I cant afford my bills ☐ No, I need modifications ☐ No, I don't feel safe in my home/neighborhood ☐ Other				
18. Including yourself, how many people live in your household?				
Food Security 19. In the last 12 months, did you eat less than you felt you should because there wasn't enough money for				
food? ☐ Yes ☐ No ☐ I don't remember				
20. In situations were you are unable to shop, cook, or feed yourself, do you have someone who can help you? ☐ Yes ☐ Sometimes ☐ Never ☐ Not Sure				
21. Do you keep emergency food supplies at hand? □ Yes □ No □ Not Sure				
Safety				
22. Have you been a victim of a crime in the past 12 months? \square Yes \square No \square Maybe				
23. If so, what type of crime did you fall victim? ☐ Financial exploitation ☐ Physical abuse ☐ Emotional/psychological abuse ☐ Sexual abuse ☐ Identity theft ☐ Theft/burglary ☐ Other				
24. After the crime was committed, who did you notify about the crime? □ Police □ Adult Protective Services □ I did not report □ Other				
If you, a friend, or loved one is currently experiencing abuse, neglect, and/or exploitation, please call Adult Protective Services (APS), at (908) 788-1300				
Caregiver Information				
(Only respond to this section if you are a caregiver of a person age 60+ and/or with a disability)				
26. Which best describes your stress level concerning your role as a caregiver? □ Extremely Stressful □ Situationally stressful □ Moderately Stressful □ Not Really Stressful □ Not Stressful				
27. Is there specific information or services that you think could help you in your role as a caregiver? ☐ Financial support ☐ Having someone to talk to ☐ Connecting with agencies for help ☐ Taking a break for myself ☐ Other				
Additional Information If you would like additional information on any of the program listed previously, please do so by indicating in the selection below. We will send program information to the return address you list on this form, be sure the information you supply is correct.				
□ Care Management □ Caregiver Support Groups □ Transportation (The Link) □ Mr. Fix-It □ Congregate Meals □ Home Delivered Meals □ Information & Assistance □ SAFE Housing □ Health Educational Lectures □ Friendly Visiting □ Volunteer Shopper □ Adult Day Care □ Legal Assistance □ Telephone Reassurance □ Social Activities (Art class, trips) □ Home Care (Certified or non-Cert_aides) □ Physical Activities (Healthy Bones_Tai Chi_Matter of Balance)				

Thank you for your continued support and for taking the time to complete this questionnaire. Results from this survey are used to develop the County's Area Plan on Aging and allocating State and Federal monies associated with the Older Americans Act.

Please, return completed questionnaires to our office by May 30th

By Mail:

P.O Box 2900
Flemington, NJ 08822



Drop-off: 4 Gauntt Place Flemington, NJ 08822

