

2015 ESAAA - Needs Assessment of Older Adults Aged 60+

Please help our Eastern Sierra Area Agency on Aging (ESAAA) plan for the needs of seniors in your community.

*Please return completed survey by November 6, 2015 to:
163 May Street, Bishop, CA 93514,
or drop off at your nearest Senior Center
or return to your home-delivered meal driver.*

MONO COUNTY residents may also email completed assessments to kpeterston@mono.ca.gov or return them to Mono County Social Services office in Walker, Bridgeport, or Mammoth.

1. Who is completing this needs assessment?

Self

Caregiver

Service Provider

Other _____

2. Please check the box next to the resident town/community where this older adult (60+) live(s):

Walker/Coleville

Bridgeport

Lee Vining

June Lake

Mammoth Lakes

Crowley Lake/Sunny Slopes

Swall Meadows/Paradise

Benton

Chalfant Valley

Round Valley/Mustang Mesa

Aspendell/Bishop Creek/Starlite

Bishop

Wilkerson/Keoughs

Big Pine

Aberdeen

Independence

Lone Pine

Olancho/Cartago

Keeler/Darwin

Furnace Creek

Tecopa/Shoshone

Charleston View

3. Listed below are issues that could affect the quality of life for older adults (60+) in the above communities.

Please check the box next to each issue that best fits your level of need, or the level of need of the older adult (60+) you are completing this for.	No Help Needed	Need Being Met	General Question or General Help Needed	Legal Question or Legal Help Needed
Nutrition/Daily Care/Daily Activities				
Getting adequate food and nutrition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting help with activities of daily living: dressing, eating, bathing, mobility and medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with housekeeping activities like cleaning and laundry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of social or recreational activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income				
Having enough money to live on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting help with managing money, credit cards, debt or taxes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing/Utilities/Work				
Getting adequate housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get a job or continue working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare/Long-Term Care				
Information about Medicare, long-term care insurance or other health insurance matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with grief, loss, feeling isolated or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation				
Access to local transportation to do shopping and access local services or the local senior center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to health care services due to lack of transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to substance abuse services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to transportation out of the area for medical or other needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective Services/Elder Abuse/Conservatorship/Legal				
Getting information about services or benefits for seniors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting legal assistance for matters such as contracts, wills, estate planning or other legal issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you found out that you were eligible to receive CalFresh (formerly Food Stamps), would you be interested in receiving a CalFresh card for purchasing groceries? Yes Maybe No

Please tell us about yourself or the older adult (60+) you are completing this for.

**** We are required to collect this information in order to receive state and federal money to pay for local senior services ****

5. Your age: 59 and under 60-64 years 65-74 years 75-84 years 85-94 years 95 and over

6. Are you a veteran? Yes No

7. Ethnicity (Please choose only one) Caucasian/White Asian
 African American American Indian or Alaska Native Multiracial
 Hispanic/Latino Native Hawaiian or Pacific Islander Other

8. Do you identify as: Heterosexual Gay or Lesbian Bisexual Decline to Answer

9. Education (please check highest grade level completed):
 0-8th grade 9-12 grade Some college College graduate Post graduate degree

10. Is English the primary language spoken in your household? Yes No If no, what language is primary? _____

11. Do you experience any language barriers when seeking services? Yes No

12. Estimated **total household income** last year (2014) Under \$11,770 \$11,771 - \$15,930 \$15,931 - \$20,090
 \$20,091 - \$24,250 \$24,251 - \$28,410 \$28,411 - \$32,570 Over \$32,570 Decline to Answer

13. Do you feel isolated (not by choice) in your current living situation? Yes No
If yes, please explain: _____

14 Do you feel personal isolation in any of the following areas? Cultural Social Geographical

15. Do you live alone? Yes No If no, what is the number of regular household members (including yourself)? _____

16. What is your current living situation?

Living in my own home (own or rent)

Living in a long-term care facility such as a board and care home,
assisted living or nursing facility

Living in a hotel, motel or other location

No Stable residence at this time

Living in the home of a child or other relative

17. What form of transportation do you use most often (please check only one)?

My own vehicle

Relatives

No transportation available

Public Transit

Friends

Other

18. Do you currently provide regular care or support for a person age 60 or older in Inyo or Mono County?

Yes

No

19. If living with a child under the age of 18, are you the primary caregiver?

Yes

No

If yes, are you the parent of this child?

Yes

No

**Neither ESAAA, Inyo County nor Mono County is able to fund all of the services described,
but we work with our community partners to help meet our community needs.**

**Thank you for taking the time to help us by
completing this needs assessment!**