

# Board of Chosen Freeholders County of Burlington New Jersey



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## **BURLINGTON COUNTY OFFICE ON AGING 2021 AREA PLAN NEEDS ASSESSMENT SURVEY**

Due to COVID-19, in lieu of an in-person Public Hearing, the Office on Aging is asking you to complete this survey. This survey is an important step in our 2021 Area Plan Process; by area plan, we mean how we receive the funding for Burlington County senior programs, and then move ahead to distribute those dollars to the agencies who will do the work.

The Older Americans Act is the foundation, and those legislated dollars are distributed and monitored by the State Unit on Aging in Trenton and our Office on Aging. Each year a local area plan on services is submitted to the NJDHS, DoAS, outlining the system of aging services that has been identified and developed to meet the needs of this community. We have the opportunity to look at the unique nature of our county and fund services that meet these concerns where we can as we always work under the mandate of the Older Americans Act and address these five key areas of support: home support, community support, nutrition support, caregiver support and access.

In addition to this survey, we gather our needs assessment information from Client Surveys, Senior Advisory and Service Provider meetings, Priority Issues Areas identified from our I and A calls received directly from the clients who contact us. Then we put the next year's plan together with a close look at what we have identified.

**Please log into our survey and begin!**

<https://www.surveymonkey.com/r/8PZV69C>

or print out the attached survey and return to the  
Office on Aging via fax or mail.

<http://www.co.burlington.nj.us>

## Burlington County Office on Aging 2021 Needs Assessment Survey

<b><u>My Living Arrangements:</u></b> <input type="checkbox"/> I own my home <input type="checkbox"/> I rent my home <input type="checkbox"/> I live alone <input type="checkbox"/> or live with others	<b><u>My Age Group:</u></b> <input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80-89 <input type="checkbox"/> 90 and older	<b><u>Sex:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Veterans Status:**     yes     no     Spouse of veteran

**Transportation: (check all that apply)**

I use public transportation     I drive myself  
 Rely on friends/relatives  
 I use taxi or ride share services     I have no access to transportation  
 Other (please describe) \_\_\_\_\_

**I. TOP 3 CONCERNS OF BURLINGTON COUNTY SENIORS**

✓ Check the top three issues or concerns that have the greatest impact on the ability of a county senior to live independently in the community: **Please check only three (3):**

<input type="checkbox"/> Chronic Health Issues	<input type="checkbox"/> Chore and Home Maintenance Services
<input type="checkbox"/> Depression/Grief/Anxiety	<input type="checkbox"/> Driving/Loss of Independence
<input type="checkbox"/> Isolation and Loneliness	<input type="checkbox"/> Organizing and Paying Bills
<input type="checkbox"/> Getting to Doctor Appointments	<input type="checkbox"/> Preparing Meals
<input type="checkbox"/> Taking Medication as Prescribed	<input type="checkbox"/> Grocery Shopping
<input type="checkbox"/> Caring for a Loved One (Caregiving)	<input type="checkbox"/> Loss of Spouse/Loved One(s)
<input type="checkbox"/> Lack of Socialization/Recreational Opportunities	<input type="checkbox"/> Memory Loss
<input type="checkbox"/> Understanding Medicare and/or Medicaid	<input type="checkbox"/> Housing Options
<input type="checkbox"/> Not Knowing Where to Go for Help	<input type="checkbox"/> In-Home Assistance with bathing, dressing
<input type="checkbox"/> Having Enough Money to meet Basic	<input type="checkbox"/> Falling (loss of balance)
<input type="checkbox"/> Life Needs (food, housing, healthcare, etc.)	<input type="checkbox"/> Other _____

**II. TOP 3 SERVICES BURLINGTON COUNTY SENIORS NEED**

✓ Please identify the top three services Burlington County should prioritize: **Please check only three (3):**

<input type="checkbox"/> Information on Available Services	<input type="checkbox"/> Caregiver Support & Respite
<input type="checkbox"/> Medicare/Health Insurance Counseling	<input type="checkbox"/> Alzheimer's/Dementia Education
<input type="checkbox"/> Assistance applying for programs/services	<input type="checkbox"/> Development & Coordination of Volunteer Programs to help Seniors (shopping, transportation, visitors, etc)
<input type="checkbox"/> Transportation	<input type="checkbox"/> Legal Assistance
<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Home Repairs and Maintenance
<input type="checkbox"/> Personal and In-Home Care Services	<input type="checkbox"/> Nutrition Counseling Education
<input type="checkbox"/> Personal Emergency Response Call System	<input type="checkbox"/> Emergency Financial Assistance
<input type="checkbox"/> Grief Counseling & Support	<input type="checkbox"/> Counseling on Long Term Care Options
<input type="checkbox"/> Health and Wellness Screenings	<input type="checkbox"/> Health Promotion Programs - Education
<input type="checkbox"/> Health Activity Programs – Exercise Classes	<input type="checkbox"/> Other _____
<input type="checkbox"/> Help with Household Chores	

Do you have any questions, concerns or comments regarding programs and services available to older adults and /or caregivers of older adults? If so, please explain below:

Are there any programs and services that you would like Burlington County Office on Aging to offer that are currently not available? If so, please explain below:

In your opinion, what are the major needs of older adults and/or Caregivers in Burlington County?

If you would like further information, please fill out the following and a Senior Services representative will follow-up with you:

Name:

Address:

Telephone Number:

Date of Birth:

E-mail:

Please list the information that you require, for example: SHIP Counselor about Medicare, Housing, Meals on Wheels, Financial Assistance, Transportation, etc.:

***Thank you very much for your time and contributions to our needs assessment section of our 2021 Area Plan Contract; this is a very important part of our information gathering process.***