Kerr-Tar Regional Council Of Governments

Vance County Aging Plan Survey of County Issues

The Vance County Senior Center and Kerr-Tar Area Agency on Aging is seeking your input as we develop our Vance County Aging Plan. We are specifically interested in information about the needs of older adults, caregivers, or persons with disabilities within your county.

Instructions

The following survey will ask you to identify the three greatest needs or issues in your county that you think should be addressed in our county aging plan. Each page of the survey, **with the same questions repeated three times**, will ask you to categorize a specific issue or need, tell us briefly more about your selection, and about any potential solutions to address this issue or need.

At the end, there are a few questions to help us better understand who is answering this survey. You do not have to give us your name unless you want to, and identifying information collected, if any, will remain confidential. You can expect to spend between 5 and 7 minutes completing the survey.

Please call us at (252) 436-2040 if you have any questions about this survey, or want more information about the Kerr-Tar Area Agency on Aging.

Thank you for your time and input!

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Issue or Need #1

1. Please choose one of the following that best describes a top priority issue or need in your county:

○ Housing (affordable, rental, owner-occupied, home-repairs, co-housing, etc.)

○ Transportation

○ Safety or Security

○ Nutrition

○ Health and Wellness

○ Medical Care or Treatment

○ Caregiving

○ Community-based Services (adult day care, home-delivered meals, in-home aide, etc.)

○ Long Term Care (nursing homes, adult care homes, family care homes)

○ Finances or Income

○ Social Interaction, Volunteering, Leisure or Life-Long Learning

Other (please specify) [_____]

2. Please tell us more about this issue or need or why you selected it. (optional)

_____
_____
_____
_____
_____

3. What potential solutions or opportunities can you suggest? (optional)

_____
_____
_____
_____
_____

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Issue or Need #2

4. Please choose another one of the following that best describes a top priority issue or need in your county:

○   Housing (affordable, rental, owner-occupied, home-repairs, co-housing, etc.)

○   Transportation

○   Safety or Security

○   Nutrition

○   Health and Wellness

○   Medical Care or Treatment

○   Caregiving

○   Community-based Services (adult day care, home-delivered meals, in-home aide, etc.)

○   Long Term Care (nursing homes, adult care homes, family care homes)

○   Finances or Income

○   Social Interaction, Volunteering, Leisure or Life-Long Learning

Other (please specify) _____

5. Please tell us more about this issue or need or why you selected it. (optional)

_____
_____
_____
_____
_____

6. What potential solutions or opportunities can you suggest? (optional)

_____
_____
_____

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Issue or Need #3

7. Please choose one more of the following that best describes a top priority issue or need in your county:

○   Housing (affordable, rental, owner-occupied, home-repairs, co-housing, etc.)

○   Transportation

○   Safety or Security

○   Nutrition

○   Health and Wellness

○   Medical Care or Treatment

○   Caregiving

○   Community-based Services (adult day care, home-delivered meals, in-home aide, etc.)

○   Long Term Care (nursing homes, adult care homes, family care homes)

○   Finances or Income

○   Social Interaction, Volunteering, Leisure or Life-Long Learning

Other (please specify) _____

8. Please tell us more about this issue or need or why you selected it. (optional)

_____
_____
_____
_____
_____

9. What potential solutions or opportunities can you suggest? (optional)

_____
_____
_____

_____
_____

10. Please select your town from the list below:

☐ Henderson

☐ Kittrell

☐ Middleburg

☐ Other (please specify)

11. Are you...? (check all that apply)

☐ An older adult (age 60 or older)

☐ An adult younger than age 60

☐ A family caregiver

☐ An aging or human services professional

☐ An elected officeholder or other public official

☐ A member of the regional advisory committee for the Area Agency on Aging

☐ A member of the community advisory committee for the Ombudsman program

12. Optional Contact Information (in case we have a question about your answers)

Name:

Address:

Email: