

SHARON COUNCIL ON AGING HUMAN SERVICE NEEDS SURVEY

As the town department responsible for planning for and responding to the needs of elders, ages 60+, in the community, we are seeking your opinion and input to help the town prepare for a vastly increasing senior population. Whether you currently provide, need, or plan outreach services to any elders (or other populations*) in Sharon, we would appreciate your help. We will share the results of the survey with you and may establish a task force, if indicated, to work on next steps that may be necessary. Some possibilities could include coordination of services, public-private partnerships, etc... Already underway is a "human services" website which we invite you to be a part of (see below) and a winter heat meeting.

Please take a moment and complete this survey for the benefit of all. *Please return by October 31 or as soon as possible.*

1. Does your organization currently provide rides, outreach, other assistance to seniors/others? Yes ___ No ___
Do you plan this in the future? Yes ___ No ___ Do you anticipate a need for help with this? Yes ___ No ___
2. Specify kinds of services you offer/ plan to provide (check each line)
 - A. Rides to doctors, spousal visits, other ___ what towns/destinations to you go to? _____
 - B. Peer support, friendly visiting, visiting the sick _____
 - C. Religious or spiritual guidance _____
 - D. Help with meal preparation/other home care needs _____
 - E. Respite care _____
 - F. Information & referrals _____
 - G. Help with bill paying _____
 - H. Direct financial assistance (payments) or benefits counseling _____
 - I. Counseling ___ specify types: _____
 - J. Nursing/parish nurse _____ (Specify _____)
 - K. Employment services _____
 - L. Other (specify) _____
3. Persons you provide these services for? Over 60 ___ Below 60 ___ Children ___ Non-English speaking? ___
4. Who provides the above services?
 - A. Paid staff ___ Specify if require background/education/language needed, etc. _____
 - B. Unpaid staff/volunteers ___ Specify if require background/experience/education needed _____
5. What types of needs are not being met and to which population (age)? Please specify, using above list (#2) or other _____
6. Would you be interested in a possible plan to partner with other groups in the community, as well as or with the Town (through the Council on Aging) regarding some options to ultimately provide more services to your senior community and the community-at-large? Yes ___ No ___
7. Would you be willing to be included in a "human services" listing on the town website? (You could specify whether you provide services to "members" of your group or any resident) Yes ___ No ___
If yes, please attach brief description with pertinent contact information and general information for us to include. (Write on back or attach on additional piece of paper or email to nfitzgerald@townofsharon.org.)
8. Do you have a significant immigrant population in attendance (or as clients)? Which group(s) do you serve? _____
9. Do you have other concerns about elders in your community? (Examples: isolation, depression, home care, home maintenance, heating/food costs, etc.? Specify (or add note) _____

Please note contact person for any follow up: name _____ phone _____ email _____

Your name (if different from above): _____ phone _____ email _____

Name of organization, address, phone # _____

Any other comments, suggestions: _____

*The Sharon Adult Center and Council on Aging also provides some services to persons under 60. For information, contact Norma Simons Fitzgerald, MSW, LICSW, Executive Director, Sharon Council on Aging/Dept. of Elder Affairs, 219 Massapoag Ave., Sharon, MA 02067, 781-784-8000; fax 781-784-6126; or email nfitzgerald@townofsharon.org. Additional forms are at www.townofsharon.net; click on "Town Departments" and go to "Council on Aging".

Thank you.