ADRC Needs Assessment

1. If you needed assistance to remain at your present residence, who would provide this?

   ☐ Spouse/Partner
   ☐ Adult Child
   ☐ Relative Other than Child
   ☐ Friend/Neighbor
   ☐ Agency
   ☐ Other:
   ☐ Don't Know

2. If you needed assistance to remain in your present residence, how would you pay for this?

   ☐ Family
   ☐ Reverse Mortgage
   ☐ Medicare
   ☐ Medicaid
   ☐ Savings
   ☐ Long Term Care Insurance
   ☐ Health Insurance (including HMO's)
   ☐ Other:
   ☐ Don't know

Health Status Information

3. If you have any of the following problems/disabilities, please check all that apply:

   ☐ Breathing Problems
   ☐ Developmental Disability
   ☐ Hearing Problems
   ☐ Learning Disabilities
   ☐ Memory Problems
   ☐ Mental Illness (Including depression)
   ☐ Mental Retardation
   ☐ Mobility Problem (ability to move around)
   ☐ Physical Disability
   ☐ Speech Disability
   ☐ Thinking/Decision-making Disability
   ☐ Visual Problems
   ☐ Other:

4. What barriers may prevent you from receiving services? Please check all that apply:

   ☐ Age
   ☐ Availability of services in your area of residence
   ☐ Cultural
   ☐ Health
   ☐ Language
   ☐ Money
   ☐ Transportation
   ☐ Do not know what services are appropriate or available
   ☐ The need to contact multiple agencies to obtain information or assistance

Current and Future Needs

Do you have needs or concerns now (or think you might within the next five years) about the following services for yourself or another person? Please check all that apply:

5. Financial/Other Needs

	Now	Within the next 5 years
Affordable Health Insurance	☐	☐
Employment & Training Assistance	☐	☐
Legal Services	☐	☐
Heat/Utility Bills Assistance	☐	☐
Advocate (someone to help you) with Financial Problems	☐	☐
Someone to help me write checks to pay bills	☐	☐
Information about Long Term Care Insurance and/or Other Long	☐	☐
Term Care Payment Options	☐	☐

6. Housing Needs

	Now	Within the next 5 years
Affordable Housing	☐	☐
Emergency Housing (for domestic violence problems)	☐	☐
Affordable Home-like Retirement Community where I can easily move from one level of care to the next as I age and as my needs increase	☐	☐
Home-like Assisted Living/Adult Home/Nursing Home	☐	☐
Low Interest loans/grants for Home Alteration/Equipment	☐	☐
Adaptive Devices	☐	☐

7. Service Needs

	Now	Within the next 5 years
Adult Day Care	☐	☐
Advocate (someone to help you) with Medical Problems	☐	☐
Caregiver Training	☐	☐
Early Intervention Services for Children With Disabilities	☐	☐
Escort (someone to accompany you) to Medical Appointments	☐	☐
Grandparents Raising Grandchildren	☐	☐
Hospice Care	☐	☐
Housekeeping/Chores/Laundry/Yard Work/Shopping	☐	☐
Home Delivered Meals/Congregate Meals	☐	☐
In-home personal care aide/nursing care	☐	☐
Long Term Care Services-understanding how to get them	☐	☐
Medication Management	☐	☐
Mental Health Services	☐	☐
Recreation/Social Activities	☐	☐
Rehabilitation (Physical, Speech, Occupational Therapies)	☐	☐
Respite care (short term care for your loved one so you can have a break)	☐	☐
Substance Abuse Services	☐	☐

Transportation	☐	☐
Bus schedules that will fit my medical/lab appointments	☐	☐
Help to get out of my house and onto the bus	☐	☐
TBI (Traumatic Brain Injury) Services	☐	☐
Veterans Services	☐	☐

8. Do you help anyone who has a limited ability to live independently, such as problems with cooking, getting dressed, doing housework, shopping, managing money, etc.?

   ☐Yes ☐No

9. If you help care for someone else, what is their age range?

   ☐Under 18 ☐18-59
   ☐ 60–69 ☐ 70–79
   ☐ 80–89 ☐ 90 and over