

Hello,

You are receiving this survey because we believe you may be 60+. As you may know, people 60+ are in the highest risk category for contracting COVID-19. While all questions are optional, we hope you will complete these questions to help our organizations focus resources and efforts on reaching older adults during this pandemic and the unknown aftermath.

Thank you for your time and assistance,



## Shelter:

1. What is your housing situation?

- Rent    Own    Homeless    Other (specify)

If alone, would you benefit from occasional wellness checks?

- Yes    No

2. Does the COVID-19 Pandemic effect your ability to pay your rent or mortgage?

- Yes    No

3. Since the pandemic, are you having trouble paying utilities?

- Yes    No

## Transportation:

4. Do you have access to transportation?  Yes  No

If yes, then what form?

Private Vehicle

Family/ Friends

Public Transportation

Red Rose Access

5. If you have trouble getting the transportation you need, what would you say is the main reason?

Have to rely on others

Can't afford it

Don't know who to call

Disability/health-related

Transportation does not go where I need to go

Other Reason:

## Economic Stability:

6. What are the sources of your income?

SSI/SSDI

Pension

Social Security

Employment

Other

7. What is your annual household income?

Less than \$20,000

\$20,000 to \$34,999

\$35,000 to \$49,999

Over \$50,000

8. Are you concerned about your economic security?

Yes

No

**Services and Support:**

9. Do you currently receive services from the following? (Are you familiar with the following services?)

- Office of Aging
- Red Rose Access
- 2-1-1
- Unemployment
- Volunteer Income Tax Assistance
- Meals on Wheels
- Property Tax & Rent Rebate
- Senior Centers
- Food Bank

10. Where do you get your information about services?

- Word of Mouth
- Newspaper
- Senior Center
- 211
- Office on Aging
- Television
- Radio
- Friend
- AARP
- Other (Please specify)

**Risk Factors:**

11. How do you rate your general health?

- Excellent
- Good
- Fair
- Poor

12. How often do you usually leave your home for any reason?

- Every Day
- Every few days
- Once a week
- Rarely

13. During the COVID-19 pandemic, have you struggled to obtain food?

- Yes
- No

14. How do you normally receive your groceries/meals?

- Family/ Friends
- Community Meals
- Go to the Grocery store
- Meals on Wheels
- Religious organization
- Grocery delivery

15. Do you have access to Personal Protective Equipment (i.e. masks, gloves etc.)?  Yes  No
16. Do you feel safe in your current living arrangement?  Yes  No
17. Do you have someone to contact in case of emergencies?  Yes  No

**Demographics:**

18. Date of Birth:
19. Name:
20. Address:
21. Phone Number:
22. Email address:
23. Gender:  Male  Female  Transgender  Nonbinary
24. What is your race (Check all that apply)?
- African-American/Black  Asian Descent
- Caucasian/White  Native Hawaiian/Pacific Islander
- First Nations
25. Are you of Hispanic, Latino descent?  Yes  No
26. Are you a Veteran?  Yes  No

**Follow Up:**

27. Would you like someone to follow up with you about receiving further support?  Yes  No
28. Do you have any other needs not addressed in this survey?