



The Aging & Disability Resource Center is looking for your input to help us improve services and advocate for change for older adults in Grant County. Your answers will help us develop our 3 year Aging Plan (2025-2027).

Please return form to the ADRC, P.O. Box 383, Lancaster, WI. 53813 or drop off at the ADRC office, 8820 Hwy. 61/81/35, Lancaster, WI 53813

1. Please choose the **top three needs** or issues facing older adults in your community

- Affordable housing options
- Brain health/Dementia support
- Support for Family Caregivers
- Affordable, healthy food options
- Elder abuse (physical, financial, etc.)
- Affordable healthcare
- In-home care services
- Isolation/Feeling left out or lonely
- Raising grandchildren support
- Retirement/finance support/resources
- Scam Education
- Transportation options
- Professionals do not speak my preferred language and/or do not understand my culture
- Understanding legal documents (wills, power of attorney, etc.)
- Understanding Medicare, Medicaid, drug plans etc.)
- Understanding technology
- Other-please comment: _____

3. Internet:

Do you have internet access in your home?

- Yes No

If you do not have internet access in your home, please tell us why:

_____ I cannot afford internet _____ Internet connection is not available or reliable in my area

_____ I do not want internet

4. Basic Needs - In the past 12 months, have you or someone you know over the age 60 had to skip paying for a basic need because of financial concerns? [CHECK ALL THAT APPLY]

- No

- Yes – unable to pay for medication and medical bills
- Yes – unable to pay for food
- Yes – unable to pay for utility bills and housing
- Yes – unable to pay for telephone
- Yes – unable to afford gas to drive
- Yes - Other: please specify _____

5. Housing - Check all that are true:

- I anticipate being able to reside in my current residence as I age.
- I would need to modify my current residence or move if I or a member of my household developed physical limitations.
- I would consider sharing a home as I age, if I needed help with everyday activities like household chores or transportation.
- I do not feel I have adequate housing options in my community to meet my needs as I age.

6. Do you know any Grant County older adults who have unmet aging needs? If yes, please list the needs.

7. Please select **the top three** resources you feel are most beneficial for someone providing caregiving to a family member or friend.

- Assistive equipment (walker, Lifeline, shower chair, etc.)
- Dementia support
- Financial assistance
- Home modifications
- In-home care
- Meal preparation
- Respite (short period of rest or relief)
- Self-care
- Support groups
- Technology (internet, computer, etc.)
- Training for caregiving
- Transportation
- Other-please comment: _____

8. Please provide your zip code: _____