



# Aging Plan Survey

We want to hear from you! Every 3 years, the Aging & Disability Resource Center (ADRC) creates a multi-year plan that helps guide the programs, services and resources that are offered in Iowa County. In 2024, we will be creating our plan for the years 2025-2027.

Our first step in Community Engagement is surveying the residents of Iowa County. If you think this survey isn't for you, consider what services your parents, grandparents or your neighbor may need to remain independent and healthy as they age.

**Date:** \_\_\_\_\_ **What county do you reside in?** \_\_\_\_\_

**Do you live alone?** (check one)  Yes  No

**Are you a family caregiver?** (check one)  Yes  No

**1. Where do you gather information about your county's programs and services?**

(check all that apply)  Radio  Website  Facebook  Newspaper

Other: \_\_\_\_\_

**2. What Aging & Disability Resource Center (ADRC) services have you received?**

(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Caregiver Support               | <input type="checkbox"/> Dine-in Meals/Home-delivered Meals                                  |
| <input type="checkbox"/> Exercise Classes                | <input type="checkbox"/> Help applying for BadgerCare, FoodShare, Social Security (SSI/SSDI) |
| <input type="checkbox"/> Finding Resources               | <input type="checkbox"/> Other public benefits   |
| <input type="checkbox"/> Fall Prevention Resources       |  |
| <input type="checkbox"/> Applying for Family Care        |  |
| <input type="checkbox"/> Medicare Part D Open Enrollment |  |

**3. Do you have enough support and/or resources to live safely and independently at home?**

- Yes  
 No (If no, please explain why)

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**4. What do you feel are the main challenges for older adults living in your county?**

(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Housing                  | <input type="checkbox"/> Opportunities to interact with others |
| <input type="checkbox"/> Nutrition/food resources | <input type="checkbox"/> Loneliness                            |
| <input type="checkbox"/> Finding in-home support  | <input type="checkbox"/> Mental health                         |
| <input type="checkbox"/> Caregiver support        | <input type="checkbox"/> Staying connected to family/friends   |
| <input type="checkbox"/> Transportation           | <input type="checkbox"/> Financial security                    |
| <input type="checkbox"/> Physical activity        | <input type="checkbox"/> End of life preparedness              |
| <input type="checkbox"/> Dementia                 |  |
| <input type="checkbox"/> Other: _____             |  |

**5. What do you feel are the main challenges for adults living with a disability in this county? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Access to healthcare                | <input type="checkbox"/> Physical activity                     |
| <input type="checkbox"/> Housing                             | <input type="checkbox"/> Finding in home support               |
| <input type="checkbox"/> Nutrition/food resources            | <input type="checkbox"/> Financial security                    |
| <input type="checkbox"/> Mental health                       | <input type="checkbox"/> Opportunities to interact with others |
| <input type="checkbox"/> Employment/job training             | <input type="checkbox"/> Transportation                        |
| <input type="checkbox"/> Staying connected to family/friends |  |
| <input type="checkbox"/> Other: _____                        |  |

**6. Are you interested in participating in a one-on-one follow up call to talk about the main issues and challenges older adults and adults with disabilities face in this county? If yes, please provide your contact information.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**7. What additional services and programs would improve the lives of older adults and adults living with a disability in our community?**

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**Thank you for taking the time to complete our survey.**

**Please return to:**

**ADRC, 303 W. Chapel Street, Suite 2300 Dodgeville, WI 53533**

**Or email at [adrc@iowacounty.org](mailto:adrc@iowacounty.org)**