Louisiana Statewide Needs Assessment

Dear Resident,

Your local Louisiana Area Agency on Aging provides services and supports so that area residents can age successfully in the place they have chosen to call home. The priority of the local Area Agency on Aging is to treat all individuals with dignity and respect. By offering aging services, partnering with community agencies, and programs, the Area Agency on Aging both serves and empowers clients, their families and their caregivers to direct their own aging journey.

We are currently conducting a Needs Assessment to learn how we can best serve the community. We need your input to guide this process. Please take a few moments to complete the Needs Assessment, and return it via postal mail by ***October 15, 2026****. We look forward to receiving your input!*

Services and Assistance

We would like to know how important each of the following is in your life and/or for those whom you care for.
1: Please indicate your answer on a Scale of 1 (Not Important) to 2 (Important) to 3 (Very Important) by putting a 1, 2, or 3 in the blanks provided. How important are each of the following to you:

Please indicate your answer on a Scale of 1 (Not Important) to 3 (Very Important)	Fill with Number 1-3	Please indicate your answer on a Scale of 1 (Not Important) to 3 (Very Important)	Fill with Number 1-3
Having access to the Internet?	_____	**Learning computer basics, how to use the internet or other skills?**	_____
Knowing what services are available for seniors and how to access the services?	_____	**Participating in fun group activities (e.g. day trips, exercising, dancing, walking, crafts, music, Bingo, etc.) with others my age?**	_____
Information or help applying for health insurance or prescription coverage?	_____	**Having someone to talk to when I feel lonely?**	_____
Transportation to the Senior Center, store, doctor's office, pharmacy, or other location?	_____	**Having someone deliver a meal to my home every day?**	_____
Having a meal with a friend or others my age?	_____		

2: Priorities, Continued: How important is:

Please assign each a number from 1 (Not important) to 2 (Important) to 3 (Very Important) for the following items:

Please indicate your answer on a Scale of 1 (Not Important) to 2 (Important) to 3 (Very Important)	Fill with Number 1-3	Please indicate your answer on a Scale of 1 (Not Important) to 2 (Important) 3 (Very Important)	Fill with Number 1-3
Information on healthy eating to maintain physical health and overall well-being?	_____	Preventing falls and other accidents?	_____
Help keeping my home clean?	_____	Having a Senior Center that is close to my home?	_____
Help with personal care (bathing, dressing, eating meals, taking medicine, etc.)?	_____	Respite Care Service (short-term relief service provided in your own home to give caregivers a break)?	_____
Information, service and support for mental health issues (Alzheimer's, Dementia, Depression and other Disorders of the brain)?	_____	Access to Respite Care Facilities (Licensed Adult Residential Care Homes for assisted independent living)?	_____
Keeping warm or cool as weather changes?	_____	Help with Senior housing or assisted living?	_____
Help with bill payment/budgeting?	_____	Help with substance cessation?	_____
Access to dental, eye, or hearing care?	_____	Help with rental or energy assistance?	_____
Help completing Medicare/insurance forms?	_____		

FINANCIAL NEEDS AND ASSISTANCE

3: Which of the following do you experience hardships affording and would obtain financial assistance to pay, if available? Check all options that best apply to you. Place a checkmark beside any item you often need help paying. Leave blank items you do not need help paying.

Dental Care and/or Dentures	_____	**Healthy Food**	_____
Hearing Exam and/or Hearing Aids	_____	**Medicare**	_____
Eye Exam/Glasses	_____	**Prescriptions or prescription drug coverage**	_____
Health Insurance	_____	**Other Assistive Medical Devices**	_____

CAREGIVERS

The following questions pertain to caregivers and those for whom they care. If you do not care for anyone, please select N/A.

4. If you care for an Older Adult aged 60 years or older, please tell us how much you agree with each of the following statements. Which of these statements apply to you? Indicate your level of agreement by *1 =Disagree; 2=Neutral; 3 = Agree; 4=N/A (I do not care for an older adult)*

Please indicate your answer, 1 (Disagree), 2 (Neutral), 3 (Agree), 4 N/A	Fill with Number 1-4	Please indicate your answer, 1 (Disagree), 2 (Neutral), 3 (Agree), 4 N/A	Fill with Number 1-4
I need help paying for services needed by the person I care for	_____	I need a place for the person I care for to go during the day	_____
I need help locating services for the person I care for	_____	I sometimes need temporary relief from my caregiver duties (respite)	_____
I would like training on caring for someone at home	_____		

5. CAREGIVERS: Of the persons you care for, how many of those are:

Select one	1 Person	2 people	More than 2 People	N/A: Not a caregiver
Over 60 years old	○	○	○	○
Disabled	○	○	○	○
Both Over 60 years old and disabled	○	○	○	○
Child/Children under Age 18	○	○	○	○

Race and Ethnicity

6. Which of the following best describes you? Please select all that apply: (Listed in alphabetical order).

▢ American Indian or Alaska Native	▢ Native Hawaiian or Pacific Islander	▢ Black/ African-American	▢ Not listed here
▢ Asian or Asian American	▢ White/Caucasian (non-Hispanic)	▢ Hispanic, Latino or Spanish Origin	▢ I do not wish to answer

Gender Identity

We strive to create programs and services that represent and serve the full diversity of the community.
We are asking the following questions about gender, gender identity, and sexual orientation to ensure that we are meeting this goal.

7. Which of the following best describes you? Select all that apply:
Select all that apply

▢Man ▢ Woman ▢Transgender ▢ Other ▢ Not listed here ▢ Prefer not to Answer

8. Do you identify as a member of the LGBTQIA+ community?

▢ Yes ▢ No ▢ Prefer not to Answer

Disability Status

We strive to create programs and services that represent and serve the full diversity of the community.
We are asking the following questions about disability to ensure that we are meeting this goal.

9. Disability Status
Do you have a long-lasting or chronic condition (such as physical, visual, auditory, cognitive, emotional or other) that requires ongoing accommodations for you to conduct daily life activities (such as your ability to see, hear or speak; to learn, remember or concentrate)?

▢ Yes
▢ No
▢ I do not wish to answer

12: Disability Status

We are interested in this data regardless of whether you typically request for/ use accommodations. How do you describe your disability status? (Select all that apply)

- ☐ A sensory impairment
- ☐ A mobility impairment
- ☐ A long-term mental health condition (e.g. depression, anxiety)
- ☐ A temporary impairment resulting from illness or injury (e.g. broken ankle, surgery)
- ☐ A long-term medical illness (e.g. epilepsy, cystic fibrosis)
- ☐ An intellectual/developmental disability (e.g. ADHD, Autism, Cerebral Palsy, PKU)
- ☐ I do not have a disability,
- ☐ I do not wish to answer

Tell us More About You:

13: What is your Relationship Status? Select one:

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Partnered ☐ Separated ☐ I do not wish to answer

14: What language do you speak at home? Select all that apply:

☐ English ☐ French ☐ Spanish ☐ Vietnamese ☐ Other

15: Highest grade or college level completed?

☐ Grade School ☐ High School ☐ College – Associates ☐ College - Bachelor
☐ College – Masters ☐ College – PHD ☐ Other

16: In general, how do you rate your health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't Know

17: How many people live in your household? _____

18: Please tell us your age: ☐Under 59 ☐60-64 ☐65-69 ☐70-74 ☐75-79 ☐80-84 ☐85+

Social Isolation:

19. How often do you feel lonely or isolated?

☐ Often ☐ Sometimes ☐ Rarely ☐ Never

Digital Access:

20. Do you have internet access at home?

☐ Yes

☐ No

Emergency Preparedness

21. Do you feel prepared for emergencies (storms, evaluations, power outages, etc.)?

- ☐ Yes
- ☐ No

Safety Awareness:

22. Do you know who to call for abuse, neglect, or exploitation?

- ☐ Yes
- ☐ No

23. Have you ever felt unsafe or taken advantage of?

- ☐ Yes
- ☐ No

24: In what parish do you reside? If more than one place, enter the name of the parish where the residence in which you spend the most time is located: _____

25: In what city do you reside? If more than one place, enter the name of the city where the residence in which you spend the most time is located: _____

26: In what zip code do you reside? If more than one place, enter the zip code of the residence where you live the majority of the year: _____

27: Is there anything else you would like for the Area Agency on Aging to know about the services you receive, services you need, or anything else that you feel is important to know?

_____

_____