SURVEY FOR SENIOR AND DISABLED RESIDENTS

Illinois Valley Wellness Resources wants to better understand the needs of the residents we serve. IVWR helps seniors and the disabled in the valley to remain safe and healthy in their own homes.



Please assist us by taking a few minutes for this anonymous survey and invite your friends and family to also participate. Take the survey and leave it at this location for us to pick up and tabulate results. Mark all that apply to you or the person whom you are caring for. Thank you!!

| Need transportation assistance (medical or non medical): O LOCAL OGRANTS PASS OMEDFORD OASSIST WITH GROCERIES FREQUENCY: |
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| Caregiving issues: O FINDING A TRUSTWORTHY PROVIDER FOR PERSONAL CARE (BATHING, MEALS, ETC) O ASSISTING WITH MEDICATION MANAGEMENT (SET-UP) O SOMEONE TO ACCOMPANY YOU TO MEDICAL APPOINTMENTS O ASSISTANCE IN INTERVIEWING AND HIRING A CAREGIVER |
| Day to Day issues: COMPANIONSHIP HELP SORTING MAIL LAWN & GARDEN WORK LEAF & SNOW REMOVAL ASSISTANCE WITH KEEPING MY HOME CLEAN AND SAFE FINDING A HANDY PERSON TO FIX THINGS & CHANGE LIGHT BULBS KNOWING WHO TO CALL FOR BIG JOBS CONCERNS ABOUT NEIGHBORHOOD SECURITY FOOD AND FRIENDS - MEALS ON WHEELS PROGRAM FINDING A ROOMMATE/HOUSEMATE |
| Staying Warm in Winter: OBTAINING FIREWOOD AT A REASONABLE RATE CHOPPING KINDLING AND MOVING WOOD HANDLING BAGS FOR PELLET STOVE HELP CLEANING CHIMNEY CHANGING PROPANE TANKS ASSISTANCE WITH HEATING BILLS Communication Needs: |

USING A COMPUTER OR OTHER DEVICE

(TABLET, PHONE, ETC)

LIFELINE

WELLNESS CHECKS

| Home/Property Upkeep: O KEEPING UTILITIES ON O BURN PILES IN SPRING/FALL O HOARDING CLEAN-UP/TRASH REM | 10VAL | |
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| Professional Help with Legal Issues FRAUD PROTECTION COMPETENCY STATEMENTS FILING INSURANCE FORMS DEALING WITH OFFICAL DOCUMENTS POWER OF ATTORNEY/GUARDIAN | PROPERTY PROTECTION WILLS/ESTATE PLANNING TAX PREPARATION BACKGROUND CHECKS PERFORMED SHIP | |
| Health Care Needs: FREE SUPPORT GROUPS (ALZHEIMER'S, GRIEF, CHRONIC PAIN) SUICIDE PREVENTION/CONCERNS EXERCISE & WELLNESS ACTIVITES CONNECTING WITH A PRIMARY CARE PROVIDER | O ADVANCE DIRECTIVES/POLSTS | |
| Other Needs: I CAN LIVE IN MY HOME NOW, BUT EXPECT THAT TO CHANGE SOON I NEED MORE HELP WITH MY PARTNER, PARENT OR FAMILY MEMBER FINDING AN ASSISTED LIVING FACILITY, RESIDENTIAL OR FOSTER CARE FUNERAL PLAN PREPARATIONS AND INFORMATION | | |
| General Info - check all that apply: ○ VETERAN ○ DISABLED ○ MEDICAID (OHP) ○ OREGON PROJECT INDEPENDENCE ○ I CAN PAY FOR SOME SERVICES ○ I CAN SHARE SKILLS TO TRADE WITH HELPERS OR CARE PROVIDERS ○ I AM ABLE TO PAY TRUSTWORTHY HELPERS A LIVING WAGE OF \$15-25/HR. HOW MANY HOURS PER WEEK CAN YOU AFFORD? What other needs do you have that have not been addressed in this survey? | | |
| Leave your contact info if you would like our Program Coordinator to contact you or call/text: 541-592-9781 or email: ivwellnessresources@gmail.com. You can also like our Facebook page ivwellnessresources or visit: ivwellnessresources.org CONTACT INFO: | | |
| Surveys can be mailed to: IV Wellness Resources, PO Box 34 | | |