

# New York State Coalition for the Aging, Inc.

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## MEMBERSHIP SURVEY

Please take a moment and fill out this membership survey. It is vitaly important for NYSCA to know what kinds of services our members provide, where in the state you are located, and so forth. This information will make it easier for us to understand better how unique and diverse our members are and will allow us to be able to contact you should we have questions about proposed changes in programs, or to get detailed information on how a program or service is actually provided at the local level. It will help us represent you more effectively.

Please fax this survey back to us as soon as possible – 518-465-0405

THANK YOU

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Organization Name \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_ # Seniors You Represent \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

County (ies) Served \_\_\_\_\_

Would you consider being part of a speaker's bureau? \_\_\_\_\_ Specialties: \_\_\_\_\_

Would you take part in a regional meeting \_\_\_\_\_ Website: \_\_\_\_\_

Representative(s) who's district your organization serves – Senator (s) \_\_\_\_\_

Assemblymember (s) \_\_\_\_\_

Programs and Services provided by your organization (check all that apply please)

### Case Management

Information and Referral \_\_\_\_\_  
Case Management \_\_\_\_\_  
Entitlement Assistance \_\_\_\_\_  
Financial Management \_\_\_\_\_  
Form Assistance \_\_\_\_\_  
Other (Please list) \_\_\_\_\_

### Nutrition

Congregate Meals \_\_\_\_\_  
Nutrition Education \_\_\_\_\_  
Home Delivered Meals \_\_\_\_\_  
Other (Please list) \_\_\_\_\_  
Are you under another Program Yes \_\_\_\_\_ No \_\_\_\_\_  
Umbrella Program? \_\_\_\_\_ Age of participants \_\_\_\_\_

### Health Education/Prevention

Telephone Reassurance \_\_\_\_\_  
Accident Prevention \_\_\_\_\_  
BP Screening \_\_\_\_\_  
Eye Test Glaucoma \_\_\_\_\_  
Health Prevention \_\_\_\_\_  
Exercise \_\_\_\_\_

Medical Review \_\_\_\_\_  
Flu Shots \_\_\_\_\_  
Health Fair \_\_\_\_\_  
Hearing Test \_\_\_\_\_  
Crime Prevention \_\_\_\_\_  
Other (please list) \_\_\_\_\_

### Mental Health Services

Support Groups \_\_\_\_\_  
Coping with major illness \_\_\_\_\_  
Individual Counseling \_\_\_\_\_  
Art/Music Therapy \_\_\_\_\_  
Other (please list) \_\_\_\_\_

Coping with fear \_\_\_\_\_  
Stress Management \_\_\_\_\_  
Crisis Intervention \_\_\_\_\_

**Caregiver Resource**

Respite \_\_\_\_\_  
Social Adult Day Care \_\_\_\_\_

Caregiver Support \_\_\_\_\_  
Other (please list) \_\_\_\_\_

**Programs/Services**

Intergenerational Programming \_\_\_\_\_  
Transportation \_\_\_\_\_  
Senior Employment \_\_\_\_\_  
Legal Services \_\_\_\_\_  
Volunteer Recruitment \_\_\_\_\_  
Seminars \_\_\_\_\_  
Ethnic Programming \_\_\_\_\_  
Consumer Education \_\_\_\_\_  
Other (please list) \_\_\_\_\_

Creative Writing \_\_\_\_\_  
Legal Aid \_\_\_\_\_  
Product Safety \_\_\_\_\_  
Shopping Assistance \_\_\_\_\_  
Job Training \_\_\_\_\_  
Current Events \_\_\_\_\_  
Foreign Language \_\_\_\_\_  
Tax Preparation \_\_\_\_\_

**Funding** – (please list the approximate proportion of your funding under each line)

Federal \_\_\_\_\_%      State \_\_\_\_\_%      Local \_\_\_\_\_%  
Participant Contributions \_\_\_\_\_%      Private \_\_\_\_\_%

**Waiting Lists** – Do you have any current waiting lists for services      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which services and what is the number on the waiting list \_\_\_\_\_  
\_\_\_\_\_

**Service Funding** – If you had a choice, which services would you like to see additional resources put into – Please just name the service (i.e. EISEP, CSI, NORC, SNAP, Social Adult Day and so forth) \_\_\_\_\_

Do you have an advisory council made up of senior citizens?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are they active?      Yes \_\_\_\_\_      No \_\_\_\_\_      How often do they meet \_\_\_\_\_

Would you be interested in an advocacy training with you advisory council?      Yes \_\_\_\_\_      no \_\_\_\_\_

**Capital Needs** - Do you have any capital needs (repair or replace equipment, vans, transportation funds, kitchen equipment, meal preparation equipment, construction needs, and so forth)? Please list \_\_\_\_\_

**Staffing** – Are you having difficulty hiring and/or retaining staff to provide services to seniors? If so, what are the reasons you have identified (i.e. pay too low, no benefits, transportation a problem, etc.) \_\_\_\_\_

**EISEP** – Have you or has your organization had trouble providing EISEP Services due to a shortage of home care workers?      Yes \_\_\_\_\_      No \_\_\_\_\_      Do you have an active EISEP waiting list?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Other** – Are there any other new issues, trends, barriers to providing services to seniors that are not listed above that you are dealing with? Please describe: \_\_\_\_\_