

Adams County Senior Housing Survey

Greetings! We are conducting a housing survey of adults age 60 and over in Adams County to learn about their current and future housing needs and preferences. We also want to determine what assistance older adults might need in order to either remain safely in their current living situations or to move to another housing option which would better suit their needs.

If you are age 60 or older and an Adams County resident, we would greatly appreciate your participation in this survey. Please note: this is a survey for information gathering purposes and is not an application for assistance.

The survey will take approximately 15-20 minutes to complete, and your responses will be confidential.

If you have access to the internet, the survey can be completed @ <http://sgiz.mobi/s3/Adams-County-Housing-Survey>

If you need any help completing the survey or have any questions, please contact the Adams County Office for Aging at (717) 334-9296.

Please feel free to share the survey with other individuals in Adams County over the age of 60 who may be interested.

All surveys should be returned by October 15, 2019.
When you have completed filling out the form, please return it to:

Adams County Office for Aging
318 W Middle Street
Gettysburg, PA 17325

THANK YOU!

This survey is sponsored by a committee of state and local stakeholders, including representatives of the Adams County Office for Aging, @Home in Adams County, and the Pennsylvania Department of Aging (PDA).

First, a few questions about your current housing situation:

1) In what Township or Borough are you currently living? _____

2) Do you:

- Own your own home
- Rent or lease your own home/apartment/etc.
- Live in a house or apartment owned or rented by someone else
- Live in a facility (such as a retirement home, nursing home, hospital, etc.)
- Other (*please write in*) _____
- Don't know/No answer

2a) If you rent: Is your housing:

- Subsidized (*Check this box if you have a Section 8/Housing Choice Voucher, live in public housing or other government assisted housing*)
- Not subsidized
- Don't know/No answer

3) Do you currently have trouble meeting any of the following housing expenses (check all that apply)?

- Rent
- Mortgage
- Utilities
- Taxes

4) With whom do you currently live? (check all that apply)

- Alone
- My spouse/partner
- My children
- Friend/s
- Other unrelated individuals
- Other relatives
- Other _____

Now, some questions about your satisfaction with your current living situation:

5) Do you feel your current housing situation meets your needs?

- Yes, definitely
- Somewhat
- No, not at all
- Don't Know/No Answer

6) If changes are needed to improve your current living situation, why haven't you made these changes? (check all that apply)

- I don't need changes
- I would prefer to move
- It is structurally impossible to make the changes
- My landlord won't make the changes
- I need help figuring out what changes I need and how to make them
- I can't afford to make the changes
- Don't Know/No answer
- Other: _____

7) Please check “true” or “false” for each of these statements about your current situation:

	True	False	Don't know/ No Answer
I can easily enter and exit my home			
I would like fewer stairs in my home			
The doorways and hallways are wide enough to easily navigate			
I can reach the bathroom sink/cabinets			
I can easily use the tub/shower			
I can easily use the kitchen sink			
I can access the kitchen cabinets			
I can easily use the oven/stove			
My house/apartment needs minor repairs			
My house/apartment needs major repairs			
I have enough space to easily store my belongings			
My neighborhood is safe			
My home is convenient to shopping, medical care, friends and other places I go			

Next, some questions about the future:

8) Do you have concerns about any of the following as you continue to age?

	Yes	No	Unsure/Does Not Apply
Ability to pay the mortgage			
Ability to pay the rent			
Ability to pay property taxes			
Ability to pay utilities			
Ability to make major repairs			
Ability to maintain my home			
Ability to live alone/manage my personal care needs			
Home safety/accessibility			
Transportation			
Isolation			
Other: _____			

Now a few questions about what housing you would prefer if you were to move:

9) If housing were available that meets your needs, would you be willing to move?

- | | |
|---|--|
| <input type="checkbox"/> No. My current home meets my needs | <input type="checkbox"/> Yes, Somewhat willing |
| <input type="checkbox"/> Yes, very willing | <input type="checkbox"/> Unsure |

10) If you moved, would you like to remain in the township or borough in which you currently live or move to a different township or borough?

- Stay in same township or borough
- Move to a different township or borough (which one?) _____
- Unsure/No preference
- I do not want to move

11) If you moved, to what type of home would you be willing to move? (check all that apply)

- A single family home
- A duplex or double home
- A cottage home
- A 2-3 story apartment building
- A high-rise apartment building
- A garden apartment
- Home of a family member/s
- Shared housing (with a non-family member where you have your own bedroom & shared living room, kitchen, dining room, etc.)
- Other _____
- Unsure
- I do not want to move

Now a few questions about some specific housing options which may become available in the future: ECHO Housing and SHARED Housing.

ECHO HOUSING: *An Elder Cottage Housing Opportunity (ECHO unit) is a small, separate, manufactured residence for an older adult that is temporarily placed in the side or rear yard of a host family- related by blood or marriage (similar to the idea of a “granny pod” or “mother-in-law suite”). This arrangement provides privacy and dignity to both the older adult and the host family. When the ECHO cottage is no longer needed, it is relocated to the property of another host family. The older adult would pay 30% of his or her gross income for rent.*

12) Would this type of ECHO arrangement be of interest to you?

- Yes Unsure
- No

12a) If yes, do you have a family member who would be willing to host you and an ECHO housing unit?

- Yes Unsure
- No

12b) If no, what is the main reason why you wouldn't consider moving to an ECHO unit? (check only one answer)

- No family in the area
- I don't want to be a burden to my family
- I don't get along with my family/don't want to be so close to my family
- I prefer to live in my own apartment or home
- I don't want to live in a modular/manufactured unit
- Cottage would be too small for me
- Other _____

13) Do you think other older adults would be interested in living in an ECHO cottage?

- Yes Unsure
 No

14) Even if ECHO housing is not of interest to you, do you see any of the following benefits to this type of housing arrangement? (check all that apply)

- Convenience Safety
 Companionship Alternative to a nursing home or institution
 Access to transportation Affordable rent
 Other _____

SHARED HOUSING: *This option involves the voluntary matching of a home host (someone with at least one extra bedroom) and a home sharer (someone willing to live in someone else's home). An older adult can be either the home host or home sharer. The home sharer has his/her own bedroom and both parties share living, dining, and kitchen areas. Either person can provide services to help the other (for example: assistance with laundry or cooking; companionship), depending on needs and abilities. The home sharer would pay up to 30% of his or her gross income for rent. Providing services is not required to participate.*

15) Would this type of SHARED Housing arrangement be of interest to you?

- Yes Unsure
 No

15a) If yes, with whom would you be willing to share a home? (check all that apply)

- With someone my own age With someone older than me
 With someone younger than me With anyone
 Unsure

15b) If yes, would you be:

- Home host (*someone with at least one extra bedroom*)
 Home sharer (*someone willing to live in someone else's home*)

15c) If no, what is the main reason why you wouldn't consider a SHARED housing situation? (check only one answer)

- I don't want anyone else living in my home/apartment
 I wouldn't feel safe with anyone else in my home
 I like my privacy
 I don't want to move
 Other _____

16) Do you think other older adults would be interested in living in SHARED Housing?

- Yes Unsure
 No

17) Even if SHARED housing is not of interest to you, do you see any of the following benefits to this type of housing arrangement? (check all that apply)

- Help around the house Safety
 Companionship Alternative to a nursing home or institution
 Access to transportation Affordable rent/additional income
 Other _____

Almost done! To complete the survey, please answer a few final questions about yourself:

18) Are you:

- Male Female

19) Are you:

- Single Married
 Widowed Divorced
 No answer

20) What month/year were you born? Month _____ Year _____

21) What are your current sources of income? (check all that apply)

- Employment
 SSI
 SSDI
 Pension, retirement, social security
 Insurance
 Veterans benefits
 Other source/s: _____
 No sources of income
 Don't know/No Answer

21a) If you have a source of income, what is your approximate total monthly income?

- | | |
|--|---|
| <input type="checkbox"/> Less than \$500 | <input type="checkbox"/> \$3000- \$3500 |
| <input type="checkbox"/> \$500-\$1000 | <input type="checkbox"/> \$3500-\$4000 |
| <input type="checkbox"/> \$1000- \$1500 | <input type="checkbox"/> \$4000-\$4500 |
| <input type="checkbox"/> \$1500-\$2000 | <input type="checkbox"/> \$4500-\$5000 |
| <input type="checkbox"/> \$2000-\$2500 | <input type="checkbox"/> More than \$5000 |
| <input type="checkbox"/> \$2500-\$3000 | <input type="checkbox"/> Don't know/No Answer |

22) Do you have any of the following? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> A mobility impairment | <input type="checkbox"/> A hearing impairment |
| <input type="checkbox"/> A visual impairment | <input type="checkbox"/> An intellectual disability |
| <input type="checkbox"/> Behavioral health issues | <input type="checkbox"/> Another disability: _____ |
| | <input type="checkbox"/> No disability |

22a) If yes, please indicate if you use any of the following assistive devices/accommodations (check all that apply):

- A mobility device/wheelchair/walker
 A companion/service animal
 Ramp
 Grab bars
 Another assistive device _____
 I do not use assistance animals or devices

23) What is your primary means of transportation?

- | | |
|--|--|
| <input type="checkbox"/> My own vehicle | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Aging ride sharing |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No transportation available |

24) Is there anything else you would like to tell us about your housing needs and preferences?

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**Thank You! We very much appreciate your helping us with this
important survey!**