

“Exploring Your Future” Survey

Fall 2010

A project of the Personalized Independent Living Options Team

PILOT (formerly ILOT)

The Personalized Independent Living Options Team is an independent interest group of citizens in Sudbury, Wayland, and other towns who are exploring ways to provide affordable services that would allow seniors to remain independent in their own homes as they grow older.

The team is exploring options which support independence at home rather than relocating to a retirement community or other senior living residence. *To ensure that this service will meet actual needs, the team would like your input.* Our intent is not to duplicate programs already provided by the Councils on Aging (COA) and others, but to facilitate access to custom-tailored services. The Sudbury COA has graciously volunteered to support our efforts by, among other things, allowing us to use their newsletter for this survey.

Your feedback is critical.

Without it we cannot develop a service that will meet your needs.

Please complete the survey and mail it OR you may drop it off at the Sudbury Senior Center, 40 Fairbank Road. Results will be published in a future issue of this newsletter. Please return your input by **November 1, 2010.**

I. Services

Several services are listed below. Please check the appropriate box to rate each service as to whether you expect to have a **high, medium, or low need for support** in this area either now or as you grow older at home. Please note that both members of two-person households may answer by choosing to be either person **A** or person **B**.

| | Person A | | | Person B | | |
|--------------------------------|----------|--------|-----|----------|--------|-----|
| | High | Medium | Low | High | Medium | Low |
| 1. Companionship | | | | | | |
| 2. Cooking/meal preparation | | | | | | |
| 3. Escort to appointments | | | | | | |
| 4. Handyman repair | | | | | | |
| 5. Grocery shopping | | | | | | |
| 6. Housekeeping | | | | | | |
| 7. Computer assistance at home | | | | | | |
| 8. Laundry (in-home) | | | | | | |

| | Person A | | | Person B | | |
|---|----------|--------|-----|----------|--------|-----|
| | High | Medium | Low | High | Medium | Low |
| 9. Pet care | | | | | | |
| 10. Respite care (care and supervision for a household member so the primary caregiver can get a break) | | | | | | |
| 11. Telephone safety check-in | | | | | | |
| 12. Help with downsizing | | | | | | |
| 13. Errands | | | | | | |
| 14. Heavy cleaning and chores | | | | | | |
| 15. Snow removal | | | | | | |
| 16. Transportation | | | | | | |
| 17. Windows | | | | | | |
| 18. Yard work | | | | | | |
| 19. Major home repairs | | | | | | |
| 20. Bill paying/checkbook balancing | | | | | | |
| 21. Personal care (help bathing and dressing) | | | | | | |
| 22. Medication reminder/management | | | | | | |
| 23. Other (please specify): | | | | | | |

II. PILOT Service Design

The PILOT service as envisioned would have a small staff. It would develop a list of service providers who have been checked and are reputable and responsive, and who may offer services at a favorable rate. Although residents would pay service providers directly, the PILOT staff could provide referrals and/or help residents manage the services as they are put in place.

Please help us design PILOT so that it meets real needs by checking the box that tells us your preferences for the items below.

| | Person A | | Person B | |
|---|----------|----|----------|----|
| | Yes | No | Yes | No |
| 24. Would an organization providing referrals to services like those listed above be of interest to you? | | | | |
| 25. Would an organization that organized and | | | | |

| | Person A | | Person B | |
|---|----------|----|----------|----|
| | Yes | No | Yes | No |
| helped manage services like those above be of interest to you? | | | | |
| 26. Would you use the PILOT organization (assistance in referring, managing and/or organizing services) only if it were free of charge ? | | | | |
| 27. Would you be willing to pay a membership fee to join such an organization? | | | | |

28. If you answered “yes” to question 27, please indicate by checking the box below how large an **annual** fee you would be willing to pay to join.

| Person A | | |
|----------------|-----------|---------------|
| Less than \$25 | \$25-\$99 | \$100 or more |
| | | |

| Person B | | |
|----------------|---------|---------------|
| Less than \$25 | \$25-99 | \$100 or more |
| | | |

III. Your Information

| | Person A | | Person B | |
|--|----------|----|----------|----|
| | Yes | No | Yes | No |
| 29. Do you want to stay in your home for as long as possible? | | | | |
| 30. Do you live alone? | | | | |
| 31. What 2-3 issues would prevent you from staying in your home even though you may want to do so? _____ _____ _____ | | | | |

32. **Person A, Age (Circle one):** 50-60 61-70 71-80 80+

33. **Person B, Age (Circle one):** 50-60 61-70 71-80 80+

| | Person A | | Person B | |
|--|----------|----|----------|----|
| | Yes | No | Yes | No |
| 34. Would you be interested in helping the team develop the PILOT program? | | | | |
| 35. Would you like to be informed of progress in developing the PILOT program? | | | | |

36. If you answered “yes” to question 36, how would you prefer to get information? (*Check all you would use*):

| | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Websites | <input type="checkbox"/> Regular mail | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Council on Aging newsletter | <input type="checkbox"/> Periodic meeting | <input type="checkbox"/> e-mail |
| <input type="checkbox"/> Other (Please specify) _____ | | |

37. If you would like to be informed of developments, please give us your contact information.

Name: _____

Address: _____

Town/Zip: _____

Telephone: _____ E-mail: _____

38. Comments/Suggestions: _____

Note: Extra copies of this survey are available at the Sudbury Senior Center

If you would like more information about the PILOT program or would like to speak to one of the team members, please call the Sudbury Senior Center at 978-443-3055 and leave your name and number. A team member will return your call promptly.

Questions may also be sent to senior@sudbury.ma.us

**THANK YOU FOR TELLING US WHAT YOU’RE LOOKING FOR
TO PLAN YOUR INDEPENDENT FUTURE!**

PILOT team members include:

| | |
|----------------|----------------|
| Mary Antes | Bob Mainer |
| John Blair | Sally Newbury |
| Eileen Bogle | Ted Newbury |
| Joe Bausk | Marty Nichols |
| Betsy Connolly | Kathy Raskin |
| Jan Dunn | Charles Raskin |
| Vida Goldstein | Julie Secord |
| Pat Harlan | Susan Wagner |
| Kris Kiesel | |