

What 3 things are most important to you as you age?

- ☐ My Independence
- ☐ My Health
- ☐ Living a Long Life
- ☐ Having a Rich Social Life
- ☐ My Mobility
- ☐ My Memory/Mind
- ☐ Remaining in my Home
- ☐ Giving Back to My Community

What activities in the community are making a positive difference for adults?

Would you like to participate in a discussion about aging services in Waupaca County?

If yes, please fill out the information below

Name: _____

Address: _____

Phone Number: _____

What are the top 3 areas seniors are seeking help today?

- ☐ Access to home health care options
- ☐ Adaptive equipment
- ☐ Addiction support
- ☐ Affordable housing options
- ☐ Alternative transportation options
- ☐ Assistance with prescriptions and/or medical bills
- ☐ Bilingual services
- ☐ Dementia supports and services
- ☐ Elder abuse
- ☐ Financial counseling
- ☐ Food delivery options
- ☐ Help with social isolation and loneliness
- ☐ Hoarding support and counseling
- ☐ Help understanding Medicare and drug plan choices
- ☐ Home repairs and upkeep
- ☐ Ways to keep fit and healthy
- ☐ Technology support and assistance

Please answer the following questions to help us improve the Waupaca County Senior Nutrition Program

How far would you be willing to travel to a meal provided by the Senior Nutrition Program?

- ☐ 5-10 miles
- ☐ 10-15 miles
- ☐ 15-20 miles
- ☐ 20 miles +
- ☐ I would need transportation services

Which model of Senior Nutrition Program would you prefer to participate in?

- ☐ Dining at Local Participating Restaurants
- ☐ Congregate Dining at Community Locations (Such as a Community Center)

How often would you eat a meal from the Senior Nutrition Program?

- ☐ 1-2 times a month
- ☐ 3-4 times a month
- ☐ 4-8 times a month
- ☐ 8-12 times a month
- ☐ As often as possible

Please identify the community

in which you reside:

- ☐ Clintonville/Embarrass
☐ Marion
☐ Iola/Scandinavia
☐ Manawa/Ogdensburg
☐ New London
☐ Weyauwega/Fremont
☐ Waupaca

What is your age?

- ☐ 40 & Below
☐ 41-65
☐ 66-80
☐ 80 +

**Have you contacted the
ADRC in the last year?**

- ☐ Yes
☐ No

If yes, for what service?

- ☐ Information and Assistance.
☐ To Volunteer
☐ Transportation
☐ Nutrition Services
☐ Benefits (Health Insurance, Social Security, Medicaid, etc.)
☐ Caregiver Support
☐ Adult Protective Services
☐ Other: Please Specify: _____

**Other thoughts
to share:**

Completed Surveys returned to:

Waupaca County DHHS

Attn: ADRC

8111 Harding St.

Waupaca, WI 54981

or Email:

ADRC@co.waupaca.wisconsin.gov



**Waupaca
County
Aging Plan
Survey
2022-2024**

Waupaca County Aging Unit is
looking for

**your thoughts and ideas
to improve programs and
services**

for the **aging residents** of
Waupaca County.

Your answers will
help us develop a
Three-Year Aging Plan.

Alternatively this survey
can be completed at the
following link:

<https://forms.gle/3w7mFXvRcCvKsum39>