



## Senior Programs and Services Survey

The City of Winters is planning current and future programs and services for older adults. Please complete and return to City Hall or to Sheila Allen at [Sheila.allen@yolocounty.org](mailto:Sheila.allen@yolocounty.org) or 530-757-5583.

1. Do you live in Winters or the surrounding area? Yes No
2. Are you of Latino or Hispanic background? Yes No
3. Are you over the age of 50 years? Yes No
4. Are you currently the caregiver of someone over the age of 50? Yes No
5. What services are needed for older adults in Winters? Choose your top 5 priorities.

- Local transportation (to store, bank, etc.)
- Regional transportation (hospital in Davis, Social Security in West Sac)
- Food distribution
- Translation services
- In home care and personal assistance
- Respite/relief for caregivers
- Home visits for isolated seniors
- Legal assistance
- Help with financial planning and budgets
- Home modification such as ramps and grab bars
- Help knowing what services are available
- Help with connection to services
- Help finding affordable housing

6. What programs are needed for older adults in Winters? Choose your top 5 priorities.

- |   |   |
|---|---|
| <input type="checkbox"/> Exercise classes             | <input type="checkbox"/> Genealogy                  |
| <input type="checkbox"/> Bike Clubs                   | <input type="checkbox"/> Writing life stories       |
| <input type="checkbox"/> Walking Club                 | <input type="checkbox"/> Travel group               |
| <input type="checkbox"/> Movie nights                 | <input type="checkbox"/> Caregiver support group    |
| <input type="checkbox"/> Card and Game activities     | <input type="checkbox"/> Bingo                      |
| <input type="checkbox"/> Craft groups                 | <input type="checkbox"/> Singing or music groups    |
| <input type="checkbox"/> Woodworking                  | <input type="checkbox"/> Lunch meals at center      |
| <input type="checkbox"/> English lessons              | <input type="checkbox"/> Gardening classes          |
| <input type="checkbox"/> Spanish lessons              | <input type="checkbox"/> Volunteer at schools       |
| <input type="checkbox"/> Computer and Smart phone use | <input type="checkbox"/> Cooking and baking classes |

\*\*\*\*\*PLEASE TURN OVER\*\*\*\*\*

7. What services would you or a family member use in the next 5-10 years? Select ALL that you or a family member would like use.

- Local transportation (to store, bank, etc.)
- Regional transportation (hospital in Davis, Social Security in West Sac)
- Food distribution
- Translation services
- In home care and personal assistance
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- Legal assistance
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- Home modification such as ramps and grab bars
- Help knowing what services are available
- Help with connection to services
- Help finding affordable housing
- \_\_\_\_\_
- \_\_\_\_\_

8. What programs would you or a family member likely use in the next 5-10 years? Select ALL that you or a family member would likely participate in.

- |   |   |
|---|---|
| <input type="checkbox"/> Exercise classes             | <input type="checkbox"/> Genealogy                  |
| <input type="checkbox"/> Bike Clubs                   | <input type="checkbox"/> Writing life stories       |
| <input type="checkbox"/> Walking Club                 | <input type="checkbox"/> Travel group               |
| <input type="checkbox"/> Movie nights                 | <input type="checkbox"/> Caregiver support group    |
| <input type="checkbox"/> Card and Game activities     | <input type="checkbox"/> Bingo                      |
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| <input type="checkbox"/> English lessons              | <input type="checkbox"/> Gardening classes          |
| <input type="checkbox"/> Spanish lessons              | <input type="checkbox"/> Volunteer at schools       |
| <input type="checkbox"/> Computer and Smart phone use | <input type="checkbox"/> Cooking and baking classes |

Other suggested activities or programs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_