

## HRIA Older Adults and Youth Engagement Survey

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please check or circle your answers below:*

### **Older Adults Section (65 years of age and up)**

#### Safety

1. Do you feel safe in your community? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If you answered no, what could be done to make the community safer? \_\_\_\_\_

#### Food Insecurity

1. Do you or do you know if any of your neighbors miss meals due to lack of food? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Would you be interested in learning about local food banks and/or food drives? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you need help getting groceries or getting to the grocery store? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Transportation

1. Do you have reliable and consistent transportation? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If not, would you be interested in signing up for MTA Mobility? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Housing

1. Do you have heating in your home? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If you answered yes, please select one of the options (i.e., space heaters, furnace, etc.)?  
Space heater(s) \_\_\_\_\_ Furnace \_\_\_\_\_ Other \_\_\_\_\_
3. Do you have air conditioner (either wall units or HVAC)? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you have updated electricity and plumbing (in the last 20 years)? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are you interested in learning more about Baltimore home repair grants and energy saving programs?  
Yes \_\_\_\_\_ No \_\_\_\_\_

#### Weather Readiness

1. Do you need assistance during snow events? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If you answered yes, check all that apply. Shoveling snow \_\_\_\_\_ Salting sidewalk \_\_\_\_\_ Other \_\_\_\_\_
3. Do you need help with yard care? Yes \_\_\_\_\_ No \_\_\_\_\_
4. If you answered yes, check all that apply.  
Mowing lawn(s) \_\_\_\_\_ Raking leaves \_\_\_\_\_ Trimming trees and shrubs \_\_\_\_\_ Other \_\_\_\_\_

#### Wellness

1. Would you be interested in monthly wellness checks from your neighbors? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have any family to assist you with daily activities or caregiver support? Yes \_\_\_\_\_ No \_\_\_\_\_
3. If yes, please provide their name and contact information (OPTIONAL) \_\_\_\_\_

**Thank you!**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please check or circle your answers below:*

## **Youth and Family Section**

How many children under the age of 18 are residing in your home? \_\_\_\_\_

### **Education**

1. What school does your child attend? \_\_\_\_\_
2. What grade are they in? \_\_\_\_\_
3. Does your child have enough school supplies before the start of school and during the school year?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. If you answered yes, what types of supplies do they need? \_\_\_\_\_  
\_\_\_\_\_
5. Would your child benefit from having a tutor? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Would your child benefit from having a mentor? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Does your child need volunteer hours? Yes \_\_\_\_\_ No \_\_\_\_\_

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### **Participation**

1. Would you attend a biennial youth block/neighborhood party (every other year)? Yes \_\_\_\_ No \_\_\_\_
2. Would you like to see more youth involved within your community? Yes \_\_\_\_ No \_\_\_\_
3. If you answered yes, please provide an example(s) \_\_\_\_\_  
\_\_\_\_\_
4. Are there some skills that you would like others to provide for other families or community residents?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. If you answered yes, what type of skill(s)? \_\_\_\_\_  
\_\_\_\_\_

**Thank you!**