

## CONNECTICUT Senior Center Profile Survey

*A partnership between the Connecticut Association of Senior Center Personnel and the Connecticut Department of Social Services, Aging Services Division.*

This survey should be completed by the Senior Center Director . Estimated time needed: 30 to 60 minutes.

**PLEASE RETURN BY July 24, 2009**

***Please provide the following information to the best of your ability. If the information is not readily available, please provide your best estimate. Please answer ALL questions.***

### **I. Programs and Services**

1. Indicate whether the following services are offered at your center and the number of unduplicated individuals assisted in the last State Fiscal Year (July 07-June 08):

	Offered		Number assisted
	Yes	No	
Information and referral	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
Adult Day Care	<input type="checkbox"/>	<input type="checkbox"/>	
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	
Congregate Meal	<input type="checkbox"/>	<input type="checkbox"/>	
Energy Assistance	<input type="checkbox"/>	<input type="checkbox"/>	
Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	
Renters Rebate	<input type="checkbox"/>	<input type="checkbox"/>	
Tax filing assistance	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	
In-home assistance	<input type="checkbox"/>	<input type="checkbox"/>	
CHOICES counseling	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health counseling	<input type="checkbox"/>	<input type="checkbox"/>	

2. List the three programs or activities that are most popular with participants:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. Do you offer any programs off-site? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Indicate whether the following types of programs are offered at or by your Center, the frequency each is offered and how many unduplicated participants there are to the best of your knowledge:

	Offered		Frequency	# Participating
	Yes	No		
Educational, Life Long Learning	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Health Screenings/Clinics	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Health Education	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Arts and Crafts Classes	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Recreation Programs	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Fitness Programs	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Special Events	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Cultural Programs	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Trips and Travel	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	

5. Do you use any type of assessment or evaluation tools to measure physical and/or mental health of your participants? For example, fitness testing before and after programs or other outcome measures?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Please indicate if any of the following methods are used to gather participant input into programs and services:

<input type="checkbox"/>	Written Questionnaires	<input type="checkbox"/>	Post Program Evaluation
<input type="checkbox"/>	Focus Groups	<input type="checkbox"/>	Informal Discussions
<input type="checkbox"/>	Program Planning Committee	<input type="checkbox"/>	Internet Questionnaires
<input type="checkbox"/>	Community Survey	<input type="checkbox"/>	Survey of Non-Participants
<input type="checkbox"/>	Advisory Council	<input type="checkbox"/>	Other _____

7. Does your Center have a specific Marketing Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. What methods do you use to advertise your programs?

\_\_\_\_\_ Press Releases                      \_\_\_\_\_ Word of Mouth  
 \_\_\_\_\_ Website                              \_\_\_\_\_ Fliers  
 \_\_\_\_\_ Local Cable                          \_\_\_\_\_ Other, specify \_\_\_\_\_

9. Which of the following describes how your Center's newsletter is printed?

- None/don't have a newsletter       Printed in-house  
 Senior Citizen Publishing       Other Commercial Printer

10. How is your newsletter distributed?

- Mailed to members for a fee       Mailed to members, no fee  
 Available for pick up at Center       Available for pick up in community (churches, libraries, businesses etc.)

11. What are your days and hours of operation?

\_\_\_\_\_

\_\_\_\_\_

12. Please indicate how closely your Center works with each of the following groups to provide services, activities etc. If there is no such organization in your area or you are part of that agency, select NA.

	NA	Little or No Contact	Referrals	Occasional Collaboration	Ongoing collaboration	Funding or In-kind support
Adult Day Center						
Arts or Humanities Groups						
Assisted Living Facilities						
College/University						
Community Food Bank						
Area Agency on Aging						
Municipal Social Services						
Faith Based Organizations						
Health Department						
Home Care Agencies						
Hospital						
Library						
Mental Health Services						
Fitness Centers						
Nursing Homes						
Parks and Recreation						
Schools						
United Way						
Community Foundations						
Local Businesses						

13. Please indicate which of the following transportation options apply to your community.

	Provided by Municipality (administered by Center)	Provided by Municipality (other than Center)	Provided by another agency
Dial-A-Ride (other than medical)			
Medical transportation			
Volunteer transportation			
Independent Transportation Network (ITN ©)			
City Bus			
Regional Transportation provider			
CTTransit			
ADA			
Other:			

14. Which of the following describes your eligibility criteria? Check all that apply.

None
  Age (specify), \_\_\_\_\_  
 Residency
  Other (specify), \_\_\_\_\_

15. Are participants required to be registered/members?

No
  Yes

16. Do you have a membership fee?

No
  Yes, (specify) \$\_\_\_\_\_ Resident
 \$\_\_\_\_\_ Non-Resident

17. Is there a fee charged for activities, classes or services?

No
  Some, but not most
  Most
  All

## II. Trends

18. For each of the following program areas or practices, please indicate whether your Center has implemented it. If you have **not** implemented it, please indicate your level of familiarity with the concept:

	Implemented	Familiar	Somewhat familiar	Unfamiliar
Civic Engagement				
Life Options				
Evidence Based Programming				
Brain Fitness				

19. Over the past five years, indicate whether the following have increased, decreased or remained steady.

	Increased	Decreased	No Change
Participation in general (e.g. membership)			
Male participation			
Frail older adult participation			
Boomer participation			
Budget			
Demand for information and referral			
Demand for application assistance			
Staffing levels			

20. Please indicate which, if any of the following, organizations and associations you or any member of your staff is a member.

CASCP                       CAMAE                       CLASS  
 NCOA                       NISC                       NASW  
 ASA                       Other \_\_\_\_\_

21. Please indicate your Center's intentions regarding National Accreditation.

Accredited                       In Process                       Considering  
 Not interested                       Never considered/haven't thought about it

22. If your Center is not accredited or in the process, which of the following apply:

Need more information                       Funding concern                       Staffing concern  
 Lack of support from parent organization                       Benefits not clear  
 Not interested                       Other (specify) \_\_\_\_\_

23. Please indicate the areas of training that most interest you. Check as many as apply.

Programming                       Fund development                       Social Service  
 Physical plant                       Volunteer management                       Administration/Personnel  
 Aging (gerontology)                       Advocacy/Policy issues                       Marketing  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. Administration**

24. Which best describes your Center's administrative structure?

- Municipal-stand alone department
- Municipal-division of \_\_\_\_\_
- Not for profit
- Affiliate of another agency \_\_\_\_\_

25. What is the total number of:

Volunteers? \_\_\_\_\_ Annual Volunteer hours? \_\_\_\_\_

26. What is the title of the person who is primarily responsible for the Senior Center?

\_\_\_\_\_

27. Is the person listed above responsible for other areas of oversight?

- Human Services
- Parks and Recreation
- Municipal Agent
- No other areas
- Transportation
- Other \_\_\_\_\_

28. Provide the following information regarding the Center Director (position listed above).

Hours per week \_\_\_\_\_

Salary:                      under \$30,000 \_\_\_\_\_ \$30,000 to \$39,999 \_\_\_\_\_  
    \$40,000 to \$49,999 \_\_\_\_\_ \$50,000 or over \_\_\_\_\_

Highest Education level \_\_\_\_\_

Field of Study \_\_\_\_\_

29. Although the actual job titles may be different, indicate whether your Center has the following paid positions (and how many of each):

	FT	PT	Volunteer	Unionized	Salary
Program Coordinator					
Administrative Coordinator					
Social Worker					
Secretary/Receptionist					
Custodial					
Kitchen/Nutrition					
Other:					
Other:					
Other:					

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30. Who is responsible for managing volunteers at your Center? \_\_\_\_\_

31. Do you use student interns who are earning academic credit at your Center?

Yes \_\_\_\_\_ No \_\_\_\_\_

32. How much money is budgeted annually for staff training? \$ \_\_\_\_\_

33. How do you manage your program/participant records?

\_\_\_\_\_ MySeniorCenter™ \_\_\_\_\_ Other Commercial Software \_\_\_\_\_

\_\_\_\_\_ Customized Database \_\_\_\_\_ Manually

**IV. Demographics**

34. To the best of your knowledge, how many individuals attend your Center on an average day?

\_\_\_\_\_

35. To the best of your knowledge, how many people (unduplicated) are served at the Center annually?

\_\_\_\_\_

36. Approximately what percentage of your participants fall into each of the following categories?

	%		%
Men		Dementia	
White		Developmentally Disabled	
Hispanic		Under 55	
Black		55-64	
Other Ethnic Minority Group		65-74	
Frail		75-84	
Physically Disabled		85 and older	

**V. Fiscal**

37. What is your total Senior Center budget for the current fiscal year? Do not include budget for parent organization/department or for transportation programs.

\_\_\_\_\_

38. Indicate the percentage of your budget that comes from the following sources:

	%		%
Municipality		Participant Contributions	
Donations/Fundraising		Older American's Act (AAA)	
State		Grant Funding	

39. If your Center is municipally operated, do you have an affiliated 501(c)3 group for fundraising (e.g. a 'Friends' group)? Yes\_\_\_\_\_ No\_\_\_\_\_

40. If your Center were to receive increased funding, what would be the first priority for using it to enhance the Center?

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**VI. Facility**

41. What year did your center open?\_\_\_\_\_

42. Which of the following best describes the setting of your facility?

\_\_\_\_Free Standing Facility                      \_\_\_\_In a recreation/community center  
\_\_\_\_In another type of facility. Describe:\_\_\_\_\_

43. In square feet, how large is your facility (if shared space, do not include space that is not available to senior programs)?

\_\_\_\_\_ Square Feet.

44. When was your facility:

Constructed: \_\_\_\_\_ Last renovated:\_\_\_\_\_

45. What was the initial purpose of your facility?\_\_\_\_\_

46. Does your facility have the following:

\_\_\_\_Fitness Area with equipment                      \_\_\_\_Computer Area                      \_\_\_\_Designated area for Health Services  
\_\_\_\_Swimming Pool                      \_\_\_\_Designated Dining Room                      \_\_\_\_Wi-Fi

47. What type of community does your center serve?

\_\_\_\_City (more than 50,000)                      \_\_\_\_Small City (30,000-50,000)  
\_\_\_\_Town (10,000-29,999)                      \_\_\_\_Small Town (under 10,000)



Name of Center: \_\_\_\_\_

Name of Senior Center Director: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Web Site \_\_\_\_\_

Email Address \_\_\_\_\_

Thank you for completing this survey! Please return it to:

Survey  
c/o Newington Senior and Disabled Center  
120 Cedar Street  
Newington, CT 06111

