

A CONGREGATIONAL/COMMUNITY PROFILE

Name of Church _____

City & State _____

Date Prepared _____

Your Congregation

Age	Male		Female	
	Number	Percent	Number	Percent
All Ages	_____	_____	_____	_____
80+	_____	_____	_____	_____
70-79	_____	_____	_____	_____
60-69	_____	_____	_____	_____
50-59	_____	_____	_____	_____
40-49	_____	_____	_____	_____
30-39	_____	_____	_____	_____
20-29	_____	_____	_____	_____
10-19	_____	_____	_____	_____
0-9	_____	_____	_____	_____

Men Women

How many older adults are

- | | | |
|--|-------|-------|
| 1) living with relative other than spouses | _____ | _____ |
| living with non-relatives | _____ | _____ |
| living alone | _____ | _____ |
| 2) employed | _____ | _____ |
| looking for work | _____ | _____ |
| retired | _____ | _____ |
| 3) married | _____ | _____ |
| separated/divorced | _____ | _____ |
| widowed | _____ | _____ |
| 4) living in inadequate or inappropriate housing | _____ | _____ |
| 5) do not have use of a car | _____ | _____ |
| do not have access to public transportation | _____ | _____ |
| 6) able to go out only with help | _____ | _____ |
| housebound | _____ | _____ |
| bedfast | _____ | _____ |
| 7) have no relatives nearby | _____ | _____ |
| have no living relatives | _____ | _____ |

What are some of the most urgent or unmet needs of older people in your congregation? _____

YOUR COMMUNITY

	Men	Women
How many older adults live in the community near your church?	_____	_____
How many are		
1) living with non-relatives living alone	_____ _____	_____ _____
2) separated/divorced widowed	_____ _____	_____ _____
3) living in inadequate or inappropriate housing	_____	_____
4) do not have use of a car do not have access to public transportation	_____ _____	_____ _____
5) able to go out only with help housebound bedfast in a long-term care facility	_____ _____ _____ _____	_____ _____ _____ _____

YOUR CHURCH PROGRAM

List the organizations in your congregation to which older adults belong.

Which of the following activities/services are part of your church program with older adults?

Adult church school	_____	Homebound Visitation	_____
Fellowship groups	_____	Telephone reassurance	_____
Counseling	_____	Pre-retirement course	_____
Adult education	_____	Santa to Seniors	_____
Meals on Wheels	_____	Intergenerational Event(s)	_____
Death and Dying course	_____	Health/exercise group	_____
Adult Day Program	_____	Day of Care	_____
Respite for Caregivers	_____	Art Class	_____
Minor Home Repair	_____	Older Adult Choir	_____
Life Review	_____	Mentoring	_____

Game Day(s)	_____	Defensive Driving	_____
Classes/Activities	_____	Caregiving Classes	_____
Caregiver Classes	_____	Volunteer Companion	_____
Foster Grandparents	_____	Senior Expo or Health Fair	_____
Parish Nurse	_____	Short Term Mission Service	_____
Shepherd's Center	_____	Social Networking with Seniors	_____
Cards for Seniors	_____	Widow to widow transportation	_____
Care Teams	_____	Counseling/group for adult children	_____

Disease Support Groups:
List _____

Are there other ministries that are particularly needed?

Other _____

Is there an OAM Committee, Session Member, Deacon, or Committee Chair with responsibilities for older adults? _____

PROGRAMS IN YOUR COMMUNITY

Which of the following programs for older adults are available in your community? (Mark 1 - located at your church; 2 - within walking distance of the church; 3 - not within walking distance)

Senior center	_____	Long-term care facility	_____
Nutrition site	_____	Foster grandparents	_____
Shepherd's center	_____	AARP chapter	_____
Senior citizens' club	_____	Health screening program	_____
Transportation	_____	Senior community	_____
Home aid program	_____	Employment	_____
Adult day care	_____	Information/referral	_____

Community mental health center _____

Does your congregation have a special relation to any of these programs (for example, provide space, staff, volunteers, board members)? _____

Is there an Area Agency on Aging in your community/county? Is your church related to it in any way? _____

Are there other services or activities for older adults that are particularly needed in your community? _____

Thank you for taking the time to answer this Survey.

Optional Information:

Name: _____

Address: _____

Phone: _____

Email: _____