

**Community Needs Assessment Analysis**

Name of Property: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Number of Residents Residing in Building	
Number of Rental Units Available	
Number of Residents that completed assessment survey	
Percentage of Residents the completed the assessment survey	
Average Age of Residents in the building	
Percentage of Frail Residents	
Percentage of At Risk Residents	

The number of responses indicated requesting assistance with the following

Transportation	
Meals (Congregate)	
Meals (Home Delivered)	
Homemaker Assistance/Light Housekeeping	
Homehealth Aide	
Homehealth Nurse	
Wellness Clinics	
Medicaid Assistance	
Social Security Issues	
Podiatrist	
Emotional/Psychological Support	
Nutrition Counseling	
Senior Companion Program	
Mental Health Counseling	
Legal Assistance (i.e. Living Wills)	
Financial Management Assistance	
Geriatric Case Management (Assistance with aging concerns)	
Social Activities	
Medical Social Worker (Coordination of Medical Services)	
Occupational Therapy/Speech Therapy/Physical Therapy	
Library Service	
Resident Association Organization	
Adult Day Care	

Respite Care	
Grocery Shopping	
Substance Abuse Counseling	
Childcare/Daycare Services	
Grandparenting Issues	
Medicare Assistance	
Medical Screenings/Education	
Prescription Drug Assistance	
Other	

**All information contained in this document is confidential and is the sole right of**




**of the property**