

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

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	_____
Widow to widow	_____	Counseling/group for	_____
Transportation	_____	adult children	_____
Meals on Wheels	_____	Adult education	_____
Death and Dying course	_____	Health/exercise group	_____
Disease Support Groups	_____	List_____	_____
Adult Day Program	_____	Day of Care	_____
Respite for Caregivers	_____	Art Class	_____
Minor Home Repair	_____	OA Choir	_____
Life Review	_____	Mentoring	_____
Game Day/s	_____	Defensive Driving	_____
Classes/Activities	_____	Caregiving Classes	_____
Caregiver Classes	_____	Care Teams	_____
Foster Grandparents	_____	Volunteer Companion	_____
Parish Nurse	_____	Senior Expo or	_____
Santa to Seniors	_____	Health Fair	_____
Short Term Mission Service	_____	Shepherd's Center	_____
Social Networking	_____	Cards for Seniors	_____
with Seniors	_____	Intergenerational	_____
		Event	_____

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-withing 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	_____
Community mental health center	_____	Senior citizens' club	_____
Health screening program	_____	Transportation	_____
Home aid program	_____	Senior community	_____
Adult day care	_____	Employment	_____
		Information/referral	_____

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: _____