



**Area Plan (2024-28)  
Comment Form**

<b>Hearing Location:</b>		<b>Date:</b>	
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Every four years, the San Bernardino County Department of Aging and Adult Services-Public Guardian (DAAS-PG) plans services for older adults and individuals with disabilities in the Area Plan. The Area Plan outlines the programs DAAS-PG offers in seven regional service areas: East Desert, Northwest Desert, Morongo Basin, Victor Valley, San Bernardino Mountains, East Valley and West Valley. Aging programs and services include congregate and home-delivered meals, information assistance, legal assistance, supportive services, personal care, assisted transportation and bus passes, family caregiver support, disease presentation, health and Long-Term Care Ombudsman services, and elder abuse prevention. To provide the best service possible, DAAS-PG studies a variety of information about the needs of San Bernardino County residents, including feedback from individuals like you. Please complete the following questions and share any thoughts you might have regarding activities, services and programs. We value your perspectives, and we will use them to improve the services we provide.

<b>Age group:</b>	<input type="checkbox"/> Under 60 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75-79 <input type="checkbox"/> 80-84 <input type="checkbox"/> 85 and over
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Transgender female <input type="checkbox"/> Genderqueer/gender non-binary <input type="checkbox"/> Male <input type="checkbox"/> Transgender male <input type="checkbox"/> Decline to state <input type="checkbox"/> Not listed, please specify: _____
<b>Which category best describes your race:</b>	<input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Decline to state <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> More than one race
<b>What is your primary language?</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, please specify: _____
<b>Which District do you live in?</b>	<input type="checkbox"/> First District <input type="checkbox"/> Fourth District <input type="checkbox"/> Second District <input type="checkbox"/> Fifth District <input type="checkbox"/> Third District <input type="checkbox"/> Unsure

**Do you currently use, or have you previously used the following services?**

1. Congregate or home-delivered meals	<input type="checkbox"/> Yes (currently) <input type="checkbox"/> Yes (previously) <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer
2. Senior Information and Assistance (SIA) services	<input type="checkbox"/> Yes (currently) <input type="checkbox"/> Yes (previously) <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer
3. Legal assistance services	<input type="checkbox"/> Yes (currently) <input type="checkbox"/> Yes (previously) <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer
4. Supportive services (e.g., residential repairs, housing, translation/interpretation, community education)	<input type="checkbox"/> Yes (currently) <input type="checkbox"/> Yes (previously) <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer
5. Personal care services (e.g., chore, homemaker, mobility management, adult day care)	<input type="checkbox"/> Yes (currently) <input type="checkbox"/> Yes (previously) <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer

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Do you currently use, or have you previously used the following services? (continued)			
6. Assisted transportation and/or bus pass services	<input type="checkbox"/> Yes (currently) <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Yes (previously)	<input type="checkbox"/> No
7. Family caregiver support services	<input type="checkbox"/> Yes (currently) <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Yes (previously)	<input type="checkbox"/> No
8. Disease prevention services	<input type="checkbox"/> Yes (currently) <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Yes (previously)	<input type="checkbox"/> No
9. Health promotion services	<input type="checkbox"/> Yes (currently) <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Yes (previously)	<input type="checkbox"/> No
10. Long-Term Care Ombudsman services	<input type="checkbox"/> Yes (currently) <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Yes (previously)	<input type="checkbox"/> No
<b>Please answer the questions below regarding today's presentation:</b>			
11. How satisfied were you with the goals and objectives presented?			
<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unsatisfied <input type="checkbox"/> Very Unsatisfied
12. How clear were the goals and objectives presented?			
<input type="checkbox"/> Very Clear	<input type="checkbox"/> Somewhat Clear	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unclear <input type="checkbox"/> Very Unclear
<b>Please provide feedback about the Area Plan:</b>			
What did you learn about the Area Plan? What else would you like to learn about the Area Plan process? Do you have any concerns not addressed at the Area Plan public hearing?			
<b>How can we improve the Area Plan?</b>			
(Goals and objectives; services provided and/or needed in your District, etc.)			
<b>Additional comments:</b>			

**Thank you for completing the comment form!**