



## Kenosha County Division of Aging, Disability & Behavioral Health Services 2025 – 2027 Aging Plan Survey

Kenosha County is looking for your input to help improve programs and services for older adults, adults with disabilities, and caregivers in our community. Your input in this survey will directly inform the development of Kenosha County's Three-Year Aging Plan for 2025-2027. Responses will be accepted through May 31, 2024.

Complete this survey and submit your response to:

Kenosha County Division of Aging, Disability & Behavioral Health Services  
c/o Heather Vanoss  
8600 Sheridan Road  
Kenosha, WI. 53143

OR, complete the survey online. Scan the QR code below or go this link:

<https://forms.office.com/g/0Uk1nuXMSv>.



For further assistance participating in this survey or questions, please contact the Aging & Disability Resource Center at 262-605-6646.

### Section One: Tell us about yourself!

#### 1. What age range are you in?

☐ Under 30 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ 90 & older ☐ Prefer not to say

#### 2. What is your gender?

☐ Female ☐ Male ☐ Non-binary ☐ Transgender Woman ☐ Transgender Male ☐ Other \_\_\_\_\_  
☐ Prefer not to say

#### 3. What is your race?

☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Hispanic/Latino  
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Multi-racial ☐ Prefer not to say ☐ Other: \_\_\_\_\_

#### 4. What is your Ethnicity?

☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Other: \_\_\_\_\_

#### 5. What is the highest level of education you achieved?

☐ Some high school ☐ High school graduate ☐ Some college ☐ College graduate  
☐ Some masters/doctoral level & above ☐ Master/doctoral and above graduate ☐ Prefer not to say  
☐ Other: \_\_\_\_\_

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## Kenosha County Division of Aging, Disability & Behavioral Health Services 2025 – 2027 Aging Plan Survey

### 6. What is your income level before taxes?

- ☐ Below \$1,255 monthly or \$15,060 annually   ☐ Above \$1,255 monthly or \$15,060 annually  
☐ Prefer not to say

### 7. What is your zip code?

\_\_\_\_\_

### 8. Do you live alone?

- ☐ Yes   ☐ No   ☐ Prefer not to say

### 9. What is your marital status?

- ☐ Single   ☐ Married   ☐ Divorced   ☐ Widowed   ☐ Prefer not to say   ☐ Other: \_\_\_\_\_

### 10. What is your primary language?

- ☐ English   ☐ Spanish   ☐ Prefer not to say   ☐ Other: \_\_\_\_\_

### 11. Are you a caregiver?

- ☐ Yes   ☐ No   ☐ Prefer not to say

## Section Two: Tell us what you know and think about Kenosha County's services!

### 12. Have you heard of the Kenosha County Aging & Disability Resource Center before?

- ☐ Yes   ☐ No   ☐ Maybe   ☐ Prefer not to say

### 13. Where do you typically get information from? (Check all that apply)

- ☐ Aging & Disability Resource Center (ADRC)   ☐ Community Events   ☐ Facebook  
☐ Faith based organizations   ☐ Friends, family members and/or neighbors   ☐ Happenings Magazine  
☐ Healthcare Professionals   ☐ Instagram   ☐ Internet   ☐ Kenosha.com   ☐ Labor Times   ☐ Libraries  
☐ Radio Stations   ☐ Senior Centers   ☐ Smart Reader   ☐ Television   ☐ The Kenosha News  
☐ Twitter (aka "X")   ☐ Youtube   ☐ West of the I (website)   ☐ Westosha Report  
☐ Other: \_\_\_\_\_

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## Kenosha County Division of Aging, Disability & Behavioral Health Services 2025 – 2027 Aging Plan Survey

### 14. What do you think are challenges for older adults in Kenosha County? (Check all that apply)

- ☐ Abuse and/or neglect (physical/financial/emotional) ☐ Access to healthcare  
☐ Accessible Transportation ☐ Accessing healthy and nutritious foods ☐ Dementia support  
☐ End of life preparation ☐ Financial security ☐ Frauds and/or scams ☐ Home repairs and upkeep  
☐ Housing ☐ Legal assistance ☐ Loneliness and/or social isolation ☐ Mental Health  
☐ Preventing falls ☐ Staying physically fit and healthy ☐ Support in the home ☐ Support for caregivers  
☐ I am not sure ☐ Other: \_\_\_\_\_
- 

### 15. What do you think are challenges for adults with disabilities in Kenosha County? (Check all that apply)

- ☐ Abuse and/or neglect (physical/financial/emotional) ☐ Access to healthcare  
☐ Accessible Transportation ☐ Accessing healthy and nutritious foods ☐ Dementia support  
☐ End of life preparation ☐ Financial security ☐ Frauds and/or scams ☐ Home repairs and upkeep  
☐ Housing ☐ Legal assistance ☐ Loneliness and/or social isolation ☐ Mental Health  
☐ Preventing falls ☐ Staying physically fit and healthy ☐ Support in the home ☐ Support for caregivers  
☐ I am not sure ☐ Other: \_\_\_\_\_
- 

### 16. In Kenosha County, have you been treated differently, denied, or felt unable to access services or programs in the community?

- ☐ Yes ☐ No ☐ Prefer not to say

### 17. If you answered yes to the above question, did you feel this treatment was due to? (Check all that apply)

- ☐ I did not answer yes to question 16 ☐ Age ☐ Criminal History ☐ Disability Status ☐ Ethnicity  
☐ Gender Identity ☐ Immigration Status ☐ Language Barrier ☐ Race or skin color ☐ Religion  
☐ Sexual Preference ☐ Prefer not to say ☐ Other: \_\_\_\_\_
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### 18. In the next three years, what do you need to live your best life and remain as independent as possible?

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***End of Survey. Thank you for your valuable feedback. Please see page one for instructions regarding submission.***