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South Carolina Association of Area Agencies on Aging 2026 Needs Assessment

Your help with this survey is very important. It tells the Area Agencies on Aging what your community needs. Your answers help them plan programs and ask for the right resources for you and others. The survey also helps them see what services are missing and what new needs are starting to appear, so they can make sure their programs fit what people in your area need.

Section 1: Please put a check (✓) by the items that describe you.

	1. I would like to attend a senior/community center.
	2. I attend a senior/community center,
	3. I need to exercise more, but don't know where to start.
	4. I don't have friends, neighbors, family or others that have a positive influence on my life.
	5. I would like to have more social interaction.
	6. I have trouble keeping my home clean.
	7. I need help to do my laundry.
	8. I need help with bathing, dressing or toileting.
	9. I am concerned about falls or other accidents.
	10. I need transportation to get to the grocery store, pharmacy and/or medical appointments.
	11. I need help with grocery shopping.
	12. I need help in preparing a nutritious meal.
	13. I cannot afford healthy food options.
	14. I am unable to read and understand my mail.
	15. I do not have enough money for household bills.
	16. I cannot pay for prescription medicines.
	17. My health insurance premium is a struggle to pay monthly.
	18. I do not know how I could pay for nursing home care when/if I needed it.
	19. I cannot afford to pay for dental care.
	20. I cannot afford to pay for hearing aids.
	21. I cannot afford to pay for eyeglasses.
	22. I need assistive technology, i.e., wheelchair, cane, walker, etc.
	23. I need legal advice but cannot afford it.
	24. I need safe and affordable housing.
	25. I struggle keeping warm and cool due to poor insulation, leaky windows or structural damage.
	26. I am unable to make necessary repairs to my home due to costs.
	27. I cannot do my yard work due to physical or medical reasons.
	28. I have a problem with pests in my house (ex. Bed bugs, roaches, fleas, lice, rodents, etc.).
	29. I have mental health challenges that make it difficult for me to live on my own.
	30. I (or someone close to me) have a drug or alcohol problem.
	31. I am responsible for taking care of a child or children under the age of 18.
	32. I am taking care of one or more adults over the age of 60.
	33. I have no needs or concerns.
	34. Other:

PLEASE CONTINUE ON BACK



Section 2: Demographic Information

County	<input type="checkbox"/> Clarendon <input type="checkbox"/> Kershaw <input type="checkbox"/> Lee <input type="checkbox"/> Sumter Zip code _____
Race	Check all that apply: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Declined
Age	<input type="checkbox"/> Less than 40 <input type="checkbox"/> 50-54 <input type="checkbox"/> 60-64 <input type="checkbox"/> 70-74 <input type="checkbox"/> 80-84 <input type="checkbox"/> 41-49 <input type="checkbox"/> 55-59 <input type="checkbox"/> 65-69 <input type="checkbox"/> 75-79 <input type="checkbox"/> 85 or older
Income (monthly)	Individual income <input type="checkbox"/> \$1,330 or less <input type="checkbox"/> \$1,664 - \$1,995 <input type="checkbox"/> \$2,329 - \$2,660 <input type="checkbox"/> unknown <input type="checkbox"/> \$1,331 - \$1,663 <input type="checkbox"/> \$1,996 - \$2,328 <input type="checkbox"/> \$2,661 or more

*Based on the 100% - 200% of FPL 2026 guidelines.

Are you currently receiving services from Santee-Lynches Area Agency on Aging (ex. Family Caregiver Support, Homecare, etc.)?

Yes No

Please return to:
Santee-Lynches Regional Council of Governments - Area Agency on Aging
39 East Calhoun Street
Sumter, SC 29150